If you (and/or your dependents) have Medicare or you will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 56 for more details.

This is a brief summary of the benefits available under Allan Hancock Joint Community College’s plans. In the event of a discrepancy between this summary and the Plan Document, the Plan Document will prevail.
Introduction

Our Commitment

Our greatest asset, and the key to our success, is our employees. You make the difference for the people we care for and the community we serve. That’s why we’ve designed a benefits program to make a difference for you and your family.

Health insurance is one of the most critical benefits offered by Allan Hancock Joint Community College. A major illness or injury could be financially devastating without adequate insurance. Even the cost of treatment of minor conditions can be prohibitive. With this in mind, our benefit program is designed exclusively to meet the health care needs of you and your family.

Depending on where you live, your personal preference regarding physician choice and type of health care environment you prefer, you may choose the plan that is most suitable for you and your family members.

The benefit choices you make when you and your dependent(s) enroll will remain in place unless you experience a change in family status (e.g., marriage, divorce, or legal separation, birth, adoption, death or spousal change). If you need to change your coverage before the next enrollment period due to one of these occurrences, you need to contact the Business Services department within 31 days of your family status change. Please note that there is an annual open enrollment period for some, but not all of your benefits.

You can make changes during the Open Enrollment period which will be effective October 1, 2022.

If you are a benefit eligible employee, you may enroll or change your medical and/or dental carriers, as well as add any eligible dependents not previously enrolled under your coverage.

Your dependents are defined as:

- Your legally valid married spouse of the opposite sex;
- Your registered domestic partner of the same sex between the ages of 18 and 62;
- Your registered domestic partner of the opposite sex provided one of the partners is over age 62;
- Your child, a child of your spouse or domestic partner, up to age 26, or
- Your legally adopted child to age 26.

Any carrier and/or benefit changes you make during the Open Enrollment period will be effective October 1, 2022 and continue through September 30, 2023.
## Medical: Anthem Blue Cross

### Benefit Categories

<table>
<thead>
<tr>
<th>Benefit Categories</th>
<th>100-A $10</th>
<th>90-C $20</th>
<th>90-G $20</th>
<th>80-E $20</th>
<th>80-G $30</th>
<th>HSA-A Individual</th>
<th>HSA-A Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical – Calendar Year Deductibles &amp; Maximums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)</td>
<td>$1,000/$3,000</td>
<td>$1,000/$3,000</td>
<td>$1,000/$3,000</td>
<td>$1,000/$3,000</td>
<td>$2,000/$4,000</td>
<td>$3,000*</td>
<td>$3,000/$6,000*</td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Office Visit (OV) co-pay (0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td>• Urgent Care co-pay</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Specialists/Consultants co-pay</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Prenatal, postnatal office visit co-pay</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Scans: CT, CAT, MRI, PET etc.</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Diagnostic X-ray &amp; Laboratory Procedures</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Preventive Care (includes physical exams &amp; screenings)</td>
<td>0% deductible waived</td>
<td>0% deductible waived</td>
<td>0% deductible waived</td>
<td>0% deductible waived</td>
<td>0% deductible waived</td>
<td>0% deductible waived</td>
<td>0% deductible waived</td>
</tr>
<tr>
<td>Hospital &amp; Skilled Nursing Facility Services**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emergency Room visit (waived if admitted)</td>
<td>0% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>20% $100 co-pay</td>
<td>20% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>10% $100 co-pay</td>
</tr>
<tr>
<td>• Inpatient Hospital (preauthorization required) – limits may apply</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Outpatient Hospital</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Surgery, Outpatient (performed in Surgery Center)</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>• Surgery, Outpatient (performed in a Hospital) – limits may apply</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

* Includes Rx
** Skilled Nursing Facility/Inpatient Rehabilitation - Day Limit-150 day limit per benefit period and will be combined with inpatient rehabilitation services.
### Benefit Categories

#### Mental Health & Substance Abuse Treatment
- **Inpatient: Facility Based Care (preauth required)**
  - 100-A $10
  - 90-C $20
  - 90-G $20
  - 80-E $20
  - 80-G $30
  - HSA-A Individual
  - HSA-A Family

#### Other Services
- **Acupuncture - Limits apply**
  - 0% 10%

- **Ambulance (Ground or Air)**
  - 0% $100 co-pay

- **Chiropractic - Limits apply**
  - 0% 10%

- **Durable Medical Equipment (DME)**
  - 0% 10%

- **Physical and Occupational Therapy - Limits apply**
  - 0% 10%

- **Hearing Aids**
  - Amount in excess of $700 allowance/24 months

### Pharmacy Benefits

#### Generic co-pay/30 days supply
- $0 at Costco

#### Brand co-pay/30 days supply
- $35

#### Specialty co-pay/up to 30 days supply
- $35 Must Use Navitus Mail

#### Mail Order (Generic-Brand co-pay/90 days supply)
- $0-$90

#### Mail Order Pharmacy
- Costco Mail Order Pharmacy

---

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.
## Take advantage of **no cost** benefits to help you get and stay healthy

### Benefit Highlights

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Availability and How to Get Started</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24/7 Help with Personal Concerns</strong></td>
<td>All employees at member districts</td>
</tr>
<tr>
<td><em>SISC Employee Assistance Program</em></td>
<td>Call 800-999-7222</td>
</tr>
<tr>
<td>Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.</td>
<td>Visit <a href="https://anthemEAP.com">anthemEAP.com</a> and enter SISC</td>
</tr>
<tr>
<td><strong>Expert Medical Opinions</strong></td>
<td>All members enrolled in a SISC medical plan</td>
</tr>
<tr>
<td><em>Teladoc Medical Experts</em></td>
<td>Call 800-835-2362</td>
</tr>
<tr>
<td>Get answers to health care questions and second opinions from world-leading experts.</td>
<td>Visit <a href="https://teladoc.com/SISC">teladoc.com/SISC</a></td>
</tr>
<tr>
<td><strong>24/7 Physician Access—Anytime, Anywhere</strong></td>
<td>Anthem and Blue Shield members</td>
</tr>
<tr>
<td><em>MDLive</em></td>
<td>Call 888-632-2738</td>
</tr>
<tr>
<td>Consult with doctors and pediatricians over the phone or using online video for common medical conditions and behavioral health issues. Physicians can prescribe medication when appropriate.</td>
<td>Visit <a href="https://mdlive.com/sisc">mdlive.com/sisc</a></td>
</tr>
<tr>
<td><strong>Free Generic Medications</strong></td>
<td>Anthem and Blue Shield members</td>
</tr>
<tr>
<td><em>Costco</em></td>
<td>Call 800-774-2678 (press 1)</td>
</tr>
<tr>
<td>Access most generic medications at no cost through Costco retail and mail order pharmacies. You don’t need to be a Costco member.</td>
<td>Visit <a href="https://costco.com">costco.com</a></td>
</tr>
<tr>
<td><strong>Enhanced Cancer Benefit</strong></td>
<td>Anthem and Blue Shield PPO members</td>
</tr>
<tr>
<td><em>Contigo Health</em></td>
<td>Call 877-220-3556</td>
</tr>
<tr>
<td>Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.</td>
<td>Visit <a href="https://sisc.contigohealth.com">sisc.contigohealth.com</a></td>
</tr>
</tbody>
</table>

---

Per IRS guidelines, HSA members may need to satisfy a deductible when using these programs.
### Hip, Knee, and Spine Surgical Benefit
**Carrum Health**
Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

<table>
<thead>
<tr>
<th>Availability and How to Get Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem and Blue Shield PPO members</td>
</tr>
<tr>
<td>Call 888-855-7806</td>
</tr>
<tr>
<td>Visit carrumhealth.com/sisc</td>
</tr>
</tbody>
</table>

### Personal Health Coaching
**Vida Health**
Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

<table>
<thead>
<tr>
<th>Availability and How to Get Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem and Blue Shield members</td>
</tr>
<tr>
<td>Call 855-442-5885</td>
</tr>
<tr>
<td>Visit vida.com/sisc</td>
</tr>
</tbody>
</table>

### Physical Therapy for Back or Joint Pain
**Hinge Health**
Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

<table>
<thead>
<tr>
<th>Availability and How to Get Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem and Blue Shield PPO members</td>
</tr>
<tr>
<td>Call 855-902-2777</td>
</tr>
<tr>
<td>Visit hingehealth.com/sisc</td>
</tr>
</tbody>
</table>

Per IRS guidelines, HSA members may need to satisfy a deductible when using these programs.
SISC Value Added Services

SISC Self-Insured Schools of California
Schools Helping Schools

Need Someone to talk to?

We’re here if you or someone in your family needs help.

Life can be stressful, be it work, family, or even just day-to-day tasks and responsibilities. It’s okay to admit when things feel hard.

Now is a good time to tune in to your mental and emotional health. You have various low and no cost options available, and you can access many of them from the comfort of your home.

All Employees and Household Members
SISC Employee Assistance Program
To access free in-person and virtual therapy, call 800-999-7222.

Anthem and Blue Shield PPO and HMO Members
MDLive — To access virtual therapy and psychiatry, visit mdlive.com/sisc or call 800-657-6169.
VIDA — To access virtual therapy, visit www.vida.com/sisc or call 855-442-5885.

Anthem PPO and HMO Members
To find participating therapists and psychiatrists, use the Anthem Provider Finder or call the phone number listed on your ID card.

Blue Shield PPO and HMO Members
To find participating therapists and psychiatrists, use the Blue Shield PPO Provider Finder or Blue Shield HMO Provider Finder website or call Shield Concierge at 855-599-2697.

Kaiser Permanente Members
Northern California — To find participating therapists and psychiatrists, use the NorCal Kaiser Permanente Location Finder or call Member Services at 866-454-8855.
Southern California — To find participating therapists and psychiatrists, use the SoCal Kaiser Permanente Location Finder or call Member Services at 833-574-2273.

All support is confidential.
Our providers will never share your information with your employer.
World-renowned medical advice for you and your family.

If you or a dependent is facing a serious medical issue, make sure you get the right advice.

With Teladoc, you can:

- Have a world-renowned physician review a diagnosis and treatment plan
- Get expert medical guidance if you have been admitted into the hospital
- Get personalized answers to medical questions, big or small
- Find a leading local physician for you and your family

Call us to get started: 1-800-TELADOC (835-2362)
Visit www.teladoc.com/sisc  |  Download the app
Avoid the wait.
Your life is 24/7. Now your doctor is too.

Welcome to MDLIVE!
You’re eligible, so activate your account today.

- Consult with a board-certified doctor by phone, secure video, or MDLIVE App – anytime, from anywhere. Licensed behavioral health professionals also available by appointment via secure video
- Average wait time is less than 10 minutes to see a state-licensed, board-certified physician averaging 15 years of practice experience
- Your covered family members are also eligible, and we have pediatricians available 24/7.

Non-emergency conditions we treat:
General Conditions - $5 co-pay Behavioral Health - $5 co-pay
- Acne
- Allergies
- Cold/Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever*
- Headache
- Insect bites
- Nausea/ Vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems/ UTI*
- Vaginitis
- Addictions
- Bipolar disorders
- Child and adolescent issues
- Depression
- Eating disorders
- Gay/Lesbian/Bisexual/ Transgender issues
- Grief and loss
- Life changes
- Men’s issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma and PTSD
- Women’s issues
- And more

Activate your account online or by phone.

E-prescriptions can be sent to your local pharmacy (if required) for medical conditions. Anthem and Blue Shield PPO and HMO members are eligible for MDLIVE services. Anthem and Blue Shield HSA members will pay the entire cost of the visit until their plan deductible has been satisfied.

* MDLIVE physicians may not treat any children with urinary symptoms. Parents/guardian will be required to complete a different medical history disclosure form for children under the age of 36-months prior to making an appointment with an MDLIVE physician. Children under 36 months who present with fever must be referred to their pediatrician (medical home), child-friendly urgent care center or emergency department for clinical evaluation and care.

MDLIVE does not provide any healthcare services and is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not replace the primary care physician. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Contents in this material are not a substitute for professional healthcare advice, diagnosis or treatment. MDLIVE healthcare professionals reserve the right to deny care for potential misuse of services. MDLIVE interactive audio consultations with store and forward technology are available 24/7/365 for medical services only, while video consultations are available during the hours of 7:00 AM to 9:00 PM 7 days a week or by scheduled availability for medical and behavioral services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/pages/terms.html

MDLIVE.com/SISC 1.800.657.6169
Download the MDLIVE App
SISC Enhanced Cancer Benefit

A cancer diagnosis is scary.

If you or a covered family member is facing cancer diagnosis, **you are not alone**.

The SISC Oncology Center of Excellence benefit is here to help you navigate the cancer journey.

The benefit offers free access* for SISC members on the Anthem and Blue Shield PPO plan to the City of Hope.

- An in-person or virtual evaluation – (travel costs covered for patient and a companion)
- A recommended care plan from a cancer expert who will discuss it with you and your treating oncologist.
- Continued access to cancer care experts for 12 months following the evaluation.

*Per IRS guidelines, this benefit is subject to the deductible for members enrolled on HSA plans. Excluding 65+ PPO Plans.

Learn more about the program and initiate care by calling Health Design Plus at 877-220-3556, Monday through Friday, 6 a.m. to 6 p.m. PT
SISC Enhanced Cancer Benefit
Oncology Center of Excellence FAQs

What is the Oncology Center of Excellence?
Self-Insured Schools of California (SISC) has partnered with Health Design Plus (HDP) to offer their Oncology Center of Excellence Program to help covered members navigate their cancer diagnosis and treatment journey.

The Oncology Center of Excellence Program is a specialized health care program that enables members to obtain expert care and support from a National Cancer Institute (NCI) designated Centers of Excellence. Founded in 1913, City of Hope is an NCI designated facility and is currently the facility available to SISC members through the Center of Excellence program. The National Cancer Institute has designated City of Hope as a comprehensive cancer center, an honor reserved for only 50 institutions nationwide. To retain this designation, City of Hope has to hold itself to the highest possible standards which translate into the best possible care for SISC members facing a cancer diagnosis.

Who can participate with the Oncology Center of Excellence?
Members enrolled in an Anthem or Blue Shield PPO medical plan excluding those enrolled in a SISC 65+ PPO plan. Per IRS guidelines, this benefit is subject to deductible for HSA members.

What’s covered under the Oncology Center of Excellence?
Program elements include;

- An expert in-person or virtual evaluation at a recognized Center of Excellence, by a multidisciplinary cancer-focused clinical team led by an oncology expert specializing in the patient’s particular type of cancer.
- Treatment options that may not be available in the member’s local community.
- Navigation and advocacy support provided by the HDP nurse team every step of the way.
- 12 month follow up, to assist the patient with decision support or other resources available in the member’s local community.

How much will the program cost?
If you are enrolled in a SISC PPO Plan, program services are paid at 100% and your deductible does not apply. If you are enrolled in an HSA plan, your program services are covered at 100% after meeting your deductible per IRS guidelines.

If I travel to an Oncology Center of Excellence, will my travel expenses be covered?
Transportation, lodging, and a daily stipend for meals/expenses for you and a companion will be covered and coordinated through HDP. Per IRS guidelines, a portion of the travel expenses covered may be treated as taxable income. Please check with your tax accountant about this topic.
Will I have access to clinical trials?
Yes. All patients will be evaluated for clinical trials for which they may be suitable candidates.

City of Hope aggressively pursues ways to help their patients right now – not years from now. That focus puts City of Hope among the worldwide leaders in administering clinical trials. City of Hope is currently conducting more than 500 clinical trials, enrolling more than 6,200 patients.

Does everyone with a cancer diagnosis need to use the Oncology Care Program?
No, this program is optional and is not required. The Oncology Center of Excellence program was created to help with navigating a diagnosis and treatment, but you are not required to use the program. This program is available for eligible members who are looking for a program that provides assistance with navigating the process.

When is this program available?
April 1, 2020

How do eligible members access this benefit?
Members may call HDP at this toll-free number: (877) 220-3556. The Cancer Patient Advocate Nurses are available from 6am-6pm Pacific Time, M-F. You can also submit an online intake form by visiting SISC.hdplus.com.

Do eligible members need a prior authorization form Blue Shield or Anthem to access this benefit?
No, carrier authorizations are not needed for the Oncology Centers of Excellence Program. HDP may require you to complete an authorization for treatment form.
A personal health coach, to help you get healthier

Available at no cost to you, Vida Health matches you to a health coach with proven success in helping people improve nutrition, lose weight, manage stress and make the kind of lifestyle changes that lead to happier, healthier lives.

Whether you want to focus on nutrition, weight loss, anxiety, depression or simply building healthy routines one day at a time, your coach will develop a personal plan and guide you every step of the way.

You can sync devices – like fitness trackers, scales, and blood sugar meters – to monitor your progress in the app. And simple lessons and practices will help you create new healthy habits to last a lifetime.

“I got farther in 1 year than I have in 2 decades of trying on my own.” – Jenny

“In less than a year, I have lost 75 pounds and I’m no longer on blood pressure medication.” – Natalie

“My energy is high every day, I am far less irritable, I’ve lost more than 25 pounds, and every aspect of my life has improved!” – Brad

Download the Vida Health app from your phone’s app store or visit vida.com/sisc to learn more.

(Available at no cost to you)

Anthem and Blue Shield PPO and HMO members over the age of 18 (excluding 65+ Plans) are eligible for Vida Health. Per IRS guidelines, this is subject to deductible for HSA members.
Vida Health (continued)

Programs to fit your needs

<table>
<thead>
<tr>
<th>CHRONIC</th>
<th>THERAPY</th>
<th>LIFESTYLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage COPD</td>
<td>Lower blood pressure</td>
<td>Reduce depression</td>
</tr>
<tr>
<td>Manage Asthma</td>
<td>Prevent diabetes</td>
<td>Manage Diabetes</td>
</tr>
</tbody>
</table>

Become your healthiest self with Vida

Elaine has lost 28 pounds and 9+ inches from her waist. She tracked her weekly progress:

**Week 1:** “Heartburn gone.”

**Week 3:** “Used a Fitbit to start 6,000 steps per day.”

**Week 5:** “Vida coach taught me to use food as medicine. Kept up with my son at the trampoline park!”

**Week 7:** “A lot of people have noticed the 15-pound loss.”

**Week 9:** “My body is functioning as it did 10 years ago.”

**Week 16:** “Put on the size 5 ring my daughter bought me!!”

Download the Vida Health app from your phone’s app store (Available at no cost to you)

Anthem and Blue Shield PPO and HMO members over the age of 18 (excluding 65+ Plans) are eligible for Vida Health. Per IRS guidelines, this is subject to deductible for HSA members.
Conquer back or joint pain without drugs or surgery

Members on the SISC Anthem PPO or Blue Shield PPO medical plans get *free access* to Hinge Health’s innovative digital programs for **back, knee, hip, neck, or shoulder pain**. Sign up for:

- Free wearable sensors & monitoring device
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

**Over 30,000** members have participated in our programs so far, and cut their pain by over 60%!

*Participation is free for members who are not on a HDHP/HSA plan. Program fee for members on an HDHP/HSA plan is subject to the deductible.*

To learn more call (855) 902-2777, or apply at: 
HINGEHEALTH.COM/SISC
Carrum Health Surgery Benefit

THE SMARTER SURGERY BENEFIT

Considering surgery? Carrum Health is your premium surgery benefit, offered through Self Insured Schools of California (SISC), that allows employees and dependents to access top surgeons and hospitals across the country at no additional cost to you, including travel*. 

EXPLORE YOUR OPTIONS
A wide range of covered procedures at hospitals across California that specialize in the care you need.

CHOOSE THE BEST
Pick from among our highly-qualified surgeons who have performed hundreds of medical procedures on average.

WE’LL TAKE IT FROM HERE
Your travel will be fully-covered with a dedicated patient care specialist to help guide you through every step of the process.

PROCEDURES FULLY COVERED FOR YOU:

HIP  SPINE  KNEE

LEARN MORE:
CALL: 1-888-855-7806
TEXT: “SISC” to 555888

VISIT: CARRUM.ME/SISC

*Per IRS rules, a portion of the covered travel expenses will be reported as taxable income to the employee. Due to IRS regulations, on HSA plans the deductible applies but coinsurance is waived.
MORE PROVIDERS, MORE COVERAGE

Carrum Health allows you to explore the best surgery options available so that you and your family can receive the highest quality care, with the least amount of stress, regardless of where you live.

YOUR CARRUM HEALTH HOSPITAL SPOTLIGHT:

THE BEST SURGEONS

To provide the highest-quality care for our patients, we use rigorous analysis to select top-quality surgeons, by procedure, at the best hospitals and surgical centers.

- **80%** Less complications compared to average California facilities
- **50%** Fewer readmissions compared to average California facilities
- **4x** Our surgeons perform up to 4x as many of your surgeries

VISIT: CARRUM.ME/SISC

Most SISC members on Anthem Blue Cross or Blue Shield of California PPO plans are eligible to use this optional benefit. It must be accessed through Carrum Health.

*Per IRS rules, a portion of the covered travel expenses will be reported as taxable income to the employee. Due to IRS regulations, on HSA plans the deductible applies but coinsurance is waived.

LEARN MORE:
CALL: 1-888-855-7806
TEXT: “SISC” to 555888
Delta Dental of California

Delta Dental offers you what no other dental plan can - The Delta Dental Difference™. Here’s what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings**: Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit Delta Dental dentists.

- **Guaranteed Coinsurance / Copay**: Delta Dental dentists agree to accept our determination of fees. They won’t balance bill over Delta Dental’s approved amount for covered services.

- **Professional Treatment Standards**: Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

Although the Premier program allows you the freedom to visit any licensed dentist, there are advantages to visiting a Delta Dental dentist. Consider the information below:

**2020-2021 Enhancements to Dental: 3 Cleanings and Implant coverage**

<table>
<thead>
<tr>
<th>In-Network Delta Dentist Premier Dentists</th>
<th>Out-of-Network Non-Delta Dental Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will usually pay the lowest amount for services when you visit a Delta Dental Premier dentist. Premier dentists may not balance bill above Delta Dental’s approved amount, so your out-of-pocket costs are usually lower than charges from non-Delta Dental dentists.</td>
<td>You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will often have higher out-of-pocket costs when you visit a non-Delta Dental dentist.</td>
</tr>
<tr>
<td>Premier dentists charge you only the patient’s share* at the time of treatment. Delta Dental pays its portion directly to the dentist.</td>
<td>Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement.</td>
</tr>
<tr>
<td>Premier dentists will complete claim forms and submit them for you at no charge.</td>
<td>You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.**</td>
</tr>
</tbody>
</table>

**Example Claim Savings**

<table>
<thead>
<tr>
<th>Dentists Bills (submitted charge)</th>
<th>In-Network Delta Dental Premier Dentists</th>
<th>Out-of-Network Non-Delta Dental Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental’s Agreed Upon Fee</td>
<td>$130</td>
<td>No fee agreement with Delta Dental</td>
</tr>
<tr>
<td>Delta Dental’s Payment 50%</td>
<td>$65</td>
<td>$65</td>
</tr>
<tr>
<td>Patient Share*</td>
<td>$65</td>
<td>$115</td>
</tr>
<tr>
<td>Patient Savings (over non-Delta Dental Dentist)</td>
<td>$50</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Patient’s share is the coinsurance / copay, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist’s total fee, which may include amounts in excess of your share of your plan’s contract allowance.

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The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.
Allan Hancock Joint Community College offers dental plans for eligible employees through Delta Dental. For employees with less than two years of service, the plan provides benefits for eligible diagnostic / preventive and basic services at 80%. After completing two years of service, the plan provides benefits for eligible diagnostic / preventative and basic services at 100%.

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

<table>
<thead>
<tr>
<th>Benefit Highlights for Delta Dental Premier®</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is Eligible</strong></td>
</tr>
<tr>
<td><strong>Deductibles (per plan year)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Deductible Waived for Diagnostic and Preventive</strong></td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
</tr>
<tr>
<td><strong>Waiting Period(s)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits and Covered Services*</th>
<th>Delta Dental Premier Dentist**</th>
<th>Non-Delta Dental Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Benefits</strong> (Oral Exams, [3] Routine Cleanings, X-Rays, Fluoride Treatment, Space Maintainers, Specialist Consultations)</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Basic Benefits</strong> (Fillings, Root Canals, Periodontics [Gum Treatment], Tissue Removal [Biopsy], Oral Surgery [Extractions])</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Crowns, Other Cast Restorations</strong> (Crowns, Inlays, Onlays and Cast Restorations)</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong> (Bridges, Partial Dentures, Full Dentures, Implants)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Dental Accident Benefits</strong></td>
<td>100% Separate $1,000 max/person/calendar year</td>
<td>100% Separate $1,000 max/person/calendar year</td>
</tr>
</tbody>
</table>

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on maximum plan allowance (MPA) for in-network dentists and the MPA for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist’s actual fees.

*** Implants covered at 50% up to $3,000.
The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company’s benefits representative.

<table>
<thead>
<tr>
<th>Benefit Highlights for Delta Dental Premier®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is Eligible</td>
</tr>
<tr>
<td>Primary enrollee, spouse and eligible dependent children to age 26</td>
</tr>
<tr>
<td>Deductibles (per plan year)</td>
</tr>
<tr>
<td>• Individual $25</td>
</tr>
<tr>
<td>• Family $75</td>
</tr>
<tr>
<td>Deductible Waived for Diagnostic and Preventive</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Annual Maximum</td>
</tr>
<tr>
<td>The maximum benefit paid per calendar year is $3,000 per person</td>
</tr>
<tr>
<td>Waiting Period(s)</td>
</tr>
<tr>
<td>• Basic Benefits None</td>
</tr>
<tr>
<td>• Crown and Casts None</td>
</tr>
<tr>
<td>• Orthodontist N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits and Covered Services*</th>
<th>Delta Dental Premier Dentist**</th>
<th>Non-Delta Dental Dentist</th>
</tr>
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<tbody>
<tr>
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<td>100%</td>
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<td>100%</td>
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<tr>
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<td></td>
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</tbody>
</table>

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on maximum plan allowance (MPA) for in-network dentists and the MPA for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist’s actual fees.

*** Implants covered at 50% up to $3,000.
Set your sights on even more value

Think you’d never be able to afford LASIK eye surgery? Now it may be within reach. Why? Because Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40-50% off the national average price of Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures!
QualSight LASIK (continued)

See it to believe it. QualSight can help you find the right vision solution.

<table>
<thead>
<tr>
<th>Extra savings</th>
<th>Expert surgeons</th>
<th>Expansive choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>You get preferred pricing on LASIK through QualSight providers across the nation. Plus, pre- and postoperative visits are included, along with a one-year assurance plan.</td>
<td>There’s no need to fear — QualSight's network is built with credentialed laser eye surgeons who have collectively performed more than 6.5 million procedures.4</td>
<td>With more than 1,000 LASIK locations4, you can choose the physician with the experience, reputation and technology your vision correction requires.</td>
</tr>
</tbody>
</table>

Ready. Set. Save. It only takes three simple steps to take advantage of these savings.

1. Get ready.

2. Get set.
   A care manager will explain the program and answer any questions.

3. Save!
   Pick a physician and pay a discounted price for LASIK services.

To learn more about the LASIK discounts, visit www.qualsight.com/-delta-dental.

---

1 Delta Dental of California, Delta Dental Insurance Company, Delta Dental of Pennsylvania, Delta Dental of New York, Inc. and our affiliated enterprise companies.

2 The Vision Corrective Services are not an insured benefit. Delta Dental makes the Vision Corrective Services program available to enrollees to provide access to the preferred pricing for LASIK surgery.

3 Refractive Quarterly Update, Market Scope LLC, November 2018. Discounts or savings may vary by provider.

4 QualSight provider file, February 2019

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Copyright © 2019 Delta Dental. All rights reserved. EF74 #120020B (rev. 3/19)
An offer to keep you smiling — from ear to ear

You now have access to discounts on hearing aids through Amplifon Hearing Health Care.¹ Delta Dental² selected Amplifon, a leader in hearing health care, to act as your personal concierge. They’ll guide you through every step, from using your discounts to finding the right products and care to match your hearing needs.

Continued on back
Amplifon Hearing Health Care (continued)

Have you heard? 48 million Americans have significant hearing loss.\(^3\)
Let Amplifon help.

The new program gives you:

**Access to the best hearing aid prices, guaranteed.**
There’s no sign-up fee for the program, and you’ll enjoy 62% average savings off retail pricing.\(^4\) If you find a lower price at another local provider, Amplifon will not only match it, they’ll beat it by 5%.\(^5\) Plus, no interest financing is available.

**Choice of top hearing aid brands.**
Amplifon offers access to the nation’s leading hearing aid brands featuring the latest technology. And, all products are backed by a 60-day no-risk trial.

**Thousands of hearing care providers.**\(^6\)
With a broad network of hearing clinics across the nation, it’s likely Amplifon has a provider near you.

**Industry-leading support for your purchase.**
The advantages of Amplifon don’t stop right after you buy. You get one year of free follow-up care, two years of free batteries and a three-year product warranty for all hearing aid purchases.

Ready to get started? It’s simple.

1. Call Amplifon at 1-888-779-1429. A Patient Care Advocate will help you find a hearing care provider near you.
2. Your advocate will explain the discount process, ask you a few simple questions, then help you make an appointment.
3. Sit back. Amplifon will send you and your selected provider the necessary information to activate your hearing aid discounts.

**Take advantage of your value-added feature!**
Visit www.amplifonusa.com/deltadentalins or call 1-888-779-1429 to get started.

---

1 Amplifon’s hearing health care services are not insured benefits. Delta Dental makes the hearing health care services program available to enrollees to provide access to the preferred pricing for hearing aids and other hearing health services.
2 Delta Dental of California, Delta Dental Insurance Company, Delta Dental of Pennsylvania, Delta Dental of New York, Inc. and our affiliated enterprise companies.
3 Center for Hearing and Communication; http://chchearing.org/facts-about-hearing-loss/
4 Amplifon Hearing Health Care utilization database, January-December 2018. Discounts or savings may vary by manufacturer and technology level of the hearing aid device.
5 Amplifon offers a price match on most hearing devices; some exclusions apply. Not available where prohibited by law. Visit www.amplifonusa.com/deltadentalins or call 1-888-779-1429 for more details.
6 Amplifon Hearing Health Care provider file, February 2019

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Vision: EyeMed

EyeMed
With EyeMed doctors, you’ll enjoy quality, personalized care. Your EyeMed doctor will really get to know you and your eyes, helping you keep them healthy year after year.

Besides helping you see better, routine eye exams can detect symptoms of serious conditions such as glaucoma, cataracts and diabetes. Even tumors. And eye exams for children spot problems that can hinder learning and development.

Close to You
EyeMed network doctors are in medical offices and shopping centers, close to your home and work. And, they have a large frame and contact lens selection, whether you prefer classic styles or the latest fashions. Plus, most offer evening and weekend hours and accept drop-ins. New patients are always welcome!

Effortless Benefits
1. Visit eyemed.com or call 866.299.1358 and choose an EyeMed doctor.
2. Make an appointment and tell the doctor you are an EyeMed member.
3. That’s it! No ID cards or filling out claim forms.

Satisfaction Guaranteed
It’s true, your satisfaction is guaranteed. You’ll always receive first-class customer service at EyeMed. And, if you’re not completely satisfied with your service or eyewear, just let us know and we’ll make it right.

Benefits and Covered Services

<table>
<thead>
<tr>
<th>Benefits and Covered Services</th>
<th>Participating Providers</th>
<th>Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>$10 copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>$10 copay</td>
<td>Up to $85</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eye Exam</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>• Lenses</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>• Frames</td>
<td>24 months</td>
<td>24 months</td>
</tr>
<tr>
<td>• Contact Lenses</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single</td>
<td>100%; $25 copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>100%; $25 copay</td>
<td>Up to $49</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>100%; $25 copay</td>
<td>Up to $74</td>
</tr>
<tr>
<td>• Frames</td>
<td>$0 copay; $170 allowance; 80% of charge over $170</td>
<td>Up to $85</td>
</tr>
<tr>
<td>• Contacts (disposable)</td>
<td>$0 copay; $150 allowance + balance over $150</td>
<td>Up to $120</td>
</tr>
</tbody>
</table>

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Vision: EyeMed (continued)

EYEMED MOBILE APP

On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience — anytime, anywhere.

The features you love plus new features to explore:

• See benefits and eligibility at-a-glance
• Track your claims
• Grab special offers to help you save more
• Find an in-network eye doctor with the Provider Locator
• View your ID card at-a-shake
• Set upcoming exam and contact lens replacement reminders
• Get answers to your FAQs
• Access interactive vision guides to help you see and live your best
• Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you’re all set.

Check out the App Store or Google Play to download the new app.

PDF-2009-M-631
INNOVATIVE ANSWERS FOR TOTAL HEALTH & WELLNESS

Hear all the sweet sounds of life

Hearing loss is more common than you might think. It affects 1 in 9 Americans¹ and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.¹

That’s why we give you access to affordable hearing care discounts through Amplifon, the nation’s largest independent hearing discount network — so you can enjoy all of life’s sights and sounds.

YOUR HEARING DISCOUNT THROUGH AMPLIFON INCLUDES:

- 64% off hearing aids at thousands of convenient locations nationwide²
- Discounted, set pricing on thousands of hearing aids
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty and loss and damage coverage

Call 877.203.0675 to find a hearing care provider near you and schedule a hearing exam today.

SEE THE GOOD STUFF
Register on eyemed.com or grab the EyeMed app (App Store or Google Play)

¹https://www.amplifonusa.com/hearing-loss
²Savings based on Amplifon Hearing Health Care average member savings data for 2020
INNOVATIVE ANSWERS FOR SMART SHOPPERS

Smart tools for savvy shoppers

KNOW BEFORE YOU GO

With EyeMed’s Know Before You Go out-of-pocket cost estimator, you can get a feel for what you might pay before you even step foot into a store or doctor’s office. The tool includes simple, clear definitions of common products and add-ons, all while calculating a range of costs with each click. So you can feel confident from check-in to check-out.

1. Log into eyemed.com and find our Know Before You Go out-of-pocket cost estimator.

2. Pick the type of exam you’ll need. Just need glasses or contacts? Take a look at Step 3.

3. Choose from a variety of lens types, options and add-ons. Plus, get detailed descriptions of each product so you feel confident in your choices.

4. The best part? You get a range of costs based on your choices and applied vision benefits. We do the math so you stay in-the-know before you go.

Register on eyemed.com to try Know Before You Go today.
There’s more in store – online

IN-NETWORK. ONLINE. OUTSTANDING.

Eyesight changes. How you buy eyewear is changing, too. That’s why you have several online shopping options to go with the thousands of store locations. We believe in benefits without boundaries. Shop and buy frames, contacts and sunglasses, just like you would in the store – but from your computer, smartphone or tablet. It’s fast, it’s easy and it’s all built into your vision benefits.

CONVENIENT ONLINE SHOPPING

• Choose from hundreds of brand-name frames and contacts.
• Instantly apply your in-network benefits at checkout.
• Enjoy free shipping and returns.

<table>
<thead>
<tr>
<th>LensCrafters</th>
<th>lenscrafters.com</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Optical</td>
<td>targetoptical.com</td>
</tr>
<tr>
<td>Ray-Ban</td>
<td>ray-ban.com</td>
</tr>
<tr>
<td>Glasses.com</td>
<td>glasses.com</td>
</tr>
<tr>
<td>ContactsDirect</td>
<td>contactsdirect.com</td>
</tr>
</tbody>
</table>

DON’T HAVE A CURRENT PRESCRIPTION?

Our provider locator on eyemed.com and the EyeMed Members App will help you find the right place for an eye exam.

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now.
NEW WAYS TO SAVE ON LASIK

Are you ready for LASIK?

LASIK is one of the fastest ways to help correct nearsightedness, farsightedness and astigmatism. The procedure takes about 15 minutes and most patients have immediate results. And since you’re an EyeMed member, we’ll help you save at LasikPlus®, TLC Laser Eye Center and The LASIK Vision Institute.

You have $800

To use on LASIK at LasikPlus®, TLC Laser Eye Center and The LASIK Vision Institute.²

WITH EYEMED, YOU’LL GET:

• Savings of $800 on LASIK procedures at LasikPlus®, TLC Laser Eye Center and The LASIK Vision Institute²
• Free LASIK Exam ($100+ value)
• Access to more than 680+ credentialed LASIK providers
• 15% off standard LASIK prices or 5% off promotional LASIK prices at providers in the U.S. Laser network ³

ARE YOU A CANDIDATE?

✓ At least 18 years old
✓ Free of eye conditions that could affect healing
✓ Stable vision prescription for at least 1 year

Find a LASIK provider at eyemedlasik.com or call 1.800.988.4221

Allan Hancock College
NEW WAYS TO SAVE ON LASIK

2 EyeMed members receive up to $800 off LASIK, with the WaveLight Laser, at LasikPlus, TLC Laser Eye Centers, and The LASIK Vision Institute. LASIK helps correct nearsightedness, farsightedness and astigmatism. $800 discount applies to treating both eyes with Wavelight Laser at a LasikPlus, TLC Laser Eye Center, and The LASIK Vision Institute. Must show this offer at center and be treated by 12/31/2021 to redeem. Find a credentialed LASIK provider and schedule your FREE LASIK exam today before these limited-time savings expire. Call 1-800-988-4221 or visit U.S. Laser Network to learn more. ©2021 EyeMed Vision Care. All Rights reserved.
3 May not be combined with any other discount.

This is not insurance. Please note that laser vision correction is an elective procedure, performed by specially trained providers. The discount may not always be available from a provider in your immediate location. In the state of Texas, EyeMed Vision Care LLC is the discount health operator offering LASIK vision discounts.
INNOVATIVE ANSWERS FOR SAVVY SPENDERS

Keep an eye on your money

MEMBERS-ONLY SPECIAL OFFERS

You deserve special savings just for being an EyeMed member. So there’s a page on member.eyemedvisioncare.com that only registered members like you can see. It’s a mix of the latest discounts and extra savings that give your benefits a boost. So you can keep your eyes healthy and save some cash while you’re at it.

New offers for 2022

More offers are added all year, so check before you go

<table>
<thead>
<tr>
<th>OPTICAL</th>
<th>LensCrafters</th>
<th>Pearle Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25 towards your purchase of a complete pair of Rx eyeglasses*</td>
<td>$50 towards your purchase of a complete pair of glasses or Rx sunglasses**</td>
<td>$50 toward your purchase of a complete pair of glasses or Rx sunglasses***</td>
</tr>
<tr>
<td>Expires: 12/31/2022</td>
<td>Expires: 12/31/2022</td>
<td>Expires: 12/31/2022</td>
</tr>
</tbody>
</table>

Get details

UNLOCK YOUR OFFERS IN MINUTES

1. Visit member.eyemedvisioncare.com or the EyeMed App
2. Register and sign in
3. Select Special Offers and shop the savings
INNOVATIVE ANSWERS FOR SAVVY SPENDERS

*May be combined with vision insurance benefits when used in-store. Simply print or show this page on your mobile device in-store to redeem (code 755044). Visit TargetOptical.com to find a Target Optical® near you.

**The offer is in addition to your EyeMed benefits and can be used towards iconic brands such as Ray-Ban and Oakley. Offer valid in-store only. Print this coupon or show this page on your mobile device to redeem in-store (Manual Deal 758286). Schedule an eye exam today or find a store near you.

***May be combined with insurance or select offers. Minimum purchase of $500 required. Valid at participating U.S. locations. Excludes certain brands. Log into eyemed.com for full details and exclusions. Expires 12/31/2022. Corporate Discount Code: 756257. Discounts are not insurance.
**Group Life & AD&D**

**MetLife**

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which you become and remain eligible;
- which you elect, if subject to election; and
- which are in effect
- District paid
- Employee paid if on “Willie Brown”

<table>
<thead>
<tr>
<th>Plan Benefits</th>
<th>Group Life &amp; AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Date</strong></td>
<td>October 1, 2020</td>
</tr>
<tr>
<td><strong>Life-AD&amp;D Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>• All Eligible Employees</td>
<td>$50,000</td>
</tr>
<tr>
<td>• Guaranteed Issue</td>
<td>$50,000</td>
</tr>
<tr>
<td>• All Eligible Employees - AD&amp;D</td>
<td>$50,000</td>
</tr>
<tr>
<td>• Dependent Coverage</td>
<td>Spouse - $2,000 / Child - $2,000</td>
</tr>
<tr>
<td><strong>Plan Features</strong></td>
<td></td>
</tr>
<tr>
<td>• Air Bag Benefit</td>
<td>5% up to $10,000</td>
</tr>
<tr>
<td>• Accelerated Benefit</td>
<td>80% up to $500,000</td>
</tr>
<tr>
<td>• Child Care Benefit</td>
<td>$5,000 per year for 4 years, up to 12% of full amount</td>
</tr>
<tr>
<td>• Seat Belt Benefit</td>
<td>10% up to $25,000</td>
</tr>
<tr>
<td><strong>Reduction of Benefits Schedule</strong></td>
<td></td>
</tr>
<tr>
<td>• Age 65-69</td>
<td>65%</td>
</tr>
<tr>
<td>• Age 70-74</td>
<td>50%</td>
</tr>
<tr>
<td>• Age 75-79</td>
<td>50%</td>
</tr>
<tr>
<td>• Age 80+</td>
<td>50%</td>
</tr>
</tbody>
</table>

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.
Voluntary Life – MetLife

Effective date is 10/1/2020, only offered at time of hire and employee paid

<table>
<thead>
<tr>
<th>Plan Benefits</th>
<th>MetLife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Class</td>
<td>Full-Time Active Permanent Employees</td>
</tr>
<tr>
<td>Coverage Amount</td>
<td></td>
</tr>
<tr>
<td>• Employee</td>
<td>Multiples of $10,000</td>
</tr>
<tr>
<td>• Spouse</td>
<td>Multiples of $10,000</td>
</tr>
<tr>
<td>• Child(ren)</td>
<td>Multiples of $2,500</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td></td>
</tr>
<tr>
<td>• Employee</td>
<td>Lesser of 5x base annual salary or $500,000</td>
</tr>
<tr>
<td>• Spouse</td>
<td>Any multiple of $10,000 not to exceed $500,000</td>
</tr>
<tr>
<td>• Child(ren)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Guaranteed Issue(^1)</td>
<td></td>
</tr>
<tr>
<td>• Employee</td>
<td>$100,000</td>
</tr>
<tr>
<td>• Spouse</td>
<td>$20,000</td>
</tr>
<tr>
<td>• Child(ren)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Accelerated Benefits Option(^2)</td>
<td>Included</td>
</tr>
<tr>
<td>Age Reduction</td>
<td></td>
</tr>
<tr>
<td>• At age 65</td>
<td>Reduction to 65% of the initial benefit amount</td>
</tr>
<tr>
<td>• At age 70</td>
<td>Reduction to 50% of the initial benefit amount</td>
</tr>
<tr>
<td>Accelerated Benefit Option</td>
<td>Up to 80% of Benefit</td>
</tr>
<tr>
<td>Conversion</td>
<td>Yes</td>
</tr>
<tr>
<td>Portability</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. Guarantee Issue is the amount of insurance you are guaranteed without having to complete Evidence of Insurability (EOI). Any amounts above the Guaranteed Issue amount is subject to underwriting where you will be required to complete an EOI form.

2. If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds.
Settle an estate with ease

Experts at hand
Settling an estate can be a complex and lengthy process, but it doesn’t have to be. The resources and services we offer you and your beneficiaries through MetLife Legal Plans are there to help. With your Supplemental/Voluntary Life coverage, you get expert legal guidance at no extra cost. Whenever you or your representative have a question about the probate process or the court representation needed, unlimited consultations for covered matters with a network attorney can leave you feeling confident with your decisions.

Tailored guidance when it matters most
With over 18,000 network attorneys, consultations are tailored to suit you. Consultations can either be over the phone or in person, so you can talk through your options in a private and supportive environment. This is all part of your coverage, so there are no forms to fill out, but there’s always the option to use an out-of-network attorney if you’d prefer. The cost for these services are based on a set fee schedule.*

You’ve got it covered
MetLife Legal Plans offers an array of services, all covered in your plan. Working together, we’ll equip you to find the best solutions for yourself or your beneficiary when settling an estate.

• Unlimited one-on-one consultations to talk to an attorney about authenticating an estate.
• Preparation and court representation means you receive prepared estate documents and in-court professional representation to help execute the transfer of probate assets from the estate.
• Help with any correspondence and tax filing needed to transfer non-probate assets.

When your life insurance coverage begins, you’ll automatically have each of these services at your fingertips.

Guidance is just a phone call away
Simply contact a Client Services Representative to get started. We’ll give you a case number and help you find a participating plan attorney.

• Call MetLife Legal Plans’ toll-free number on: 1-800-821-6400, Monday through Friday, 8am – 8pm EST
• Provide the company name, customer number [TS 05372XXX] [(if available) and the last four digits of the policy holder’s social security number.]
• And find the best network attorney for you

Other services that may also be included with your supplemental/voluntary life coverage...
• Will Preparation1: Help ensure final wishes are clear.
• Grief Counseling Services2: Access professional support in a time of need.
• Funeral Discount & Planning Services3: Pre-plan to reduce the burden of making funeral arrangements from loved ones.

* Individuals have the option to use the out-of-network reimbursement feature to retain an attorney who does not participate in MetLife Legal Plans’ attorney network. If an out-of-network attorney is chosen, the individual will be responsible for any attorneys’ fees that exceed the reimbursed amount.
* Individuals have the option to use the out-of-network reimbursement feature to retain an attorney who does not participate in MetLife Legal Plans’ network attorneys. If an out-of-network attorney is chosen, the individual will be responsible for any attorneys’ fees that exceed the reimbursed amount.

Included with Supplemental Life Insurance, Group Variable Universal Life, Group Universal Life. MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policy holder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

1. [Included with Supplemental Life Insurance. Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service]

2. [Grief Counseling services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services
LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master’s or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

[Beneficiary Grief Counseling services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services
LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master’s or doctoral degrees and are licensed professionals. This program is available only to beneficiaries of MetLife group Life Insurance programs. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.]

3. [Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, “SCI”), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial’s network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for “At Need” services only. Not approved in AK, FL, KY, MT, ND, NY and WA.]
Create a Will and Other Important Estate Planning Documents in as Little as 15 Minutes

Did You Know

While 76% of Americans surveyed acknowledge a Will is important, only 30% have one in place.\textsuperscript{1}

The top reason for not creating a will was, "haven't gotten to it yet." \textsuperscript{1}

While you can't predict life outcomes, you can help prepare for them with Digital Estate Planning, our new online estate planning solution. With Digital Estate Planning, included at no cost to you,\textsuperscript{2} we make it easier than ever to create and execute key estate planning documents\textsuperscript{3} all online by answering only a few simple questions. The best part is you can have your estate planning documents witnessed and notarized from the comfort of your home, with real time ID verification and video notary.

Documents included with Digital Estate Planning:

- **Last Will and Testament** – Leave property to loved ones and choose guardians for minor children
- **Advance Healthcare Directive (Living Will)** – Plan for a medical emergency, select medical care preferences and choose a healthcare proxy
- **Durable Financial Power of Attorney** – Choose someone to manage finances in case of an emergency

Frequently Asked Questions:

**Q. Who may use the Digital Estate Planning services?**

A. Our digital estate planning solution is available to you and your legally married spouse\textsuperscript{4} when you, the employee, is enrolled in Voluntary Term Life benefits. The process is designed to work for most people, but if there are aspects of your estate that are more complicated, you might be directed to reach out to one of our network attorneys instead of using the online process.

**Q. How do I access these online estate planning services?**

A. All you need to do is visit www.legalplans.com/estateplanning and follow the online instructions.

**Q. Can I still access the in-person Will Preparation service?**

A. Yes. If you are eligible for MetLife’s Will Preparation services today, you will continue to be able to work with an attorney directly for your estate planning needs.
1. MetLife’s 2020 Premature Death Study.
2. Digital Estate Planning is currently not available for customers situated in FL, GU, MD, NY, PR and VI.
3. Online notary is currently not available for employees that reside in AK, AZ, CT, DC, FL, GA, GU, HI, IN, IA, KY, LA, MD, ME, MI, MO, MS, NC, NY, OH, OK, OR, PA, PR, TN, VT, VA, VI, WA and WV.
4. At this time, the Digital Estate Planning services does not support domestic partnerships, however members in a domestic partnership may use a plan attorney for their estate planning needs.
5. Digital Estate Planning services are not included with dependent life coverages.

Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI.
While you can’t predict life’s outcomes, you can help prepare for them.

Imagine a co-worker, James, recently lost his father…

Imagine…
• Although he lived a full life, the loss was hard on the family.

MetLife at your side
• The MetLife Advantages program gave James and his family the help they needed to navigate this difficult time.

Making life a little easier
• Because professional assistance was available to help make the funeral arrangements, the family was able to focus on the healing process.
• And, since James helped his father update his will through the online program, his final wishes were easier to manage.

Navigating life together

Because MetLife’s group life insurance policies include these valuable services, James and his family have the support they need.

Don’t wait. Prepare your family for life’s unexpected outcomes with MetLife Advantages. For more information on these services: visit metlife.com.

DRAFTv3
MetLife - Funeral Planning (continued)

Losing a loved one can be one of life’s most difficult moments. What if you could do more to help your family get through a loss a little easier?

MetLife advantages is a complementary program that can help ease the challenges and stress that policyholders and their families often face at this difficult time.

• Will Center:1 Online documentation services to prepare or update a will, living will or power of attorney. (www.Willscenter.com)
• Funeral Planning and Discounts:3 Discounts on funeral services through the largest network of funeral homes and cemetery providers with compassionate experts that guide you through the pre-planning process. (All Plans – Dignity)
• Estate Resolution Services:4 Unlimited one-on-one consultations with an attorney, in person or by phone to settle an insured's estate such as court representation. This benefit is available only with voluntary/supplemental life insurance.

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1. WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

2. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliate, “SCI”), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial’s network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for “At Need” services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

3. Included with Supplemental Life Insurance. Estate Resolution Services are offered by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary, or between the executor and the estate; any dispute with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

4. Included with Supplemental Life Insurance. MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are not covered through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary, or between the executor and the estate; any dispute with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.
MetLife - Will Preparation Services

Will Preparation Services¹ – At no additional cost to you!

Easily create a will; living will, or power of attorney

Having a will is one of the most important things you can do for your family. Making sure your will is up-to-date can help ensure that your assets are distributed the way you want. You do not need to have access to an attorney to create a binding will.

As an added benefit with your group [accident / critical illness/hospital indemnity/ cancer insurance] plan, you have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will, or assign a power of attorney.

Convenience at your fingertips in a secure web environment

Sign on to an easy-to-use and secure website, available to you and your family members 24 hours a day, 7 days a week to create binding documents. Resources are available online to address questions you may have about creating a will or general estate planning. Once you create your binding documents, you will be provided with simple to follow instructions for witnessing/signing them in front of a Notary Public.

Get Started

• Visit www.willscenter.com and register as a new user
• Follow the simple instructions to create your online document
• Return at your convenience to complete or update stored documents

¹ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

metlife.com

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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Navigating life together
What’s new in Travel Assistance?

AXA’s Travel Assistance is expanding services available through the MetLife Travel Assistance program to provide even more peace of mind while traveling in the U.S. or abroad.

New Coverage! Political and Natural Disaster Evacuation

Services include:
- Transportation to evacuate an employee or dependents where officials of a country have declared a disaster area
- Transportation to evacuate an employee or dependents caught in a country where government or embassy officials have declared that certain categories of people should leave the country

Expanded Worldwide Medical Teleconsultation Services

Service is being expanded to include access within the domestic U.S. and Canada. That means You and your covered family members can access 24/7 virtual consultation by licensed medical practitioners anytime when traveling more than 100 miles from home.

Services include:
- Convenience of arranging an appointment within the patient’s own schedule
- Professional consultations on common and minor illnesses such as colds, allergies, minor injuries, infections, sores, and aches
- Option to connect via phone if patients don’t have a smart phone, prefer not to download an app or have low bandwidth while traveling
- Access to doctor’s notes, referral recommendations, and prescriptions
- App is available in English, Spanish, Portuguese & French

Increased maximum for medical evacuation/repatriation and repatriation of remains from $500,000 up to $1,000,000 per incident is now available

For more information about all the benefits available through the Travel Assistance program, visit the new enhanced website at [www.metlife.com/travelassist](http://www.metlife.com/travelassist).

All new services available starting January 1, 2021.
1. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threatening medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd’s London (not incorporated) through Lloyd’s Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd’s entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.
Long Term Disability

MetLife
This schedule shows the benefits that are available under the Group Policy. You and your dependents will only be insured for the benefits:

- for which you become and remain eligible;
- which you elect, if subject to election; and
- which are in effect
  - District paid
  - Employee paid if on “Willie Brown”.

<table>
<thead>
<tr>
<th>Plan Benefits</th>
<th>Disability Income Insurance: Long Term Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Term Disability</strong></td>
<td>All employees working 20 hours or more per week.</td>
</tr>
<tr>
<td>• Monthly Benefit</td>
<td>66.67% of the first $7,500 of your Pre-disability Earnings, subject to the Income which will reduce your Disability Benefit</td>
</tr>
<tr>
<td>• Maximum Monthly Benefit</td>
<td>$5,000</td>
</tr>
<tr>
<td>• Minimum Monthly Benefit</td>
<td>10% of the Monthly Benefit before reductions for Other Income Benefits or $100, whichever is greater. The minimum Monthly Benefit will not apply if you are in an overpayment situation or are receiving income from employment.</td>
</tr>
<tr>
<td>• Elimination Period</td>
<td>90 days</td>
</tr>
<tr>
<td><strong>Maximum Benefit Period</strong></td>
<td>(the Maximum Benefit Period is subject to the Limited Disability Benefits and Date Benefit Payments End sections)</td>
</tr>
<tr>
<td>• Age on Date of Your Disability</td>
<td><strong>BENEFIT PERIOD</strong></td>
</tr>
<tr>
<td>– Less than age 60</td>
<td>To age 65</td>
</tr>
<tr>
<td>– 60 and over</td>
<td>The lesser of 60 months; or to age 70. The period will never be less than 12 months provided Disability is continuous.</td>
</tr>
<tr>
<td>Rehabilitation Incentives</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional Benefits</td>
<td></td>
</tr>
<tr>
<td>• Benefit(s) in the Event of Your Terminal Illness</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.
Plan for tomorrow, today.

Everyone knows health insurance doesn’t pay for everything. Do you feel fully protected? Reviewing and updating your coverage each year is important.

Get help with your options. Stop by and see an American Fidelity account manager.

**Disability Income Insurance**

- **AF™ Disability Income Insurance**
  - can help protect your finances in case of a covered injury or illness
  - provides a benefit to help cover costs while you are unable to work
  - pays some of your gross monthly earnings
  - [americanfidelity.com/info/disability](http://americanfidelity.com/info/disability)

**Accident Only Insurance**

- **AF™ Limited Benefit Accident Only Insurance**
  - may help manage out-of-pocket costs to treat injuries resulting from a covered accident
  - provides benefit payments directly to you
  - [americanfidelity.com/info/accident](http://americanfidelity.com/info/accident)

**Cancer Insurance**

- **AF™ Limited Benefit Individual Cancer Insurance**
  - may help ease the financial burden of cancer treatment, so you can focus on recovery
  - provides benefit payments directly to you
  - [americanfidelity.com/info/cancer](http://americanfidelity.com/info/cancer)

**Critical Illness Insurance**

- **AF™ Limited Benefit Critical Illness Insurance**
  - pays a benefit upon diagnosis of certain covered life-altering illnesses
  - helps with costs not covered by medical insurance
  - [americanfidelity.com/info/critical-illness](http://americanfidelity.com/info/critical-illness)

Each year, about **2.8 million children** between the ages of 5 and 14 are treated for sports and recreational-related injuries.

American Fidelity Benefits (continued)

Hospital Indemnity Insurance

AF™ Limited Benefit Hospital Indemnity Insurance • helps pay for out-of-pocket costs, like a hospital stay • when used with a Health Savings Account allows for a tax benefit and potential savings americanfidelity.com/info/hospital-indemnity

Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement. americanfidelity.com/info/life

Annuities

Annuities can be used within a 403(b) Plan, 457(b) Plan, Traditional IRA, or Roth IRA. They can be an important tool in your retirement savings plan. americanfidelity.com/info/annuities

Educational Videos

Through short videos, we offer multiple ways to learn about your benefits options. This video library includes enrollment tips, insurance information, stories, and support options. americanfidelity.com/videos

Flexible Spending Accounts

Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts
• Healthcare FSAs
• Limited Purpose FSAs
• Dependent Care Accounts

Explore your savings options at americanfidelity.com/info/hsa

Examples of Eligible Expenses

• Asthma treatments • Chiropractic care • Contact lenses • Copays • Dental services • Eye exam/eyeglasses • Fertility treatments • Laser eye surgery • Over-the-counter bandages • Physical exams • Physical therapy • Prescriptions • Prenatal care • Sunscreen with 15 SPF or higher • Walkers/wheelchairs

americanfidelity.com/eligible-expenses
An Easy Way to Pay for Expenses

Would you like to gain tax savings when paying for medical or dependent care costs? With a Section 125 Plan, your money can be taken from your paycheck pre-tax and used for eligible costs. And since your money is taken out pre-tax, it reduces your taxable income, and allows you to take home more money in each paycheck.

How Does it Work?

Look at the example below. Jane makes $4,000 per paycheck and is paid monthly. Under a Section 125 Plan, she would save $82.96 a month. That’s a savings of $995.52 a year. To calculate your possible savings, visit americanfidelity.com/s125-calculator

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.

<table>
<thead>
<tr>
<th>Earnings &amp; Hours</th>
<th>Without 125</th>
<th>With 125</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Pay</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>-$300</td>
<td>-$300</td>
</tr>
<tr>
<td>Health FSA Contribution</td>
<td>N/A</td>
<td>-$300</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$3,700</td>
<td>$3,400</td>
</tr>
<tr>
<td>Taxes (Federal &amp; State @ 20%)</td>
<td>-$740</td>
<td>-$680</td>
</tr>
<tr>
<td>Less Estimated FICA (7.65%)</td>
<td>-$283.05</td>
<td>-$260.10</td>
</tr>
<tr>
<td>Out-of-Pocket Medical Expenses</td>
<td>-$300</td>
<td>N/A</td>
</tr>
<tr>
<td>Take Home Pay</td>
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<td>$2,459.90</td>
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24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.

View account balances
Manage claims and reimbursements
Submit documentation
Receive alerts
Maintain personal information

Get Started

Register at americanfidelity.com/register or download AFmobile and select the New User link.

Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.
American Fidelity Benefits (continued)

Online Account Support

**Your Benefits, Your Account**
Within your online account, you'll find all your benefits and reimbursement information in one place.

- **File a Claim**
  Submit claims for your insurance benefits or reimbursement accounts

- **Track Claims**
  View the status of your benefits and reimbursements claims

- **Upload Documentation**
  Attach receipts and documentation for claims

- **Manage Preferences**
  Edit your profile, enroll in direct deposit, and elect communication preferences

**Schedule Your Appointment**
https://enroll.americanfidelity.com/AAS34EAC

Point your smart phone camera at the QR code and open the link that appears.

**IRAs/Roth IRAs:** Not generally qualified benefits under Section 125 Plans. Please contact your tax advisor for information regarding your specific situation.

Southern California Branch Office
36310 Inland Valley Dr., Ste. 100
Wildomar, CA 92595
800-365-9180 · 951-600-0122
SB-33041-0120

American Fidelity Assurance Company
americanfidelity.com

Limitations, exclusions and waiting periods may apply.
Important Notices

2022 2023
Important Notices

**Discrimination Is Against the Law**

Allan Hancock CCD complies with the applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allan Hancock CCD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allan Hancock CCD:

- Provides free aids and services to people with disabilities to communicate effectively with it, such as:
  - Qualified sign language interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, etc.)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Human Resources.

If you believe that Allan Hancock CCD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Human Resources. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800.368.1019, 800.537.7697 (TDD)  
Email: OCRMail@hhs.gov

**Newborns’ and Mothers’ Health Protection Act (NMHPA)**

Benefits for pregnancy hospital stay (for delivery) for a mother and her newborn generally may not be restricted to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section. Also, any utilization review requirements for inpatient hospital admissions will not apply for this minimum length of stay and early discharge is only permitted if the attending health care provider, in consultation with the mother, decides an earlier discharge is appropriate.

**Women’s Health and Cancer Rights Act (WHCRA) Annual Notice**

Your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, you should review the Summary Plan Description or call your Plan Administrator at [805.922.6966](tel:805.922.6966) for more information.

**Patient Protections**

The medical plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the plan will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, Anthem Blue Cross 661.327.7581.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, Anthem Blue Cross 661.327.7581.
Important Notices (continued)

Networks/Claims/Appeals
The major medical plans described in this booklet have provider networks with Anthem Blue Cross. The listing of provider networks will be available to you automatically and free of charge. A list of network providers can be accessed immediately by using the Internet address found in the Summary of Benefits and Coverage that relates to the Plan. You have a right to appeal denials of claims, and a right to a response within a reasonable amount of time. Claims that are not submitted within a reasonable time may be denied. Please review your Summary Plan Description or contact the Plan Administrator for more details.

Notice of Extended Coverage to Children Covered as Students
“Michelle’s Law” generally extends eligibility for group health benefit plan coverage to a dependent child who, as a condition of coverage, is enrolled in an institution of higher education. Please review the following information with respect to your dependent child’s rights in the event student status is lost.

Michelle’s Law requires the Plan to allow extended eligibility in some cases for a covered child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle’s Law extension of eligibility applies to a particular child:

- **Dependent child means a child of a plan participant who is eligible under the terms of the Plan based on their student status and enrollment at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.**
- **Medically necessary leave of absence means a leave of absence or any other change in enrollment:**
  - Of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury;
  - Which is medically necessary; and,
  - Which causes the dependent child to lose student status under the terms of the Plan.

The dependent child’s treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle’s Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:
- **One year after the first day of the leave of absence; or**
- **The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student).**

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle’s Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

COBRA Continuation Coverage
This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice 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. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally does not accept late enrollees.
WHAT IS COBRA CONTINUATION COVERAGE?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “Qualifying Event.” Specific Qualifying Events are listed later in this notice. After a Qualifying Event, COBRA continuation coverage must be offered to each person who is a “Qualified Beneficiary.” You, your spouse, and your dependent children could become Qualified Beneficiaries if coverage under the Plan is lost because of the Qualifying Event. Under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a Qualified Beneficiary if you lose coverage under the Plan because of the following Qualifying Events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a Qualified Beneficiary if you lose your coverage under the Plan because of the following Qualifying Events:
- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become Qualified Beneficiaries if they lose coverage under the Plan because of the following Qualifying Events:
- The parent-employee dies;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or,
- The child stops being eligible for coverage under the Plan as a “dependent child.”

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?
The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been notified that a Qualifying Event has occurred. The employer must notify the Plan Administrator of the following Qualifying Events:
- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other Qualifying Events (e.g., divorce or legal separation of the employee and spouse, or a dependent child’s losing eligibility for coverage as a dependent child, etc.), you must notify the Plan Administrator within 60 days after the Qualifying Event occurs. You must provide this notice to your employer.

Life insurance, accidental death and dismemberment benefits, and weekly income or long-term disability benefits (if part of the employer’s plan), are not eligible for continuation under COBRA.

NOTICE AND ELECTION PROCEDURES
Each type of notice or election to be provided by a covered employee or a Qualified Beneficiary under this COBRA Continuation Coverage Section must be in writing, must be signed and dated, and must be mailed or hand-delivered to the Plan Administrator, properly addressed, no later than the date specified in the election form, and properly addressed to the Plan Administrator.

Each notice must include all of the following items: the covered employee’s full name, address, phone number and Social Security Number; the full name, address, phone number and Social Security Number of each affected dependent, as well as the dependent’s relationship to the covered employee; a description of the Qualifying Event or disability determination that has occurred; the date the Qualifying Event or disability determination occurred; a copy of the Social Security Administration’s written disability determination, if applicable; and the name of this Plan. The Plan Administrator may establish specific forms that must be used to provide a notice or election.

ELECTION AND ELECTION PERIOD
COBRA continuation coverage may be elected during the period beginning on the date Plan coverage would otherwise terminate due to a Qualifying Event and ending on the later of the following:
(1) 60 days after coverage ends due to a Qualifying Event, or
(2) 60 days after the notice of the COBRA continuation coverage rights is provided to the Qualified Beneficiary.
If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage rights, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver will be an election of COBRA continuation coverage. However, if a waiver is revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered to be made on the date they are sent to the employer or Plan Administrator.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?
Once the Plan Administrator receives notice that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the Qualified Beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation on behalf of their dependent children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain Qualifying Events, or a second Qualifying Event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

DISABILITY EXTENSION OF THE 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE
If your family experiences another Qualifying Event during the 18 months of COBRA continuation of coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation of coverage, for a maximum of 36 months, if the Plan is properly notified about the second Qualifying Event. This extension may be available to the spouse and any dependent children receiving COBRA continuation of coverage if the employee or former employee dies; becomes entitled to Medicare (Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second Qualifying Event would have caused the spouse or the dependent child to lose coverage under the Plan had the first Qualifying Event not occurred.

OTHER OPTIONS BESIDES COBRA CONTINUATION COVERAGE
Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

ENROLLMENT IN MEDICARE INSTEAD OF COBRA
In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods
If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

**KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES**

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**EFFECTIVE DATE OF COVERAGE**

COBRA continuation coverage, if elected within the period allowed for such election, is effective retroactively to the date coverage would otherwise have terminated due to the Qualifying Event, and the Qualified Beneficiary will be charged for coverage in this retroactive period.

**COST OF CONTINUATION COVERAGE**

The cost of COBRA continuation coverage will not exceed 102% of the Plan’s full cost of coverage during the same period for similarly situated non-COBRA beneficiaries to whom a Qualifying Event has not occurred. The “full cost” includes any part of the cost which is paid by the employer for non-COBRA beneficiaries.

The initial payment must be made within 45 days after the date of the COBRA election by the Qualified Beneficiary. Payment must cover the period of coverage from the date of the COBRA election retroactive to the date of loss of coverage due to the Qualifying Event (or date a COBRA waiver was revoked, if applicable). The first and subsequent payments must be submitted and made payable to the Plan Administrator or COBRA Administrator. Payments for successive periods of coverage are due on the first of each month thereafter, with a 30-day grace period allowed for payment. Where an employee organization or any other entity that provides Plan benefits on behalf of the Plan Administrator permits a billing grace period greater than the 30 days stated above, such period shall apply in lieu of the 30 days. Payment is considered to be made on the date it is sent to the Plan or Plan Administrator.

The Plan will allow the payment for COBRA continuation coverage to be made in monthly installments, but the Plan can also allow for payment at other intervals. The Plan is not obligated to send monthly premium notices.

The Plan will notify the Qualified Beneficiary, in writing, of any termination of COBRA coverage based on the criteria stated in this Section that occurs prior to the end of the Qualified Beneficiary’s applicable maximum coverage period. Notice will be given within 30 days of the Plan’s decision to terminate.
Important Notices (continued)

Such notice shall include the reason that continuation coverage has terminated earlier than the end of the maximum coverage period for such Qualifying Event and the date of termination of continuation coverage.

See the Summary Plan Description or contact the Plan Administrator for more information.

Flexible Spending Accounts (FSAs) – Termination and Claims Submission Deadlines

Note: If you lose eligibility for any reason during the Plan Year, your contributions to your Health and/or Dependent Care FSAs will end as of the date your eligibility terminates. You may submit claims for reimbursement from your FSAs for expenses incurred during the Plan Year prior to your eligibility termination. You must submit claims for reimbursement from your Health and/or Dependent Care FSAs no later than 90 days after the date your eligibility terminates. Any balance remaining in your FSAs will be forfeited after claims submitted prior to this date have been processed.

Special Enrollment Rights Notice

CHANGES TO YOUR HEALTH PLAN ELECTIONS

Once you make your benefits elections, they cannot be changed until the next Open Enrollment. Open Enrollment is held once a year.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if there is a loss of other coverage. However, you must request enrollment no later than 30 days after that other coverage ends.

If you declined coverage while Medicaid or the Children’s Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment no later than 60 days after Medicaid or CHIP coverage ends.

If you or your dependents become eligible for Medicaid or CHIP premium assistance, you may be able to enroll yourself and/or your dependents into this plan. However, you must request enrollment no later than 60 days after the determination for eligibility for such assistance.

If you have a change in family status such as a new dependent resulting from marriage, birth, adoption or placement for adoption, divorce (including legal separation and annulment), death or Qualified Medical Child Support Order, you may be able to enroll yourself and/or your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption or placement for adoption or divorce (including legal separation and annulment).

For information about Special Enrollment Rights, please contact:

Pam Blanchard
Benefits Coordinator
805.922.6966, ext. 3297
Medicare Part D – Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Allan Hancock CCD and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

- Anthem Blue Cross has determined that the prescription drug coverage offered by SISC/Anthem Blue Cross is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Allan Hancock CCD coverage will not be affected. If you keep this coverage and elect Medicare, the Allan Hancock CCD coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Allan Hancock CCD coverage, be aware that you and your dependents will be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Allan Hancock CCD and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (i.e., a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Allan Hancock CCD changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

REMEMBER

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 2021
Name of Entity / Sender: Allan Hancock CCD
Contact: Pam Blanchard
Address: 800 S. College Drive
          Santa Maria, CA 93454
Phone: 805.922.6966

Availability of Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

Allan Hancock CCD Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan’s Notice of Privacy Practices, please contact Pam Blanchard, 800 S College Drive, Santa Maria, CA 93454, 805.922.6966, ext. 3297.
Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

This notice provides you with information about Anthem Blue Cross in the event you wish to apply for coverage on the Health Insurance Marketplace. All the information you need from Human Resources is listed in this notice. If you wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, (for California residents only) you can contact KeenanDirect at 855.653.3626 or at www.KeenanDirect.com, or (for everyone) contact the Health Insurance Marketplace directly at www.Healthcare.gov.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through Covered California will begin October 15, 2021 and end on the following January 31. Open Enrollment for most other states will begin on November 1 and close on December 15 of each year.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer you coverage, offers medical coverage that is not “Affordable,” or does not provide “Minimum Value.” If the lowest cost plan from your employer that would cover you (and not any other members of your family) is more than 9.78% (for 2021) of your household income for the year, then that coverage is not Affordable. Moreover, if the medical coverage offered covers less than 60% of the benefits costs, then the plan does not provide Minimum Value.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of medical coverage from your employer that is both Affordable and provides Minimum Value, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s medical plan.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered medical coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

PART B: EXCHANGE APPLICATION INFORMATION

In the event you wish to apply for coverage on the Exchange, all the information you need from Human Resources is listed below. If you are located in California and wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, you can contact KeenanDirect at 855.653.3626 or at www.KeenanDirect.com.

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<tr>
<td>800 S. College Drive</td>
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<th>10. Who can we contact about employee health coverage at this job?</th>
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<td>Pam Blanchard, Benefits Coordinator</td>
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<tr>
<td>Phone Number</td>
<td><a href="mailto:pamela.blanchard@hancockcollege.edu">pamela.blanchard@hancockcollege.edu</a></td>
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Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility.

**ARKANSAS – Medicaid**  
Website: http://myarhipp.com/  
Phone: 855.MyARHIP (855.692.7447)

**CALIFORNIA – Medicaid**  
Website: www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx  
Phone: 800.541.5555

**COLORADO – Health First Colorado**  
Colorado’s Medicaid Program & Child Health Plan Plus (CHIP+)  
Healthy First Colorado Website: https://www.healthfirstcolorado.com/  
Health First Colorado Member Contact Center: 800.221.3943  
TTY: Colorado relay 711  
CHIP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus  
CHIP+ Customer Service: 800.359.1991  
TTY: Colorado relay 711

**FLORIDA – Medicaid**  
Website: http://flmedicaidtplrecovery.com/hipp/  
Phone: 877.357.3268

**GEORGIA – Medicaid**  
Website: http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp/  
Phone: 678.564.1162, ext. 2131

**INDIANA – Medicaid**  
Healthy Indiana Plan for low-income adults 19-64  
Website: http://www.in.gov/fssa/hip/  
Phone: 877.438.4479  
All other Medicaid  
Website: http://www.indianamedicaid.com  
Phone: 800.403.0864

**IOWA – Medicaid and CHIP (Hawki)**  
Medicaid Website: https://dhs.iowa.gov/ime/members  
Medicaid Phone: 800.338.8366  
Hawki Website: http://dhs.iowa.gov/Hawki  
Phone: 800.257.9563

**KANSAS – Medicaid**  
Website: http://www.kdheks.gov/hcf/default.htm  
Phone: 800.792.4884

**KENTUCKY – Medicaid**  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx  
Phone: 855.459.6328  
Email: KIHIPP.PROGRAM@ky.gov  
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx  
Phone: 877.524.4718  
Kentucky Medicaid Website: https://chfs.ky.gov

**LOUISIANA – Medicaid**  
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp  
Phone: 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

**MAINE – Medicaid**  
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html  
Phone: 800.442.6003  
TTY: Maine relay 711
Important Notices (continued)

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 800.862.4640

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under Eligibility tab, see “what if I have other health insurance?”]
Phone: 800.657.3739

MISSOURI – Medicaid
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573.751.2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 800.694.3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 855.632.7633
Lincoln: 402.473.7000
Omaha: 402.595.1178

NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov/
Medicaid Phone: 800.992.0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603.271.5218
Toll-Free for the HIPP program: 800.852.3345, ext. 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609.631.2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 800.432.5924

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 800.562.3022

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 888.549.0820

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 844.854.4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 888.365.3742

OREGON – Medicaid
Websites: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 800.699.9075

Pennsylvania – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 800.692.7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 855.697.4347, or 401.462.0311 (Direct Rtte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov/2018-hipp/
Phone: 800.362.3002

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov/
Phone: 888.828.0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 800.440.0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 877.543.7669

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 800.290.8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 800.432.5924
CHIP Phone: 855.242.8282

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 800.562.3022

WASHINGTON DC – Medicaid
Website: http://www.dhisc.state.dc.us/Medicaid/Personal/DHHS/enrollment.html
Phone: 800.422.9122

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 800.362.3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307.777.7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565
Below is a listing of the telephone numbers you can call with questions about the plans available to you. You can also use the web site (if available) to access information from providers for the various plans.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone Number</th>
<th>Website</th>
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<tbody>
<tr>
<td><strong>Medical</strong></td>
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<tr>
<td>• Anthem Blue Cross of CA</td>
<td>800.322.5709</td>
<td>anthem.com/ca/sisc</td>
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<tr>
<td><strong>Prescription Drugs</strong></td>
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<tr>
<td>• Navitus</td>
<td>866.333.2757</td>
<td>navitus.com</td>
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<tr>
<td><strong>Dental</strong></td>
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<tr>
<td>• Delta Dental</td>
<td>866.499.3001</td>
<td>deltalentalins.com</td>
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<tr>
<td><strong>Vision</strong></td>
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<tr>
<td>• Eye Med</td>
<td>866.299.1358</td>
<td>eyemedvisioncare.com</td>
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<tr>
<td><strong>Employee Assistance Program</strong></td>
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<tr>
<td>• Anthem Blue Cross of CA</td>
<td>800.999.7222</td>
<td>anthememap.com</td>
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<tr>
<td><strong>Group Life/AD&amp;D</strong></td>
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<tr>
<td>• MetLife</td>
<td>813.673.3871</td>
<td>metlife.com</td>
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<tr>
<td><strong>Long Term Disability (LTD)</strong></td>
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<tr>
<td>• MetLife</td>
<td>630.978.5905</td>
<td>metlife.com</td>
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<tr>
<td><strong>403(b) / 457 Plan Changes</strong></td>
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<tr>
<td>• Envoy Plan Services</td>
<td>800.248.8858</td>
<td>envoyplanservices.com</td>
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<tr>
<td><strong>Retirement</strong></td>
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<tr>
<td>• PERS</td>
<td>888.225.7377</td>
<td>calpers.ca.gov</td>
</tr>
<tr>
<td>• STRS</td>
<td>800.228.5453</td>
<td>calstrs.com</td>
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<tr>
<td><strong>Section 125</strong></td>
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<tr>
<td>• American Fidelity</td>
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<tr>
<td>– Customer Service</td>
<td>800.323.3748</td>
<td>americanfidelity.com</td>
</tr>
<tr>
<td>– Flex Account Administration</td>
<td>800.325.0654</td>
<td>americanfidelity.com</td>
</tr>
<tr>
<td>– Benefits</td>
<td>800.662.1113</td>
<td>americanfidelity.com</td>
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Notes