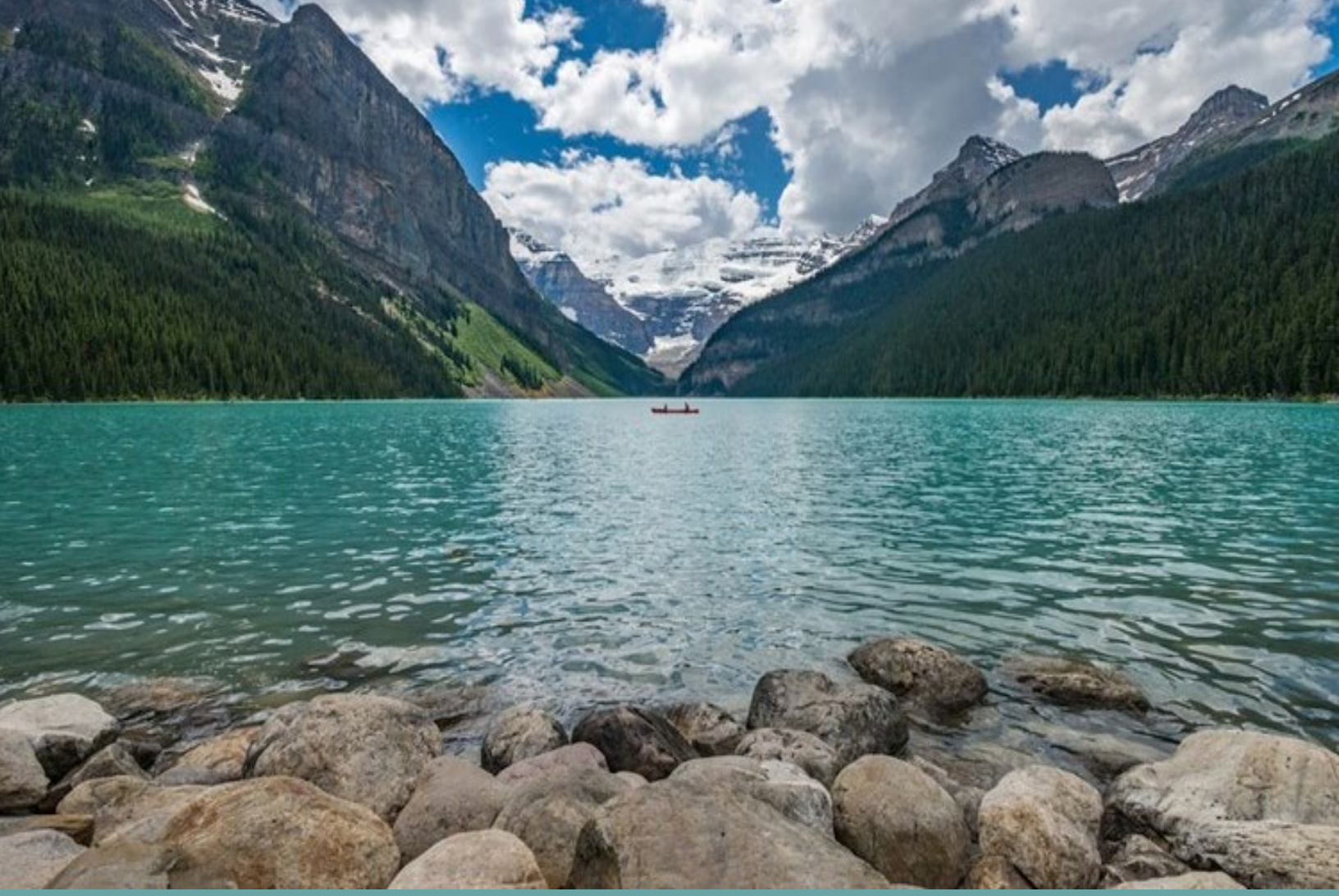

Medical • Dental • Vision • Life • AD&D • FSA • EAP • Voluntary Benefits

2024

EMPLOYEE BENEFITS RESOURCE

Retired Employees

Plans Effective January 2024 – December 2024

Contents

Human Resources

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Eligibility & Enrollment

Retirement Eligibility

Santee School District provides eligible retirees with continued medical benefits until the retiree reaches the age of 65 or enrolls in Medicare, whichever comes first.

Classified and Certificated employees are eligible for retirement benefits if:

a. They have had the equivalent to 15 years of full service with the District, with the last 5 being consecutive; and
b. They are age 55 or older.

Management employees are eligible for retirement if:

a. They have had the equivalent of 10 full years of service with the District, with the last 5 being consecutive; and
b. They are in a paid status the year of retirement; and
c. They are age 55 or older. a. Management employees in the PERS retirement system hired prior to January 1, 2013 may retire at age 50 if they meet the above criteria.

When do My Retiree Medical Benefits Begin?

Classified and Management employees will begin their benefit coverage on the 1st of the month following their retirement date. For example: if you retire on June 12th, your last day of employee benefit coverage will be June 30th and your retirement benefits will begin on July 1st .

Certificated employees are eligible to receive their employee benefits through August 31 if they were in a paid status for more than 75% of the school year (139 days). They will then begin retirement benefit coverage on September 1st .

As during employment, your medical carrier will remain the same and you may only change carriers or plans during the annual Open Enrollment. For example: if you were enrolled in the Kaiser HMO, you will be enrolled in the Kaiser HMO during retirement with the option to change plans in October's Open Enrollment.

End of Eligibility

Eligibility ends for you and/or your dependent(s) on the first of the month following the date the retiree reaches the age of 65 or enrolls in Medicare, whichever comes first. Eligibility also ends for your dependents upon divorce/legal separation, death or your covered child's 26th birthday.

You are responsible for notifying the Benefits Department within 30 days of any qualifying life event that would cause a change in benefit status including a COBRA eligibility change.

Waiving Medical Coverage (Cash in Lieu of Medical Benefits)

Upon providing proof of coverage in another group health plan and completing the Medical Coverage Declination form, retirees may decline the district medical insurance as long as their group coverage is considered valid. To be considered valid, the group coverage for those waiving must meet the minimum essential benefit guidelines as outlined under the PPACA. Qualifying retirees will receive an amount of $900 annually, *prorated by pay period.*

What About My Dental and Vision Coverage?

Classified and Certificated retirees will have the option to enroll in the dental and vision plans that they were enrolled in at the time of retirement for up to 18 months through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Management retirees will have the option to purchase dental and vision coverage indefinitely under Board Policy 4354.1 and Certificated retirees have the option to purchase their dental coverage indefinitely under AB528 once their COBRA entitlement has been exhausted. As of July 1, 2021 Classified retirees have the option to continue dental and vision indefinitely once their COBRA entitlement has been exhausted.

Eligibility & Enrollment

Eligible Dependents

You may enroll your eligible family members in the same medical and/or dental plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner
- Your children under the age of 26 who are your biological children, stepchildren, adopted children or children for whom you have legal custody
- Your disabled children, age 26 or older who meet certain criteria, may continue health coverage
- Children of registered domestic partners

Proof of Dependent Eligibility

It is mandatory retirees submit documentation verifying that the individuals enrolled in benefits meet the eligibility requirements. Acceptable documents include:

- Certified copy of a marriage certificate
- Declaration of Domestic Partnership form
- Birth or adoption/court-appointment guardianship certificate
- First page of current or previous year's tax form

Enrollment Rights

During the District's annual open enrollment, retirees have the opportunity to enroll or change your benefit elections for the upcoming plan year. Retirees should review your benefit plan options, verify your personal information and make any necessary changes. Once you have made your elections, you will not be able to change them until the next open enrollment period *unless you have a qualified change in status*.

Qualifying Events - Making Mid-Year Benefit Changes

IRS rules prohibit changes during the year unless you have a qualifying event. Some examples of qualifying events are:

- Change in marital status including marriage, death, divorce, legal separation, or annulment
- Change in number of dependents (birth, adoption, death, attaining age 26)
- Change in employment status that changes eligibility status: (termination, or decrease in hours worked, etc.)
- Change in residency that affects access to providers
- Change in spouse or child's eligibility under another employer or government plan
- Open enrollment of spouse's employer's plan

Enrollment Checklist

- ❑ Take some time to learn about all of the benefit options that are available to you. Read this *2024 Retiree Benefits Guide* carefully as you consider your plan choices.
- ❑ Attend a Benefits Enrollment Meeting to better understand the details of the marketplace medical plan choices, get an overview of all the benefit programs, and have an opportunity to ask questions.
- ❑ You may also wish to read the *HSA Plan Quick Guide* which provides a more detailed overview of the HSA Plan. HSA Plan members, decide if you want to make a contribution to your Health Savings Account.
- ❑ Make enrollment changes online through https://santeesdbenefits.hrintouch.com during the enrollment period: **October 9 through October 23, 2023**. Changes are effective on January 1, 2024.
- ❑ Once you have completed your enrollment online, save or print a copy of your confirmation statement, review it for accuracy, and retain it for your records.
- ❑ The Benefits Department will not mail confirmations to your home address, so this is your only record of your enrollment.

Medical Benefits

Choosing the Right Medical Plan

We understand that selecting a medical plan for you and your family is an Important decision that involves balancing the premium cost with other details like access to doctors and out-of-pocket expenses like copays and coinsurance.

Because retirees have different needs, the District offers several medical plan options through the CSEBA Marketplace which provide flexibility for retirees to select plans that most fit your budget and lifestyle needs. All medical plans will be offered online in a tiered format enabling retirees to compare plans and options before you make your election.

Know Your Options

Through the Marketplace, retirees will have the choice to enroll in one of the 21 medical plans offered through Kaiser and Blue Shield which include:

- Four Kaiser HMO
- Eight Blue Shield HMO
- Six Blue Shield PPO
- One Kaiser HMO HSA Compatible High Deductible
- Two Blue Shield PPO HSA Compatible High Deductible

Retirees who enroll in an HSA compatible plan will have the opportunity to set up a Health Savings Account (HSA) to help offset some of the out-of-pocket costs associated with these high deductible plans. Please refer to page 15 for additional details.

Metal Tiers

The HMO and PPO plans are named after various metals - Bronze, Silver, Gold and Platinum:

- **Bronze** offers the lowest monthly premium with the highest employee out-of-pocket costs at the time of service
- **Silver** offers a low monthly premium with a slightly higher cost share at the time of service
- **Gold** offers a higher monthly premium and comprehensive coverage with the employee paying less out of pocket at the time services are received
- **Platinum*** offers the most comprehensive coverage with the highest monthly premium. The employee cost share is the lowest when healthcare services are received; however, payroll deductions will be higher.

*The platinum tier is currently not available in PPO plans.

Chiropractic Benefits

Both Blue Shield and Kaiser have partnered with **American Specialty Health (ASH) Plans of California** to offer chiropractic coverage to the District's benefit-eligible retirees. If you are enrolled in one of the Blue Shield HMO plans, Blue Shield PPO plans, Blue Shield HDHP/HSA plan or one of the Kaiser HMO plans, you can obtain chiropractic care by selecting a contracted chiropractor through ASH.

For a list of Participating Providers, please visit the ASH Plans website at www.ashlink.com or contact the ASH Plans Customer Service Department at 1.800.678.9133.

Important to Note: Chiropractic coverage is not offered under the Kaiser Bronze II High Deductible Health Plan.

Kaiser HMO

Kaiser offers four HMO plan options which provide members with access to medical care through Kaiser Permanente physicians and hospitals. Services are covered if they are provided, prescribed or authorized by a Kaiser Plan Physician and you receive the services from Plan Providers inside the Southern California Region Service Area (your Home Region), except in the event of an emergency or where specifically noted to the contrary in the Evidence of Coverage (EOC).

The following summaries highlight the covered benefits under Kaiser's Platinum and Gold HMO plans. These plans have higher monthly premiums with lower out-of-pocket costs at the time of service.

Platinum	
Deductible & Maximum OOP:	
Annual Deductible	$0
Maximum Yearly OOP Costs	$1,500 ind / $3,000 fam
Hospital Services	**You Pay**
Hospitalization	$100
Mental Health/Substance Abuse	$100
Outpatient surgery	$50
Emergency & Urgent Care	**You Pay**
Ambulance Services	$100
Emergency Care	$100
Urgent Care Visits	$15
Preventive Care	**You Pay**
Routine Physical Maintenance Exams Well Baby/Child Exams Immunizations	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	No charge
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$15
Physical/Occupational/Speech Therapy	$15
Mental Health/Substance Abuse	$15
Other Services/Equipment	**You Pay**
Durable Medical Equipment	No charge
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Generic / Brand	$10 / $20
Specialty	20% (up to $150 max)
Chiropractic/Acupuncture	**You Pay**
up to 30 combined visits/year	$10 copay

Gold	
Deductible & Maximum OOP:	
Annual Deductible	$0
Maximum Yearly OOP Costs	$2,500 ind / $5,000 fam
Hospital Services	**You Pay**
Hospitalization	$500
Mental Health/Substance Abuse	$500
Outpatient surgery	$250
Emergency & Urgent Care	**You Pay**
Ambulance Services	$100
Emergency Care	$100
Urgent Care Visits	$20
Preventive Care	**You Pay**
Routine Physical Maintenance Exams Well Baby/Child Exams Immunizations	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	$100
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$20
Physical/Occupational/Speech Therapy	$20
Mental Health/Substance Abuse	$20
Other Services/Equipment	**You Pay**
Durable Medical Equipment	10%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Generic / Brand	$10 / $20
Specialty	20% (up to $150 max)
Chiropractic/Acupuncture	**You Pay**
up to 30 combined visits/year	$10

Kaiser HMO

The following summaries highlight the covered benefits under Kaiser's Silver and Bronze HMO plans. These plans have lower monthly premiums with higher out-of-pocket costs at the time of service.

Silver	
Deductible & Maximum OOP:	
Annual Deductible	$500 ind / $1,000 fam
Maximum Yearly OOP Costs	$3,000 ind / $6,000 fam
Hospital Services	You Pay
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care	You Pay
Ambulance Services	$150
Emergency Care	10% AD
Urgent Care Visits	$20
Preventive Care	You Pay
Routine Physical Maintenance Exams Well Baby/Child Exams Immunizations	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	$10
MRI, most CT and PET scans	10% up to $50
Outpatient Physicians Services	You Pay
Office Visits (PCP/Specialists)	$20
Physical/Occupational/Speech Therapy	$20
Mental Health/Substance Abuse	$20
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	You Pay
Generic / Brand	$10 / $30
Specialty	20% (up to $150 max)
Chiropractic/Acupuncture	You Pay
up to 30 combined visits/year	$15

Bronze	
Deductible & Maximum OOP:	
Annual Deductible	$1,500 ind / $3,000 fam
Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	You Pay
Hospitalization	30% AD
Mental Health/Substance Abuse	30% AD
Outpatient surgery	30% AD
Emergency & Urgent Care	You Pay
Ambulance Services	$150
Emergency Care	30% AD
Urgent Care Visits	$40
Preventive Care	You Pay
Routine Physical Maintenance Exams Well Baby/Child Exams Immunizations	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	$10
MRI, most CT and PET scans	30% up to $50
Outpatient Physicians Services	You Pay
Office Visits (PCP/Specialists)	$40
Physical/Occupational/Speech Therapy	$40
Mental Health/Substance Abuse	$40
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	You Pay
Generic / Brand	$10 / $30
Specialty	20% (up to $150 max)
Chiropractic/Acupuncture	You Pay
up to 30 combined visits/year	$15

AD = After deductible

Blue Shield HMO – Access+ Network

Blue Shield's Access+ HMO plans offer members medical care through physicians and facilities in the Access+ network.

Upon enrolling in any one of the Blue Shield Access+ HMO plans, you must choose a primary care physician (PCP) from the Access+ network. Your PCP will coordinate your care, including referrals to specialists. Covered family members can select different PCPs and/or medical groups within the network. Members may also change PCPs or medical groups within the network during the year.

Blue Shield HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA), except services provided under the "Access+ Specialist" feature. This feature allows members to self-refer for specialty consultation within the member's medical group. Excludes allergy, dermatology, PT and Podiatry.

The following summaries highlight the covered benefits under the Blue Shield Access+ Platinum and Gold HMO plans. These plans have higher monthly premiums with lower out-of-pocket costs at the time of service.

Platinum	
Deductible & Maximum OOP:	
Annual Deductible	$0
Maximum Yearly OOP Costs	$1,500 ind / $3,000 fam
Hospital Services	**You Pay**
Hospitalization	$100
Mental Health/Substance Abuse	$100
Outpatient surgery	$50
Emergency & Urgent Care	**You Pay**
Ambulance Services	$100
Emergency Care	$100
Urgent Care Visits	$15
Preventive Care	**You Pay**
Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	No charge
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$15
Access+ Specialist	$25
Physical/Occupational/Speech Therapy	$15
Mental Health/Substance Abuse	$15
Other Services/Equipment	**You Pay**
Durable Medical Equipment	No charge
Home Health (up to 100 visits)	$15
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Tier 1	$10
Tier 2	$20
Tier 3	$40
Tier 4	20% (to $150 max)
Chiropractic/Acupuncture	**You Pay**
up to 30 combined visits/year	$10

Gold	
Deductible & Maximum OOP:	
Annual Deductible	$0
Maximum Yearly OOP Costs	$2,500 ind / $5,000 fam
Hospital Services	**You Pay**
Hospitalization	$500
Mental Health/Substance Abuse	$500
Outpatient surgery	$250
Emergency & Urgent Care	**You Pay**
Ambulance Services	$100
Emergency Care	$100
Urgent Care Visits	$20
Preventive Care	**You Pay**
Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	$100
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$20
Access+ Specialist	$30
Physical/Occupational/Speech Therapy	$20
Mental Health/Substance Abuse	$20
Other Services/Equipment	**You Pay**
Durable Medical Equipment	10%
Home Health (up to 100 visits)	$20
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Tier 1	$10
Tier 2	$20
Tier 3	$40
Tier 4	20% (to $150 max)
Chiropractic/Acupuncture	**You Pay**
up to 30 combined visits/year	$10

Blue Shield HMO – Access+ Network

Blue Shield's Access+ Silver and Bronze HMO plans have lower monthly premiums with higher out-of-pocket costs at the time of service. The following summaries highlight the covered benefits under each plan.

Silver	
Deductible & Maximum OOP:	
Annual Deductible	$500 ind / $1,000 fam
Maximum Yearly OOP Costs	$3,000 ind / $6,000 fam
Hospital Services	You Pay
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care	You Pay
Ambulance Services	$150
Emergency Care	10%
Urgent Care Visits	$20
Preventive Care	You Pay
Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	$10
MRI, most CT and PET scans	$50
Outpatient Physicians Services	You Pay
Office Visits (PCP/Specialists)	$20
Access+ Specialist	$30
Physical/Occupational/Speech Therapy	$20
Mental Health/Substance Abuse	$20
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	$20
Hospice	No charge
Prescription: (30-day supply)	You Pay
Tier 1	$10
Tier 2	$30
Tier 3	$50
Tier 4	20% (to $150 max)
Chiropractic/Acupuncture	You Pay
up to 30 combined visits/year	$15

Bronze	
Deductible & Maximum OOP:	
Annual Deductible	$1,500 ind / $3,000 fam
Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	You Pay
Hospitalization	30% AD
Mental Health/Substance Abuse	30% AD
Outpatient surgery	30% AD
Emergency & Urgent Care	You Pay
Ambulance Services	$150
Emergency Care	30%
Urgent Care Visits	$40
Preventive Care	You Pay
Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	$10
MRI, most CT and PET scans	$50
Outpatient Physicians Services	You Pay
Office Visits (PCP/Specialists)	$40
Access+ Specialist	$50
Physical/Occupational/Speech Therapy	$40
Mental Health/Substance Abuse	$40
Other Services/Equipment	You Pay
Durable Medical Equipment	20%
Home Health (up to 100 visits)	$40
Hospice	No charge
Prescription: (30-day supply)	You Pay
Tier 1	$10
Tier 2	$30
Tier 3	$50
Tier 4	20% (to $150 max)
Chiropractic/Acupuncture	You Pay
up to 30 combined visits/year	$15

AD = After deductible

Blue Shield HMO – Trio Network

Blue Shield's Trio HMO plans offer members the same benefits as the Access+ HMO plans with the exception of the pharmacy benefit. These plans offer lower monthly premiums through a select group of physicians and facilities under the Trio Network.

To enroll in one of the Trio HMO plans, you and your covered dependents must live or work in the Trio HMO plan service area to be eligible for coverage. This plan requires you to choose a primary care physician (PCP) from Trio's network. Your PCP will coordinate your care, including referrals to specialists. Enrolled dependents can select different PCPs and/or medical groups within the network. Members may also change PCPs or medical groups within the network during the year.

The Trio HMO plans offer the Trio+ Specialist feature which allows members to self-refer for specialty consultation within the member's medical group. Excludes allergy, dermatology, PT and Podiatry.

The following summaries highlight the covered benefits under Blue Shield's Trio HMO Platinum and Gold plans. These plans have higher monthly premiums with lower out-of-pocket costs at the time of service.

Platinum	
Deductible & Maximum OOP:	
Annual Deductible	$0
Maximum Yearly OOP Costs	$1,500 ind / $3,000 fam
Hospital Services	**You Pay**
Hospitalization	$100
Mental Health/Substance Abuse	$100
Outpatient surgery	$50
Emergency & Urgent Care	**You Pay**
Ambulance Services	$100
Emergency Care	$100
Urgent Care Visits	$15
Preventive Care	**You Pay**
Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	No charge
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$15
Access+ Specialist	$25
Physical/Occupational/Speech Therapy	$15
Mental Health/Substance Abuse	$15
Other Services/Equipment	**You Pay**
Durable Medical Equipment	No charge
Home Health (up to 100 visits)	$15
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Tier 1: Level A/Level B Pharmacies	$0/$10
Tier 2: Level A/Level B Pharmacies	$10/$20
Tier 3: Level A/Level B Pharmacies	$20[(1)]
Tier 4: Level A/Level B Pharmacies	20% (to $150 max)
Chiropractic/Acupuncture	**You Pay**
up to 30 combined visits/year	$10

Gold	
Deductible & Maximum OOP:	
Annual Deductible	$0
Maximum Yearly OOP Costs	$2,500 ind / $5,000 fam
Hospital Services	**You Pay**
Hospitalization	$500
Mental Health/Substance Abuse	$500
Outpatient surgery	$250
Emergency & Urgent Care	**You Pay**
Ambulance Services	$100
Emergency Care	$100
Urgent Care Visits	$20
Preventive Care	**You Pay**
Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	No charge
MRI, most CT and PET scans	$100
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$20
Access+ Specialist	$30
Physical/Occupational/Speech Therapy	$20
Mental Health/Substance Abuse	$20
Other Services/Equipment	**You Pay**
Durable Medical Equipment	10%
Home Health (up to 100 visits)	$20
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Tier 1: Level A/Level B Pharmacies	$0/$10
Tier 2: Level A/Level B Pharmacies	$10/$20
Tier 3: Level A/Level B Pharmacies	$20[(1)]
Tier 4: Level A/Level B Pharmacies	20% (to $150 max)
Chiropractic/Acupuncture	**You Pay**
up to 30 combined visits/year	$10

[(1)] Tier 3 Drugs require prior authorization. If approved, you pay your applicable Tier 2 copayment or coinsurance.

Blue Shield HMO – Trio Network

The following summaries highlight the covered benefits under Blue Shield's Trio Silver and Bronze HMO plans. These plans have lower monthly premiums with higher out-of-pocket costs at the time of service.

Silver		Bronze	
Deductible & Maximum OOP:		Deductible & Maximum OOP:	
Annual Deductible	$500 ind / $1,000 fam	Annual Deductible	$1,500 ind / $3,000 fam
Maximum Yearly OOP Costs	$3,000 ind / $6,000 fam	Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	You Pay	Hospital Services	You Pay
Hospitalization	10% AD	Hospitalization	30% AD
Mental Health/Substance Abuse	10% AD	Mental Health/Substance Abuse	30% AD
Outpatient surgery	10% AD	Outpatient surgery	30% AD
Emergency & Urgent Care	You Pay	Emergency & Urgent Care	You Pay
Ambulance Services	$150	Ambulance Services	$150
Emergency Care	10%	Emergency Care	30%
Urgent Care Visits	$20	Urgent Care Visits	$40
Preventive Care	You Pay	Preventive Care	You Pay
Preventive Health Services California Prenatal Screening Program	No charge	Preventive Health Services California Prenatal Screening Program	No charge
Diagnostic Testing	You Pay	Diagnostic Testing	You Pay
Lab tests / diagnostic x-ray	$10	Lab tests / diagnostic x-ray	$10
MRI, most CT and PET scans	$50	MRI, most CT and PET scans	$50
Outpatient Physicians Services	You Pay	Outpatient Physicians Services	You Pay
Office Visits (PCP/Specialists)	$20	Office Visits (PCP/Specialists)	$40
Access+ Specialist	$30	Access+ Specialist	$50
Physical/Occupational/Speech Therapy	$20	Physical/Occupational/Speech Therapy	$40
Mental Health/Substance Abuse	$20	Mental Health/Substance Abuse	$40
Other Services/Equipment	You Pay	Other Services/Equipment	You Pay
Durable Medical Equipment	20%	Durable Medical Equipment	20%
Home Health (up to 100 visits)	$20	Home Health (up to 100 visits)	$40
Hospice	No charge	Hospice	No charge
Prescription: (30-day supply)	You Pay	Prescription: (30-day supply)	You Pay
Tier 1: Level A/Level B Pharmacies	$0/$10	Tier 1: Level A/Level B Pharmacies	$0/$10
Tier 2: Level A/Level B Pharmacies	$20/$30	Tier 2: Level A/Level B Pharmacies	$20/$30
Tier 3: Level A/Level B Pharmacies	$30[(1)]	Tier 3: Level A/Level B Pharmacies	$30[(1)]
Tier 4: Level A/Level B Pharmacies	20% (to $150 max)	Tier 4: Level A/Level B Pharmacies	20% (to $150 max)
Chiropractic/Acupuncture	You Pay	Chiropractic/Acupuncture	You Pay
up to 30 combined visits/year	$15	up to 30 combined visits/year	$15

[(1)] Tier 3 drugs require a formulary exception. If approved, you pay your applicable Tier 2 copayment or coinsurance.

AD = After Deductible

Blue Shield PPO – Full Network

Blue Shield's Full PPO Network offers retirees the choice between two PPO plans or metal tiers: the Gold and the Silver.

PPO plans offer you the flexibility to choose any doctor or specialist – in or out of the network for most services. However, you will pay less money out of pocket at the time of service when you see a doctor in the network. The brief summaries below highlight the in-network covered benefits under Blue Shield's Full PPO network Gold and Silver plans. For complete coverage details including coverage for services received out-of-network, refer to the plan's complete benefit summary.

Gold	
Deductible & Maximum OOP:	
Annual Deductible	$500 ind / $1,500 fam
Maximum Yearly OOP Costs	$3,000 ind / $6,000 fam
Hospital Services	**You Pay**
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care	**You Pay**
Ambulance Services	10% AD
Emergency Care	$150 +10%
Urgent Care	$20
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	10% AD
MRI, most CT and PET scans	10% AD
Outpatient Physician Services	**You Pay**
Office Visits	$20
Physical/Occupational/Therapy/Speech	10% AD
Mental Health/Substance Abuse	$20
Other Services/Equipment	**You Pay**
Durable Medical Equipment	10% AD
Home Health (up to 100 visits)	10% AD
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Tier 1	$10
Tier 2	$30
Tier 3	$50
Tier 4	30% (to $150 max)
Chiropractic / Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	10% AD

Silver	
Deductible & Maximum OOP:	
Annual Deductible	$1,000 ind / $3,000 fam
Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	**You Pay**
Hospitalization	20% AD
Mental Health/Substance Abust	20% AD
Outpatient surgery	20% AD
Emergency & Urgent Care	**You Pay**
Ambulance Services	20% AD
Emergency Care	$150 + 20%
Urgent Care	$30
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20% AD
MRI, most CT and PET scans	20% AD
Outpatient Physician Services	**You Pay**
Office Visits	$30
Physical/Occupational/Therapy/Speech	20% AD
Mental Health/Substance Abuse	$30
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20% AD
Home Health (up to 100 visits)	20% AD
Hospice	20% AD
Prescription: (30-day supply)	**You Pay**
Tier 1	$15
Tier 2	$30
Tier 3	$50
Tier 4	30% (to $200 max)
Chiropractic / Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	20% AD

AD = After deductible

Blue Shield PPO – Tandem Network

If you want the flexibility of a PPO but with lower rates, Tandem PPO may be the perfect choice for you. Tandem plans are designed to offer you choice, quality and flexibility. It relies on a select network of providers committed to keep your premiums as low as possible.

Blue Shield's Tandem PPO network extends throughout California and offers you access to a quality network of providers that includes all specialties and levels of care. Like other PPO plans, Tandem PPO offers you the flexibility to choose any doctor or specialist – in or out of the network. However, you will save money when you see a doctor in the Tandem network.

After enrolling in a Tandem PPO plan, you will be matched with a primary care physician (PCP) in the Tandem PPO network. Having a PCP means you have a doctor you can turn to for healthcare advice. You don't need to visit your PCP first to receive care and you can see any doctor or specialist that you want without a referral. If you prefer a different PCP, you can easily change it online.

Although Blue Shield's Tandem PPO and Full PPO plans offer the same benefits within each tier, the Tandem plans offer lower premiums. The brief summaries below highlight the in-network covered benefits under the Tandem Gold and Silver PPO plans. For complete coverage details including coverage for services received out-of-network, refer to the plan's complete benefit summary.

Gold	
Deductible & Maximum OOP:	
Annual Deductible	$500 ind / $1,500 fam
Maximum Yearly OOP Costs	$3,000 ind / $6,000 fam
Hospital Services	**You Pay**
Hospitalization	10% AD
Mental Health/Substance Abuse	10% AD
Outpatient surgery	10% AD
Emergency & Urgent Care	**You Pay**
Ambulance Services	10% AD
Emergency Care	$150 + 10%
Urgent Care	$20
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	10% AD
MRI, most CT and PET scans	10% AD
Outpatient Physician Services	**You Pay**
Office Visits	$20
Physical/Occupational/Therapy/Speech	10% AD
Mental Health/Substance Abuse	$20
Other Services/Equipment	**You Pay**
Durable Medical Equipment	10% AD
Home Health (up to 100 visits)	10% AD
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Tier 1: Level A/Level B Pharmacies	$0/$10
Tier 2: Level A/Level B Pharmacies	$20/$30
Tier 3: Level A/Level B Pharmacies	$50/$50
Tier 4: Level A/Level B Pharmacies	30% (to $150 max)
Chiropractic / Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	10% AD

Silver	
Deductible & Maximum OOP:	
Annual Deductible	$1,000 ind / $3,000 fam
Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	**You Pay**
Hospitalization	20% AD
Mental Health/Substance Abust	20% AD
Outpatient surgery	20% AD
Emergency & Urgent Care	**You Pay**
Ambulance Services	20% AD
Emergency Care	$150 + 20%
Urgent Care	$30
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20% AD
MRI, most CT and PET scans	20% AD
Outpatient Physician Services	**You Pay**
Office Visits	$30
Physical/Occupational/Therapy/Speech	20% AD
Mental Health/Substance Abuse	$30
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20% AD
Home Health (up to 100 visits)	20% AD
Hospice	20% AD
Prescription: (30-day supply)	**You Pay**
Tier 1: Level A/Level B Pharmacies	$0/$15
Tier 2: Level A/Level B Pharmacies	$20/$30
Tier 3: Level A/Level B Pharmacies	$50/$50
Tier 4: Level A/Level B Pharmacies	30% (to $200 max)
Chiropractic / Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	20% AD

AD = After deductible

Kaiser HMO - High Deductible Health Plan (HDHP)

Kaiser's HMO High Deductible Health Plan (HDHP) offers members access to medical care through Kaiser Permanente physicians and hospitals.

How is the HDHP HMO Different?

Kaiser's Bronze II HMO HDHP plan offers comprehensive coverage with the lowest monthly payroll contributions and highest out-of-pocket costs when receiving services.

Although members who enroll in this HMO HDHP plan will pay more out-of-pocket at the time of service, it is important to consider this plan is HSA compatible. This means you may set money aside on a tax-free basis in a **Health Savings Account (HSA)** to help offset your out-of-pocket expenses. Any unused money that you deposit into your HSA can be saved to pay for future medical expenses.

The brief summary below highlights the covered benefits under Kaiser's Bronze II HMO plan.

Kaiser Bronze II HMO w/ H S A[1]

Deductible & Maximum OOP:	
Annual Deductible	$2,800 ind / $5,600 fam
Maximum Yearly OOP Costs	$5,600 ind / $11,200 fam
Hospital Services	**You Pay**
Hospitalization	20%
Mental Health/Substance Abuse	20%
Outpatient surgery	20%
Emergency & Urgent Care	**You Pay**
Ambulance Services	20%
Emergency Care	20%
Urgent Care Visits	$10
Preventive Care	**You Pay**
Routine Physical Maintenance Exams Well Baby/Child Exams Immunizations	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physicians Services	**You Pay**
Office Visits (PCP/Specialists)	$10
Physical/Occupational/Speech Therapy	$10
Mental Health/Substance Abuse	$10
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20%
Home Health (up to 100 visits)	No charge
Hospice	No charge
Prescription: (30-day supply)	**You Pay**
Generic / Brand	$10 / $25
Specialty	30% (to $150 max)
Chiropractic/Acupuncture	**You Pay**
	Not Covered

[1] All services are subject to deductible except for Preventive Care.

Blue Shield PPO - Full Network (HDHP)

Like other PPO plans, the Full Network PPO High Deductible Health Plans through Blue Shield offer you the flexibility to choose any doctor or specialist – in or out of the network. However, you will pay less money out of pocket at the time of service when you see a doctor in the network.

How is the HDHP PPO Plan Different?

Blue Shield's Silver Alternate and Bronze PPO High Deductible Health Plans (HDHP) offer comprehensive coverage with the lowest monthly payroll contributions and higher out-of-pocket costs when receiving services.

Although members who enroll in one of these HDHP plans will pay more out-of-pocket at the time of service, it is important to consider these plans are HSA compatible. This means you may set money aside on a tax-free basis in a **Health Savings Account (HSA)** to help offset your out-of-pocket expenses. Any unused money that you deposit into your HSA can be saved to pay for future medical expenses.

The brief summaries below highlight the in-network only covered benefits under the Blue Shield Full Network PPO Silver Alternate and Bronze plans.

Silver Alternate w/ H S A [1]	
Deductible & Maximum OOP:	
Annual Deductible	$1,500 ind / $3,000 fam
Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	**You Pay**
Hospitalization	20%
Mental Health/Substance Abust	20%
Outpatient surgery	20%
Emergency & Urgent Care	**You Pay**
Ambulance Services	20%
Emergency Care	20%
Urgent Care	$10
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	**You Pay**
Office Visits	$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	$10
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	**You Pay**
Tier 1	$10
Tier 2	$25
Tier 3	$50
Tier 4	30% (to $200 max)
Chiropractic/Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	20%

Bronze w/ H S A[1]	
Deductible & Maximum OOP:	
Annual Deductible	$3,000 ind / $5,400 fam
Maximum Yearly OOP Costs	$5,800 ind / $11,600 fam
Hospital Services	**You Pay**
Hospitalization	20%
Mental Health/Substance Abust	20%
Outpatient surgery	20%
Emergency & Urgent Care	**You Pay**
Ambulance Services	20%
Emergency Care	20%
Urgent Care	$10
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	**You Pay**
Office Visits	$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	$10
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	**You Pay**
Tier 1	$10
Tier 2	$25
Tier 3	$50
Tier 4	30% (to $200 max)
Chiropractic/Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	20%

[1] All services are subject to deductible except for Preventive Care.

Blue Shield PPO - Tandem Network (HDHP)

Just like Blue Shield's Full Network High Deductible PPO plans, the Tandem Network High Deductible PPO plans offer you the flexibility to choose any doctor or specialist – in or out of the network. However, you will pay less money out of pocket at the time of service when you see a doctor in the network. The Tandem network relies on a specially selected network of providers committed to keeping your premiums as low as possible.

How is the HDHP PPO Plan Different?

Tandem's Silver Alternate and Bronze HDHP PPO plans offer comprehensive coverage with the lowest monthly payroll contributions and higher out-of-pocket costs when receiving services.

Although members who enroll in one of these high deductible plans will pay more out-of-pocket at the time of service, it is important to know that these plans are HSA compatible. This means you may set money aside on a tax-free basis in a **Health Savings Account (HSA)** to help offset your out-of-pocket expenses. Any unused money that you deposit into your HSA can be saved to pay for future medical expenses.

The brief summaries below highlight the in-network covered benefits under the Tandem Network Silver Alternate and Bronze PPO plans. For complete coverage details including coverage for services received out-of-network, refer to the plan's complete benefit summary.

Silver Alternate w/ H S A [1]	
Deductible & Maximum OOP:	
Annual Deductible	$1,500 ind / $3,000 fam
Maximum Yearly OOP Costs	$4,000 ind / $8,000 fam
Hospital Services	**You Pay**
Hospitalization	20%
Mental Health/Substance Abust	20%
Outpatient surgery	20%
Emergency & Urgent Care	**You Pay**
Ambulance Services	20%
Emergency Care	20%
Urgent Care	$10
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	**You Pay**
Office Visits	$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	$10
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	**You Pay**
Tier 1: Level A/Level B Pharmacies	$0/$10
Tier 2: Level A/Level B Pharmacies	$15/$25
Tier 3: Level A/Level B Pharmacies	$50/$50
Tier 4: Level A/Level B Pharmacies	30% (to $200 max)
Chiropractic/Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	20%

Bronze w/ H S A[1]	
Deductible & Maximum OOP:	
Annual Deductible	$3,000 ind / $5,400 fam
Maximum Yearly OOP Costs	$5,800 ind / $11,600 fam
Hospital Services	**You Pay**
Hospitalization	20%
Mental Health/Substance Abust	20%
Outpatient surgery	20%
Emergency & Urgent Care	**You Pay**
Ambulance Services	20%
Emergency Care	20%
Urgent Care	$10
Preventive Care	**You Pay**
Preventive Health Services	No charge
Diagnostic Testing	**You Pay**
Lab tests / diagnostic x-ray	20%
MRI, most CT and PET scans	20%
Outpatient Physician Services	**You Pay**
Office Visits	$10
Physical/Occupational/Therapy/Speech	20%
Mental Health/Substance Abuse	$10
Other Services/Equipment	**You Pay**
Durable Medical Equipment	20%
Home Health (up to 100 visits)	20%
Hospice	20%
Prescription: (30-day supply)	**You Pay**
Tier 1: Level A/Level B Pharmacies	$0/$10
Tier 2: Level A/Level B Pharmacies	$15/$25
Tier 3: Level A/Level B Pharmacies	$50/$50
Tier 4: Level A/Level B Pharmacies	30% (to $200 max)
Chiropractic/Acupuncture	**You Pay**
(Chiro 24 visits) (Acu 12 visits)	20%

[1] All services are subject to the deductible except for preventive care.

Retiree Monthly Benefit Rates
(January 1, 2024 – December 31, 2024)

District Medical Plan Monthly Contributions Effective 9/1/2022*	
Part-Time Classified	up to $850
Full-Time Classified	up to $1,000
Certificated	up to $1,000
Management	up to $1,000

* District contributions apply to employees retiring on or after 9/1/2022

District Medical Plan Monthly Contributions Prior to 9/1/2022*	
Classified 4-5.99 Hours/Day	up to $411.67
Classified 6-7.99 Hours/Day	up to $570
Classified 8 Hours/Day	up to $633.33
Certificated	up to $750
Management	up to $600

* District contributions for employees who retired between 7/1/2017-8/31/2022. If you retired prior to 7/1/2017, these contribution amounts are different.

Blue Shield HMO - Access+ Network

Plan Name	Monthly Rate
Blue Shield Access+ HMO- Platinum	
Single	$ 799.69
Two-Party	$ 1,599.57
Family	$ 2,079.47
Blue Shield Access+ HMO- Gold	
Single	$ 753.17
Two-Party	$ 1,506.52
Family	$ 1,958.50
Blue Shield Access+ HMO- Silver	
Single	$ 694.16
Two-Party	$ 1,388.53
Family	$ 1,805.10
Blue Shield Access+ HMO- Bronze	
Single	$ 627.51
Two-Party	$ 1,255.20
Family	$ 1,631.80

Blue Shield HMO – Trio Network

Plan Name	Monthly Rate
Blue Shield Trio HMO - Platinum	
Single	$ 679.72
Two-Party	$ 1,359.61
Family	$ 1,767.52
Blue Shield Trio HMO - Gold	
Single	$ 640.15
Two-Party	$ 1,280.51
Family	$ 1,664.70
Blue Shield Trio HMO - Silver	
Single	$ 590.02
Two-Party	$ 1,180.21
Family	$ 1,534.31
Blue Shield Trio HMO - Bronze	
Single	$ 533.37
Two-Party	$ 1,066.91
Family	$ 1,386.99

Retiree Monthly Benefit Rates
(January 1, 2024 – December 31, 2024)

District Medical Plan Monthly Contributions Effective 9/1/2022*	
Part-Time Classified	up to $850
Full-Time Classified	up to $1,000
Certificated	up to $1,000
Management	up to $1,000

* District contributions apply to employees retiring on or after 9/1/2022

District Medical Plan Monthly Contributions Prior to 9/1/2022*	
Classified 4-5.99 Hours/Day	up to $411.67
Classified 6-7.99 Hours/Day	up to $570
Classified 8 Hours/Day	up to $633.33
Certificated	up to $750
Management	up to $600

* District contributions for employees who retired between 7/1/2017-8/31/2022. If you retired prior to 7/1/2017, these contribution amounts are different.

Blue Shield PPO – **Full** Network

Plan Name	Monthly Rate
Blue Shield PPO - Gold	
Single	$ 1,160.59
Two-Party	$ 2,321.39
Family	$ 3,017.85
Blue Shield PPO - Silver	
Single	$ 1,019.82
Two-Party	$ 2,039.82
Family	$ 2,651.80
Blue Shield PPO - Silver Alternate w/ HSA	
Single	$ 874.15
Two-Party	$ 1,748.48
Family	$ 2,273.06
Blue Shield PPO - Bronze	
Single	$ 812.29
Two-Party	$ 1,624.77
Family	$ 2,112.24

Blue Shield PPO – **Tandem** Network

Plan Name	Monthly Rate
Blue Shield Tandem PPO - Gold	
Single	$ 1,090.95
Two-Party	$ 2,182.11
Family	$ 2,836.76
Blue Shield Tandem PPO - Silver	
Single	$ 958.62
Two-Party	$ 1,917.41
Family	$ 2,492.67
Blue Shield Tandem PPO - Silver Alternate w/ HSA	
Single	$ 821.68
Two-Party	$ 1,643.56
Family	$ 2,136.68
Blue Shield Tandem PPO - Bronze	
Single	$ 763.55
Two-Party	$ 1,527.28
Family	$ 1,985.50

Retiree Monthly Benefit Rates
(January 1, 2024 – December 31, 2024)

District Medical Plan Monthly Contributions Effective 9/1/2022*	
Part-Time Classified	up to $850
Full-Time Classified	up to $1,000
Certificated	up to $1,000
Management	up to $1,000

* District contributions apply to employees retiring on or after 9/1/2022

District Medical Plan Monthly Contributions Prior to 9/1/2022*	
Classified 4-5.99 Hours/Day	up to $411.67
Classified 6-7.99 Hours/Day	up to $570
Classified 8 Hours/Day	up to $633.33
Certificated	up to $750
Management	up to $600

* District contributions for employees who retired between 7/1/2017-8/31/2022. If you retired prior to 7/1/2017, these contribution amounts are different.

Kaiser HMO Network

Plan Name	Monthly Rate
Kaiser HMO - Platinum	
Single	$ 749.56
Two-Party	$ 1,482.70
Family	$ 1,922.59
Kaiser HMO - Gold	
Single	$ 735.27
Two-Party	$ 1,454.14
Family	$ 1,885.45
Kaiser HMO - Silver	
Single	$ 724.69
Two-Party	$ 1,432.97
Family	$ 1,857.94
Kaiser HMO - Bronze	
Single	$ 610.80
Two-Party	$ 1,205.20
Family	$ 1,561.84
Kaiser HDHP/HSA - Bronze	
Single	$ 493.98
Two-Party	$ 971.54
Family	$ 1,258.07

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Retiree Monthly Dental & Vision Rates
(January 1, 2024 – December 31, 2024)

Classified and Certificated

Upon Retirement

Classified and Certificated retirees will have the option to enroll in the dental and vision plans that they were enrolled in at the time of retirement, through the **Consolidated Omnibus Budget Reconciliation Act (COBRA).** Participants will pay the **active employee rates plus a 2% admin fee** and may continue for up to 18 months.

Post COBRA – Classified Retirees

Once COBRA coverage is exhausted, Classified retirees may continue dental and vision coverage indefinitely at the **"Classified Retirees Post COBRA"** rates.

Post COBRA– Certificated Retirees

Once COBRA coverage is exhausted, Certificated retirees may continue dental coverage at the **"Certificated Retirees Post COBRA"** rates indefinitely. It is important to note that vision coverage is not extended to Certificated retirees post COBRA.

Management

Upon Retirement

Management retirees who are under the age of 65,will have the opportunity to purchase dental and vision coverage under Board Policy 4354.1 at the **"Retiree All Classes <65"** rates.

At Age 65

Management retirees age 65 and older may continue their dental and vision coverage indefinitely at the **"Management Retirees 65+"** rates.

Classified Retirees Post COBRA

Plan Name	Monthly Rate
Delta Dental DHMO (AB528)	
Retiree only	$ 40.95
Retiree + one dependent	$ 72.43
Delta Dental PPO (AB528)	
Retiree only	$ 67.29
Retiree + one dependent	$ 133.57
VSP Vision	
Retiree only	$ 5.16

Certificated Retirees Post COBRA

Plan Name	Monthly Rate
Delta Dental DHMO (AB528)	
Retiree only	$ 40.95
Retiree + one dependent	$ 72.43
Delta Dental PPO (AB528)	
Retiree only	$ 67.29
Retiree + one dependent	$ 133.57

Management Retirees < 65

Plan Name	Monthly Rate
DeltaCare DHMO	
Retiree only	$ 34.65
Retiree + 1 dependent	$ 57.33
Retiree + 2 or more dependents	$ 84.38
Delta Dental PPO	
Retiree only	$ 44.86
Retiree + 1 dependent	$ 85.67
Retiree + 2 or more dependents	$ 126.47
VSP Vision	
Retiree Only	$ 7.65

Management Retirees 65+

Plan Name	Monthly Rate
Delta Dental DHMO	
Retiree only	$ 40.95
Retiree + one dependent	$ 72.43
Delta Dental PPO	
Retiree only	$ 67.29
Retiree + one dependent	$ 133.57
VSP Vision Plan	
Retiree only	7.65

Prescription Drugs

Blue Shield Members

The Blue Shield medical plans include a prescription drug benefit for enrolled members with access to over 68,000 convenient retail pharmacies nationwide including grocery, discount, and drug stores. To find out if a pharmacy is in the Blue Shield network, go to www.blueshieldca.com/pharmacy.

Tandem PPO and Trio HMO Prescription Benefits

Blue Shield's Tandem PPO and Trio HMO plans provide members with an opportunity to obtain preferred-member cost share for your prescriptions at select participating retail pharmacies within the Blue Shield of California pharmacy network. You have the choice of filling your prescriptions at a Level A or Level B pharmacy.

Level A network pharmacies offer preferred cost sharing. You can fill prescriptions at any of the following pharmacies nationwide:

- CVS Pharmacy
- CVS Pharmacy in Target Stores
- Costco
- Safeway
- Vons

By filling your prescriptions at a Level A pharmacy, you can save on your out-of-pocket costs.

Visit blueshieldca.com/pharmacy for a list of Level A pharmacies near you. Click Pharmacy networks and select Tiered pharmacy network Level A pharmacy directory.

Level B network pharmacies include all other pharmacies within Blue Shield's pharmacy network, except those that are in Level A.
A higher cost share for your prescriptions applies at a Level B pharmacy. Please refer to your plan's Summary of Benefits in your Evidence of Coverage for more details about specific copayment or coinsurance amounts.

You have the same selection of covered drugs at both Level A and Level B pharmacies. You can continue to fill your prescriptions at a Level B pharmacy, or you can switch to a Level A pharmacy to take advantage of the preferred member cost share.

Why Choose Home Delivery?

If you take a medication every day to treat an ongoing health condition, you may want to consider setting up home delivery through CVS Caremark Mail Service Pharmacy. Here's why:

- **Convenience.** Don't waste time standing in line at the pharmacy. Medications are delivered to your mailbox – with free standard delivery
- **Savings:** You pay less for your medications with a 90-day supply for 2x retail cost.
- **Safe, private delivery.** CVS Caremark Mail Service Pharmacy packaging is designed to protect your privacy and stand up to bad weather.
- **Easy refills.** Fill up to a 90-day supply of your medication at one time, so you fill less often.
- **Track your orders.** You can refill your prescription and track your orders online or from your mobile phone.

Learn how to get your maintenance medication through CVS Caremark by visiting the mail service pharmacy page at www.blueshieldca.com/pharmacy or calling (866) 346-7200.

If you don't enroll in the CVS Caremark Mail Service Pharmacy automatic refill program, members can refill prescriptions online through your Blue Shield member account, by phone, or by using the CVS Caremark refill order form included in your last shipment. For more information, visit www.blueshieldca.com/pharmacy.

Prescription Drugs

Kaiser Members…

Your provider may order a prescription for you during your appointment. In most cases, it will be sent to our pharmacy electronically, and you may choose from several convenient ways to receive your prescriptions.

- **Mail order home delivery** (usually 3 to 5 days) on most prescriptions at no additional cost
- **Pharmacy pick up**
- **Same or next day delivery**

Mail order home delivery refills

Kaiser's mail-order pharmacy offers a convenient way to refill most of your prescriptions. Not all prescriptions can be mailed as restrictions apply.

Visit kp.org/refill or access the KP mobile app to order refills and check the status of your orders. If it's your first time placing a refill order online, please create an account by visiting kp.org/register.

Same-day or next-day home delivery

is available in most areas and for most prescriptions for an additional fee. Order using the Kaiser Permanente app, kp.org/homedelivery, or call 1-877-761-4091. Some exclusions apply.

Have questions?

Please call the pharmacy number printed at the top of your prescription label. For information about your benefits, call Member Services, 24 hours a day, 7 days a week (closed holidays) at 1-800-464-4000.

Out of refills?

If you don't have any prescription refills left when you place an order, we can request refills from your provider. If approved, please allow 2 business days for us to process your order.

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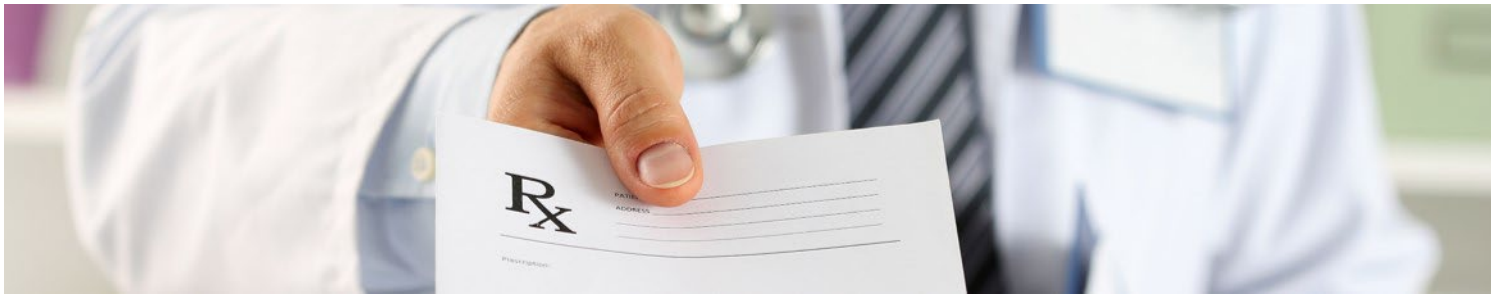


Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check the health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a Formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into categories or tiers. These groupings range from least expensive to most expensive cost to you. "Preferred" drugs usually cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most our of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts.

The Formulary Drug Tiers Determine Your Cost

$	Preferred Generic Drug
$$	Non-Preferred Generic Drug
$$$	Preferred Brand Name Drug
$$$$	Non-Preferred Brand Name Drug
$$$$$	Specialty Drug

To find out if a drug is on your plan's formulary, visit the plans website or call the customer service number on your ID card.

Virtual Care

Blue Shield and Kaiser members have access to telehealth services as part of your medical plan. Get the care you need – including most prescriptions – for a wide range of minor conditions. You can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Blue Shield

As a Blue Shield member, you have access to Teladoc's national network of board-certified physicians, licensed in California. Whenever you need care, Teladoc doctors are available 24/7 by phone or video.

Use Teladoc

- If you're considering the ER or urgent care center for a non-emergency
- When on vacation, a business trip, or away from home
- For short-term prescription refills

blue california

TELADOC.

Get the care you need

Teladoc doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Sinus problems
- And more

Meet the doctors

All Teladoc doctors:

- Are practicing primary care physicians, pediatricians, and family physicians
- Have an average of 20 years of experience
- Are board certified and licensed
- Are credentialed every three years

Talk to a doctor anytime for a small copay*

- HMO and PPO members: $5 copay per consult.
- Trio HMO & Tandem PPO Plans: $0 copay per consult.
- Set up your profile now at www.teladoc.com/bsc.

* High-deductible health plan (HDHP) members pay a $45 consult fee until the deductible is met, then a $5 copay.

Get started with Teladoc

1. Set up account at www.teladoc.com/bsc
2. Provide medical history
3. Request a consult

Call Teladoc at **1-800-Teladoc** (835-2362) for help.

Visit www.teladoc.com/mobile to download the app.

Kaiser

Kaiser members can get care from a doctor – wherever you are. Do you have a minor health condition? If it doesn't require an in-person medical exam, you may be able to address it with a doctor by E-visit, phone, email or video visit.

E-visit
Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.

Phone appointment
Schedule an appointment to talk with a Kaiser Permanente clinician over the phone.

Email
Message your doctor's office with non-urgent questions anytime through your kp.org account.

Video Visit
Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit

Mail-order pharmacy
Get prescriptions sent straight to your door with Kaiser's mail-order delivery service.

Some examples of conditions:

- Allergies
- Colds and coughs
- Some follow-up visits
- Upper respiratory infections

KAISER PERMANENTE®

Ready to make an appointment?

Go online:
Sign in to kp.org or use the Kaiser Permanente app.

Call 24/7:
1-833-574-2273 (TTY 711)

Find a Network Provider

How to Find a Blue Shield Provider

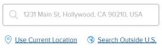
Blue Shield members and guests can search for providers and facilities. Members can log in and search for results tailored specifically to their plan type or a different designated plan type. Results include name, address, phone number and distance.

1: Visit blueshieldca.com and click on **Find a doctor**

2: Choose provider type

3: Log in or continue as a guest

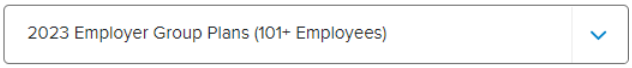
4: Enter your search location



5: Click on *Select a plan*

6: Select the *2024* plan year from the drop-down menu

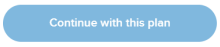
7: From the drop-down menu, select Plan type:



8: Select your *Subplan* from the drop-down menu. Be sure to select one of the plans below:

- Access+ HMO
- Trio ACO HMO
- PPO (this is the full network)
- Tandem PPO

9: Click on *Continue with this plan*



10: Search by *Doctor Type, Doctor Name or Medical Group*

How to Find a Kaiser Provider

We know how important it is to find a doctor who's right for you. To choose or change doctors at any time, for any reason, browse our online profiles by region at kp.org, or call Member Services in your area.

If there isn't a Kaiser Permanente location near you, visit kp.org/travel to find out how to get care away from home.

For a list of Kaiser providers and facilities by name, address, phone number and distance, follow the steps below:

1: Visit kp.org

2: Click on "Doctors & Locations"

3: Choose a region "California Southern" for your search

4: Search for Doctors or Locations from the drop-down menu and enter the zip code and optional keywords

5: Narrow your search by adding additional filters

6: Click on Search and your results will be displayed

Health Savings Account (HSA)

How an HSA works

1. **Enroll in the HDHP**: You must be covered by the HDHP and you must not be eligible for coverage under any other health plan.
2. **Enroll in the HSA**: Get your account set up.
3. **Contribute:** You, your spouse and family (if any family members are enrolled in the HDHP) may contribute up to the yearly limit set by the IRS.

Contribution Limits	2023	2024
Enrolled as self-only	$3,850	$4,150
Enrolled with family	$7,750	$8,300
"Catch-up" (age 55+)	$1,000	$1,000

4. **Know how much you have:** You may use the money in your HSA to pay for qualified medical expenses.
5. **Use your benefits:** Visit the doctor, hospital and other health care providers.
6. **Pay for services until you meet your deductible:** Pay for your health care expenses with your account. Or pay out of your own pocket and save your account. Either way, pay until you reach your yearly deductible.
7. **Pay a copay or coinsurance after each visit:** Use your HSA if you want or pay out of your own pocket. Again, either way, you will pay until you reach the plan's payment limit.
8. **Pay until you reach the plan's Payment Limit**: Then your health plan pays for 100% of covered services.

Save your HSA

Your contributions are tax-free. Add money to your HSA and when it's time to file taxes, claim your deposits as a deduction. Your HSA can also earn tax-free interest. Save the money in your HSA to pay for out of pocket medical expenses. There's no "use it or lose it" rule so you can roll over the money in your account from year to year.

Your HSA grows. Once your account reaches a minimum balance, you have an investment service available. As your HSA continues to grow you may use it for future and retiree health-related costs.

HSA Advantages

You own it. You decide whether to spend or save the funds in your health savings account. If you decide to change employers or health plans, the account is yours to keep.

You don't lose it. Any money not used at the end of the plan year rolls over to the next year.

It can grow. Your HSA is a savings account that earns interest. You can save the money in your account and let it grow, to pay health care costs down the road, even during retirement. And after you build up a certain amount, you may have investment options.

Tax advantages of an HSA

With an HSA, you also get:

- **Tax savings.** Money you put in to the account can reduce your taxable income. **For example**, a **$2,500 annual HSA contribution** could lower your annual taxes significantly:

Federal tax rate	State tax rate	Payroll tax rate	Estimated annual savings
15%	0%	7.70%	$568
25%	5%	7.70%	$943
28%	8%	7.70%	$1,093

For illustrative purposes only. Actual savings will vary.

- **Tax-free earnings.** Money you keep in your HSA earns interest tax-free.
- **Tax-free spending.** Money you take out to pay for qualified health care costs is never taxed.

Spend your HSA: Example

- You contributed $1,000 to your HSA using pretax dollars through payroll deduction.
- You get a $2,000 bill from your doctor.
- You then decide to deposit an additional $1,000 in your HSA by electronic funds transfer, and you can claim this $1,000 as a deduction when you file your taxes.
- Pay the $2,000 bill from the HSA using your debit card.
- If needed, keep contributing to your HSA during the year, up to the IRS limit, to pay for qualified health care expenses and save on your taxes.

Advocacy & Employee Assistance

Retirees who are enrolled in one of the Blue Shield or Kaiser medical plans have access to advocacy and EAP services through **Health Advocate**. Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health. Services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Healthcare Advocates

- Explain health conditions and diagnoses
- Research and explain treatment options
- Find the right in-network doctors
- Arrange second opinions
- Resolve claims and billing issues

Mental Health Support

- Find support groups and community resources
- Online digital cognitive behavioral therapy (dCBT) program
- Modules on topics such as, anxiety, anger management, low self-esteem and more…

Support for Personal Problems

- Relationships, grief/loss, family/parenting
- Financial and legal issues
- Anxiety, depression, substance abuse
- Balancing work and family
- Locate childcare and eldercare

Personal Concierge

- Locate services such as auto repair/maintenance, pet care, cleaning services and contractors
- Get help with negotiating non-covered medical or dental bills over $400

Call: 866.799.2728
Email: answers@HealthAdvocate.com
Web: HealthAdvocate.com/cseba

- Under Organization enter: California Schools Employee Benefits Association

HealthAdvocate℠

Here's what to expect when you reach out:

When You Need Work/Life Resources

- An EAP Work/Life specialist will gather information about your need for childcare, after-school care, eldercare, special needs, legal or financial resources and more
- Find local resources and check for availability
- Connect you to a legal or financial specialist, if needed

When You Need Counseling Support

- EAP Professional will begin a brief intake process
- Assess for safety concerns
- Gather information about your reason for requesting counseling
- Determine what type of counseling may work best for you (individual, family or couples)
- Connect you to the right professional

Employee Assistance

Your Employee Assistance Program (EAP) through **EASE** is here to help you with emotional, family and other personal problems; offer guidance on financial and legal issues; support healthy choices; and much more. This benefit is available to **all** Santee School District retirees and anyone in your household at no charge for covered services.

Emotional Health & Family Support

No-cost counseling: Access **up to 6** in-person or virtual sessions per issue, per year with Evernorth's network of EAP professional counselors. Call for a referral or go online to search our provider directory. Virtual care options include secure text messaging to fit your schedule.

Home Life Referrals

Adoption: Learn about your options and find agencies who can help.

Convenience Services: Find referrals to help conquer your to-do list, including home maintenance, relocation services, dining and more.

Education Guidance: If you're facing college choices or need academic counseling, we connect you with resources so you can make the right choice for your family's education.

Child Care: Find a location or program that meets your needs. Evernorth can also help you find a childcare professional that's right for your family.

Parenting: From toilet training to sibling rivalry, we help connect you with guidance and resources for parents.

Pet Care: Find vets and dog walkers to help care for your pets.

Prenatal Care: Guidance for every stage of pregnancy.

Senior Care: Solutions to help you care for aging loved ones.

Financial and Legal Assistance

Financial Services: Receive free 30-minute financial consultations per concern by phone and enjoy 25% off tax preparation software.

Identity Theft: Free 60-minute expert consultations by phone to help prevent or recover from identity theft.

Legal Consulting: Connect with a network attorney for a free 30-minute consultation and get 25% off select fees.

Enhanced Financial and Legal Services: A free 60-minute consultation per topic with a financial advisor (two 30-minute phone sessions) or a network attorney, 25% off select legal fees and 25% off tax preparation software.

Get Started Today!

Call Toll Free: 1-888-736-7009

Employer ID: **EASE**

TTY Users can call: 711

Visit: well.evernorth.com

Registration Code: **EASE**

EASE Employee Assistance Service for Education

EVERNORTH HEALTH SERVICES

Available 24/7/365

Say hello to Go365.

Your Personalized Wellness and Rewards Program

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.

Unlock Activities

Go365 is all about you. Receive activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your activities and earn points for higher status.

Stay Inspired

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn points for all your healthy activities.

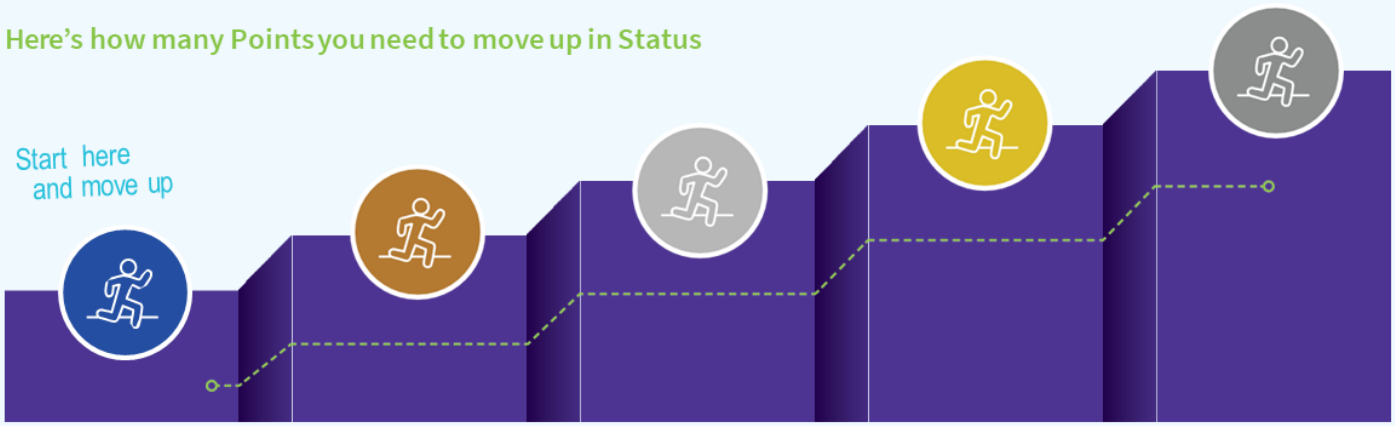
Earn Rewards

Making healthier choices is a lot more fun with Go365. The more you move up in status, the more bucks you can earn and spend on great items in the Go365 Mall. Plus, bonus bucks, surprise rewards, and monthly jackpot drawings make getting healthy more fun!

More Points - Higher Status

Earning points pays off big with higher status levels. Get your spouse and kids involved too and see how fast you can move up in status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000 One adult per policy	8,000 One adult per policy	10,000 One adult per policy
8,000 **combined** two adults per policy	12,000 **combined** two adults per policy	15,000 **combined** two adults per policy
+3,000 for each member 18 years and older per policy	+4,000 for each member 18 years and older per policy	+5,000 for each member 18 years and older per policy

go365 Go365.com

Adult children can only move a family out of Blue Status by completing a verified workout.

Stay connected with Go365

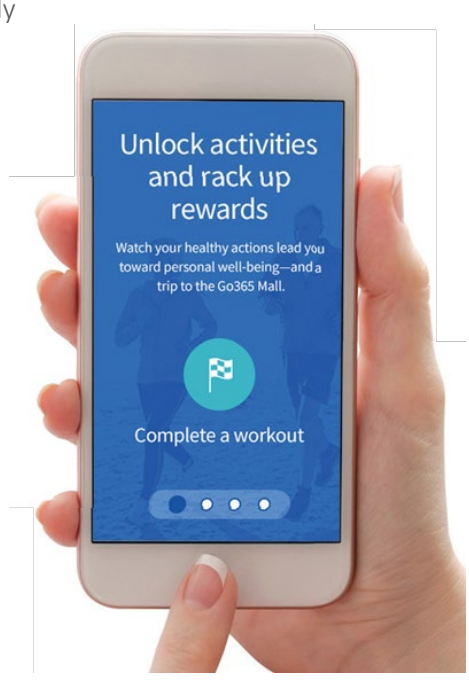
Participate When, Where, and How You Want

Whether you go online or are on the go, Go365 goes right along with you. Engage and track your wellness journey through a best-in-class digital experience that was designed just for you.

Go365 puts you in the driver's seat. There are lots of ways to get started and start earning Points. Sign-in online or with the App to unlock Recommended Activities that are personalized just for you.

Then track your Points and watch your Bucks build up. Go365 connects to dozens of the most popular activity tracking apps, more than 75 fitness devices and over 40,000 participating fitness facilities, so you can earn rewards for healthy Activities you're already doing. Plus, the App makes it even easier to track your Activities – just snap and send a picture.

Make the connection so you don't miss out on rewards!



Get it Done - Online or On the Go

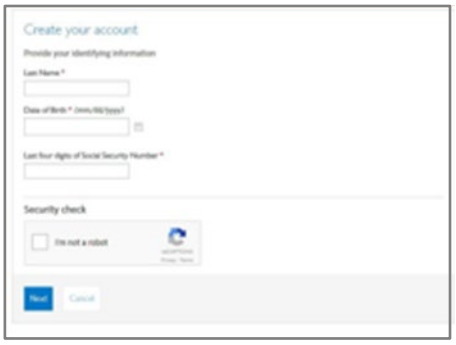
- View personalized dashboard
- Take your Health Assessment
- Connect your compatible fitness devices or tracking apps
- Unlock Activities
- Track Points
- Submit a picture
- Contact a Health Coach
- Reach out to the Go365 Community
- Join a Challenge

go365 ANDROID APP ON Google play Download on the App Store

Benefitfocus

2024 is a passive medical enrollment year. If retirees wish to make changes to their medical plan, they MUST log in to Benefitfocus to enroll in their desired medical plan. retirees who do not wish to make changes to their current medical plan will NOT need to log in to Benefitfocus. The current medical plan will continue through 2024. Retirees can also access their annual Compensation Statement through the Benefitfocus homepage. Please follow these steps to log into Benefitfocus and update your plan selections:

1. First, ***access*** the portal at https://santeesdbenefits.hrintouch.com to create your online account.
2. Select the ***Create an Account*** link to begin the account creation process. Enter the following required information into the corresponding fields:
   - Last Name
   - Date of Birth
   - Last 4 digits of your SSN
3. Complete the ***Security Check*** and click *Next*.
4. Create your ***Username*** and ***Password***. All required fields are indicated by an asterisk. After you enter all required information, please enter your email address and phone number (home/cell).
5. Create a ***Secret Question*** and ***Answer***. You will be asked to provide multiple questions/answers.
6. Select ***Save***.



Navigating the System

Once you log into the system, you can easily access your information from the Home page.

Viewing the Home Page

The first time you log in, you will see benefit enrollment information. You can begin enrolling in your benefits by selecting the *Get Started* button. You can also access other information, such as your Language Preferences, Dependents, and your Login information. Your access to the types of information you see on the Home page depends on preferences established for your company. You can explore the links on the Home page and make any necessary updates either before or after you enroll in your benefits.

Guiding You Through the Process

Here are the basic steps for completing your benefit elections:

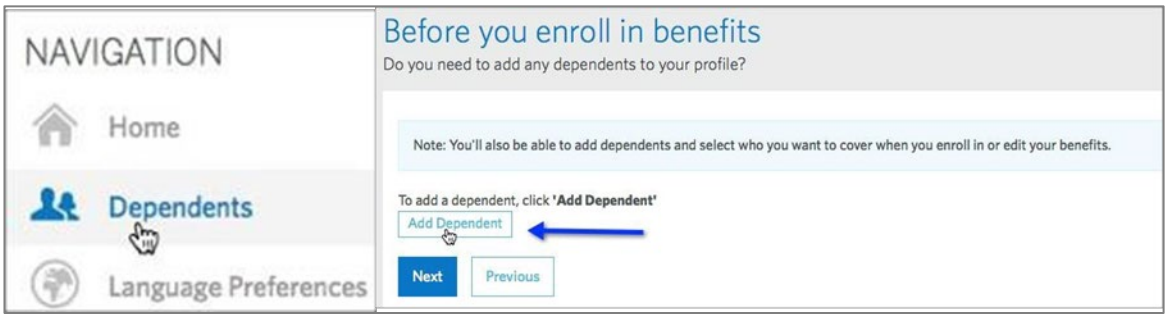
1. Navigate from page to page by selecting the *Next* or *Previous* buttons.
2. Select *Cancel* on any screen to return to the Home page.

   Note: If you have not completed and saved your benefit elections, you will receive a warning message, which allows you to return to your benefit elections to complete and save them before leaving the current screen.
3. Save your elections on each benefit *Summary* page when you have entered all required information -> Look over your information closely. If you need to change any information, select the *Edit* links next to the corresponding section. Select *Save* once you have made all necessary changes.

In order to avoid unauthorized access to your information, you must safely end a session by selecting *Log Out*. After 15 minutes, the system will generate warning messages that indicate you will be logged out of the system due to inactivity. This warning message will provide you the opportunity to *Continue* or *Logout.*

Editing Your Dependents

From the Home page, you can select the *Dependents* icon to access current dependent information or add dependents to your profile. You can also add dependents as part of the benefit enrollment flow. Select the *Add Dependent* button and after updating each required field, select *Next*.

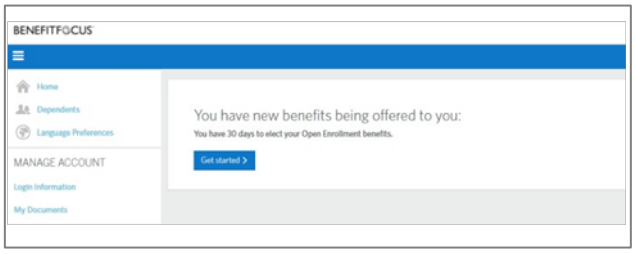


After entering dependent information, you may begin the benefit enrollment flow.

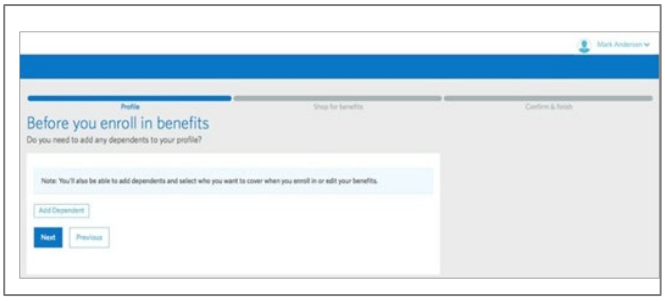
Enrolling In Your Benefits

The Home page shows you the information you need to complete. Select the *Get Started* button to begin. The following are sample steps for completing a typical Medical benefit election. Note that your actual steps may vary, depending on the information required by your employer and the insurance carrier.

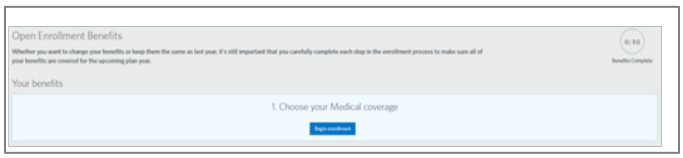
1. Select the *Get Started* button on the Home page.



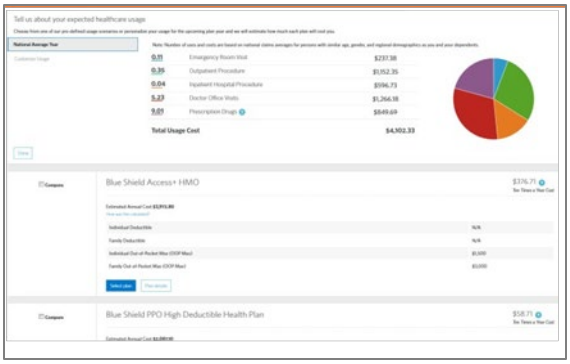
2. Choose one of the following options:
   a. Select the *Add Dependent* button if you need to add dependents to include in your benefit elections.
   b. Select *Next* to continue enrolling in benefits without adding dependents.



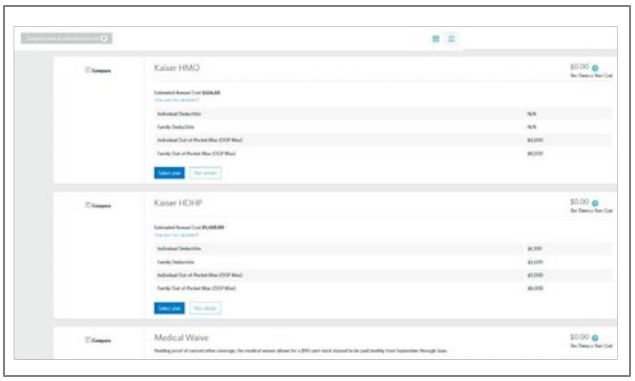
3. Select *Begin enrollment* to start enrollment.



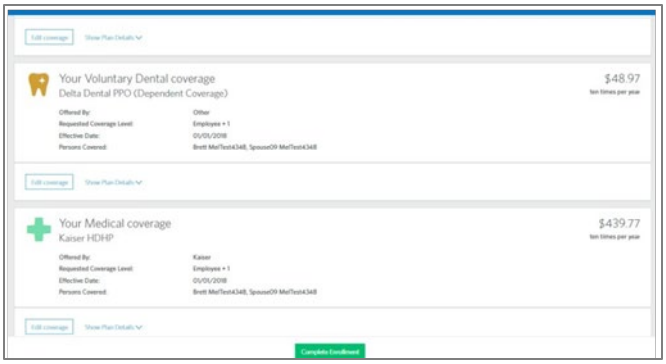
4. For each benefit type, review your benefit plan options. Please review the provided decision support tools, such as plan comparison, cost estimation, documents, videos and web links to help you choose a benefit plan:



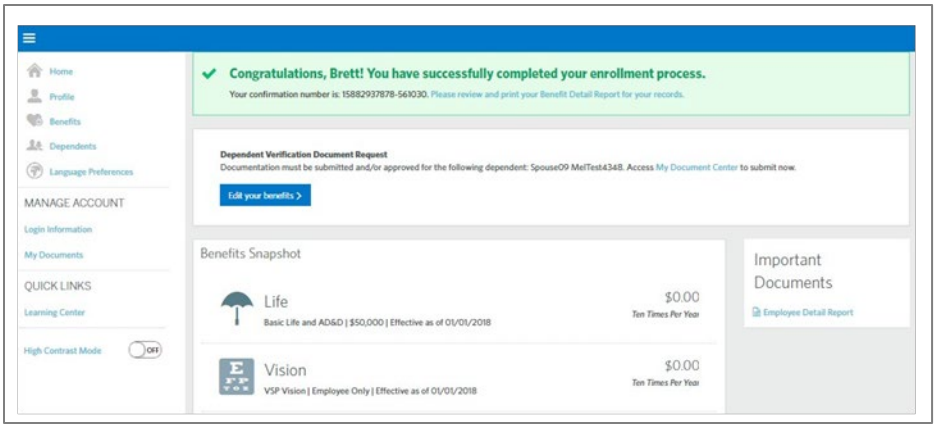
5. For each benefit type, click on the *Select Plan* button once you have decided on a benefit plan that best suits your needs.



6. Review your benefit election information. Expand any section to review more information and select the *Edit* link to make changes. Select *Complete Enrollment* once you have finished with your benefit enrollment process.

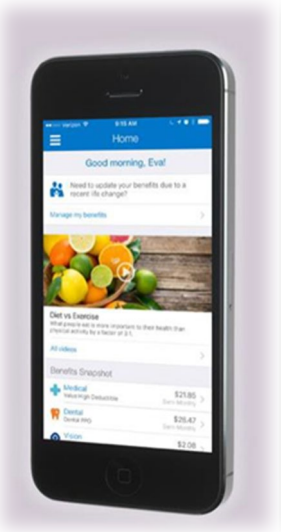


You will be returned to the Home page and receive the *Congratulations* message at the top of the screen. Please review and print your *Employee Detail Report* for your records. You may make any changes online or via the mobile app anytime during the Open Enrollment period.



Manage Your Benefits From Your Phone with the Benefitfocus App!

- Enroll in your benefits and make updates during Open Enrollment
- Make qualified life event changes to your benefits any time
- Update your personal information
- Access an extensive library of educational videos
- Log in with secure, fingerprint authentication



Download the App Today!

1. Install the BenefitFocus App from Google Play of the Apple App Store
2. Enter your company ID: santeesdbenefits
3. Log into your benefits using the same username and password you use on your computer

Contacts

Medical

Kaiser Permanente		
- HMO Member Services	kp.org	800.464.4000
- High Deductible Health Plans (HDHP)	kp.org	800.390.3507
- Appointment Services	kp.org	800.290.5000
- Pharmacy Services	kp.org/pharmacy	866.206.2938
- Virtual Care	kp.org	833.574.2273
Blue Shield		
- Access+ HMO Member Services	blueshieldca.com	855.724.7698
- Trio-HMO Member Services	blueshieldca.com	855.724.7698
- PPO-Member Services	blueshieldca.com	855.724.7698
- Pharmacy Services	blushieldca.com/pharmacy	866.346.7200
- CSEBA Member Services	CSEBA@blueshieldca.com	
- Teladoc Appointment Services	teladoc.com/bsc	800.835.2362
- Shield Concierge	CSEBA@blueshieldca.com	855.724.7698

Chiropractic

American Specialty Health Plans (ASH)	www.ashlink.com	800.678.9133

Advocacy & Employee Assistance (EAP)

Health Advocate (Advocacy & EAP)	Healthadvocate.com/cseba answers@healthadvocate.com	866.799.2728
EASE – Employee Assistance Service for Education (EAP)	Well.evernorth.com	888.736.7009

Wellness

Humana Go365	www.go365.com	800.708.1105

Dental

Delta Dental		
- DeltaCare USA DHMO Member Services	www.deltadentalins.com	800.422.4234
- Delta Dental PPO Member Services	www.deltadentalins.com	866.499.3001

Vision

Vision Service Plan (VSP)		

Human Resources / Benefits Administration – Active Employees, Retirees and COBRA

Lindsay Meyer, Benefits & Risk Management Specialist	Lindsay.meyer@santeesd.net	619.258.2313

Glossary of Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document).

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay the coinsurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your Coinsurance payment of 20% would be $20.

Copayment: A fixed amount (for example, $20) you pay for a covered health care service, usually when you receive the service.

Deductible: The amount you owe for health care services your health insurance or plan covers before It begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

In-network Coinsurance: The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network Coinsurance usually costs you less than out-of-network coinsurance.

In-network Copayment: A fixed amount (for example, $20) you pay for covered health care services to providers who contract with your health insurance or plan. In-network Copayments usually are less than out-of-network copayments.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

Out-of-network Coinsurance: The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network Copayment: A fixed amount (for example, $30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-Pocket Maximum: The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them.

Preferred Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount.

Prescription Drug Formulary: A list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary. Some health insurance or plans do not cover non-formulary drugs or they are covered at a higher out-of-pocket cost.

Preventive Care: Recommended care you receive, based on age and gender, to prevent illnesses or diseases. It also includes counseling to prevent health problems. These services are usually provided at no cost if you use your primary care provider or preferred provider. Once you have received a diagnosis, services are no longer considered preventive.

Primary Care Physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Plan Documents

Important documents for our health plan are available on BenefitFocus. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Benefits Department.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on BenefitFocus.

- Kaiser Platinum HMO
- Kaiser Gold HMO
- Kaiser Silver HMO
- Kaiser Bronze HMO
- Kaiser Bronze II HMO HSA
- Blue Shield Platinum HMO Access+ Network
- Blue Shield Gold HMO Access+ Network
- Blue Shield Silver HMO Access+ Network
- Blue Shield Bronze HMO Access+ Network
- Blue Shield Platinum HMO Trio Network
- Blue Shield Gold HMO Trio Network
- Blue Shield Silver HMO Trio Network
- Blue Shield Bronze HMO Trio Network
- Blue Shield Gold PPO Full Network
- Blue Shield Silver PPO Full Network
- Blue Shield Silver Alternate HSA PPO Full Network
- Blue Shield Bronze HSA PPO Full Network
- Blue Shield Gold PPO Tandem Network
- Blue Shield Silver PPO Tandem Network
- Blue Shield Silver Alternate PPO HSA Tandem Network
- Blue Shield Bronze PPO HSA Tandem Network

Required Notices

The following is a brief description of the Annual Disclosure Notices that various state and federal laws require employers to provide annually to eligible plan participants. Please log in to the District's benefits enrollment portal to access the full disclosures. If you are unable to access these for any reason, please contact Human Resources for a printed copy.

Medicare Part D Creditable Coverage Notice states that Medicare prescription drug coverage became available in 2006 and that the prescription drug coverage offered by your employer is on average expected to pay out as much as standard Medicare coverage pays and is therefore considered Creditable Coverage.

Women's Health and Cancer Rights Act (WHCRA) of 1998 protects breast cancer patients who choose breast reconstruction with a mastectomy. The US Departments of Labor and Health and Human Services are in charge of this act of law, which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) protects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

HIPAA Notice of Special Enrollment Rights provides information on special enrollment periods (outside of Open Enrollment) for loss of prior coverage or addition of a new dependent.

HIPAA – Notice of Privacy Practices
This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

Notice of Choice of Providers states that you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

Wellness Program Disclosures:

- Notice Regarding Wellness Program
- Notice of Availability of Alternative Standard for Wellness Plan

Children's Health Insurance Program (CHIP) Notice provides information on how to contact your state Medicaid office (where applicable) to receive information on assistance if you are eligible for health coverage from your employer but are unable to afford the premiums.

ACA Disclaimer
This notice is intended to inform employees that this offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

The "No Surprises" Rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers..

General Notice of COBRA Continuation explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.

Health Insurance Marketplace Notice provides basic information about the Marketplace that was established in 2014 and employment-based health coverage offered by your employer.

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The information in this Benefits Summary is presented for illustrative purposes. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the act plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have any questions about this summary, contact the Employee Benefits Department.