

Employee *Benefits* Guide

2023-24



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Click this icon in your benefits guide to watch a video explaining the associated topic. See page 63 for a glossary of terms.

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.

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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, 2023.

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, 2023 and continue through September 30, 2024.



Medical: Anthem Blue Cross

Benefit Categories	100-A \$10	90-C \$20	90-G \$20	80-E \$20	80-G \$30	HSA-A Individual	HSA-A Family
Medical – Calendar Year Deductibles & Maximums							
• Individual/Family Deductibles	\$0/\$0	\$200/\$500	\$500/\$1,000	\$300/\$600	\$500/\$1,000	\$1,700*	\$3,400*
• Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,400*	\$3,400/\$6,800*
Professional Services							
• Office Visit (OV) co-pay (\$0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	\$10	\$20	\$20	\$20	\$30	Deductible, then 10%	Deductible, then 10%
• Urgent Care co-pay	\$10	\$20	\$20	\$20	\$30	10%	10%
• Specialists/Consultants co-pay	\$10	\$20	\$20	\$20	\$30	10%	10%
• Prenatal, postnatal office visit co-pay	\$10	\$20	\$20	\$20	\$30	10%	10%
• Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	20%	20%	10%	10%
• Diagnostic X-ray & Laboratory Procedures	0%	10%	10%	20%	20%	10%	10%
• Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
• Preventive Care (includes physical exams & screenings)	0% deductible waived	0% deductible waived	0% deductible waived	0% deductible waived	0% deductible waived	0% deductible waived	0% deductible waived
Hospital & Skilled Nursing Facility Services**							
• Emergency Room visit (waived if admitted)	0% co-pay \$100 co-pay	10% co-pay \$100 co-pay	10% co-pay \$100 co-pay	20% co-pay \$100 co-pay	20% co-pay \$100 co-pay	10% co-pay \$100 co-pay	10% co-pay \$100 co-pay
• Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	10%	20%	20%	10%	10%
• Outpatient Hospital	0%	10%	10%	20%	20%	10%	10%
• Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	20%	20%	10%	10%
• Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	10%	20%	20%	10%	10%

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.

Medical: Anthem Blue Cross (continued)

Benefit Categories	100-A \$10	90-C \$20	90-G \$20	80-E \$20	80-G \$30	HSA-A Individual	HSA-A Family
Mental Health & Substance Abuse Treatment							
• Inpatient: Facility Based Care <i>(preauth required)</i>	0%	10%	10%	20%	20%	10%	10%
• Outpatient: Facility Based Care <i>(preauth required)</i>	0%	10%	10%	20%	20%	10%	10%
Other Services							
• Acupuncture - Limits apply	0%	10%	10%	20%	20%	10%	10%
• Ambulance <i>(Ground or Air)</i>	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay
• Chiropractic - Limits apply	0%	10%	10%	20%	20%	10%	10%
• Durable Medical Equipment (DME)	0%	10%	10%	20%	20%	10%	10%
• Physical and Occupational Therapy - Limits apply	0%	10%	10%	20%	20%	10%	10%
• Hearing Aids	Amount in excess of \$700 allowance/24 months	10% and amount in excess of \$700 allowance/24 months	10% and amount in excess of \$700 allowance/24 months	20% and amount in excess of \$700 allowance/24 months	20% and amount in excess of \$700 allowance/24 months	10% and amount in excess of \$700 allowance/24 months	10% and amount in excess of \$700 allowance/24 months
Pharmacy Benefits	9-35	9-35	7-25	9-35	7-25	HSA-A Rx Individual	HSA-A Rx Family
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	None	None	None	None	None	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$1,500/\$2,500	\$2,500/\$3,500	\$1,500/\$2,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$25	\$35	\$25	Deductible, then \$35	Deductible, then \$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$25 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$60	\$0-\$90	\$0-\$60	Deductible, then \$0-\$90	Deductible, then \$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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.

SISC: Value Added



Take advantage of
no cost benefits to help
you get and stay healthy



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com
and enter SISC



24/7 Virtual Primary Care Doctor

Eden Health

Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

Anthem and Blue Shield PPO members

Scan the QR code to download the Eden Health app, and register for your Eden Health membership.



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.

Anthem and Blue Shield members

Call 855-442-5885

Visit vida.com/sisc



24/7 Physician Access—Anytime, Anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc



Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com



Per IRS guidelines, SISC HSA & MEC \$9000 Members may not be eligible for these programs.

Continued → 1

SISC: Value Added (continued)



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

Call 855-380-7828

Visit teladoc.com/SISC



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.

Anthem and Blue Shield PPO members

Call 855-902-2777

Visit hingehealth.com/sisc



24/7 Access to Virtual Maternity and Postpartum Support

Maven

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

Anthem and Blue Shield PPO members

Visit mavenclinic.com/join/SISC



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.

Anthem and Blue Shield PPO members

Call 888-855-7806

Visit carrumhealth.com/sisc



Enhanced Cancer Benefit

Contigo Health

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

Call 877-220-3556

Visit sisc.contigohealth.com



Per IRS guidelines, SISC HSA & MEC \$9000 Members may not be eligible for these programs.

2

SISC: Active and Fit Direct



One Membership. Thousands of Ways to Stay Active and Save Money.

No Enrollment Fee With Code:
SWEAT4SPRING¹

-  **12,200+ Gyms**
-  **9,300+ On-Demand Videos**
-  **1:1 Well-Being Coaching**
-  **Enroll Your Spouse²**

No annual fees or long-term contracts. Switch gyms anytime.



Plus: 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others with **20% – 70% discounts** at most locations³



Get Started: www.anthem.com/ca/sisc/health-wellness/

¹ \$28 enrollment fee waived for standard gyms only 4/1/23 12:01 a.m. - 6/30/23 11:59 p.m. PT. Monthly fees are subject to applicable taxes.

² Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

³ Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

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SISC: Anthem Case Management

Facing a health issue? We can help.

A hospital stay or long-term health problem can turn your life upside down. You may feel overwhelmed and not know where to get help and support.

That's why we have a team of registered nurses, supported by clinical experts, trained to help during these stressful times. They're called nurse care managers, and they're your health care advocates. Their goal is to understand your needs from all angles and help you get the best care possible.

Depending on your needs, a nurse care manager might help you:

- Find out more about your health issue and your treatment options.
- Talk with your doctors and the rest of your health care team — and encourage them to talk with each other.
- Review your health plan to help you save money and get the most value from your plan.
- Connect with resources near you, like home care services and community health programs.
- Take steps to make healthy changes in your life.

Your nurse care manager
will probably call you

But if you don't pick up or if you want
to reach out to us about the
program, you can call the number on
the back of your card and ask for
Case Management.

Anthem 

 **SISC**
Self-Insured Schools of California
Schools Helping Schools

21400CAMEABC VP00 Rev. 04/18

SISC: Anthem Case Management (continued)



This service doesn't cost anything extra.

Keep in mind that the nurse doesn't provide hands-on care to you. It's up to your doctors and the rest of your health care team to do that. But the nurse can work with you and your team to keep the focus where it belongs — helping you manage your health and feel better. Here's how it works:

- **Get started.** In most cases, someone from this program contacts you directly. You can also call the Customer Service number on your member ID card or the health benefits team where you work. Ask to get in touch with the Case Management team. Your nurse will call you and get to know you. You'll talk about your current health situation and how it affects you. But you'll also talk about your health goals—and how your nurse can help you reach them.
- **Stay in touch.** Your nurse will call you regularly to see how you're doing. You can get support with any health issues. This is important because your needs may change over time. You'll also have your nurse's direct phone number, so you can call if any questions or problems come up.
- **Get better.** If you don't think you need help anymore, just let your nurse know. You can stop participating at any time.
- **See us at home or the hospital.** Sometimes we may offer to send a health professional to your home, to help coordinate your care or connect you with community resources that can support your recovery after a hospital stay.²

An extra helping hand is a phone call away. Call Customer Service at the phone number on your ID card and ask for Case Management. To learn about other member programs available to you, visit your health plan's website.

Nearly 9 out of 10 members who use this service say they're "very satisfied" and would recommend the program to another member.¹



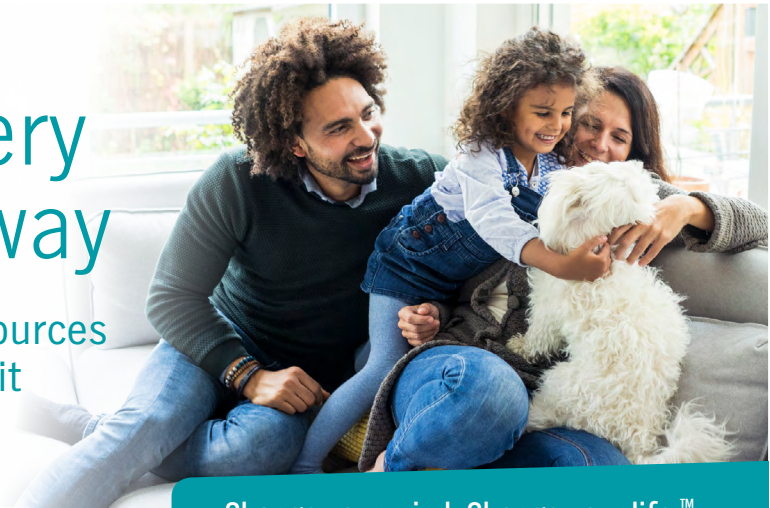
¹ 2017 Clinical Satisfaction Study: Case Management Program.
² Not available for all funding types. Varies by market and geographic area.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

SISC: Employee Assistance Program (EAP)

With you every step of the way

Emotional Well-being Resources offer help when you need it



Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you live your happiest, healthiest life.

Built on the proven principles of Cognitive Behavioral Therapy (CBT), our digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

Change your mind. Change your life.™

Take a quick assessment to find the program that's right for you. To access our Emotional Well-being Resources:

Go to anthemEAP.com and enter your company code to log in: SISC. Call 800-999-7222 to learn more.

Effective: 1/1/22

A wealth of resources at your fingertips



Personalized, one-on-one coaching

Team up with an experienced coach who can provide support and encouragement by email, text, or phone.



Build a support team

Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.



Practice mindfulness on the go

Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.



Live and on-demand webinars

Learn how to improve mental well-being with useful tips and advice from experts.

AnthemEAP



SISC

Self-Insured Schools of California
Schools Helping Schools

 **learntolive**

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.
EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross. Anthem is a registered trademark. Use of the Anthem EAP website constitutes your agreement with our Terms of Use.
1033584MUMENEAP VP00 BY 06/21

SISC: Hinge Health



Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by SISC for you and eligible family members.

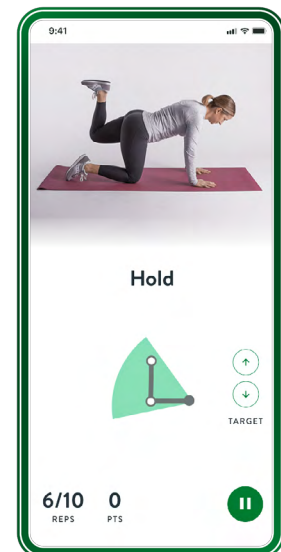
Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/sisc
or call (855) 902-2777



¿Tiene dolor o una lesión?

Envíe un correo electrónico a hola@hingehealth.com o marque el número siguiente para obtener más información sobre las soluciones de Hinge Health.

Eligibility: Available for free to employees, dependents 18+, and pre-65 retirees enrolled in an Anthem PPO or Blue Shield PPO medical plan with SISC as their primary insurance. HSA plan members will be subject to additional costs based on deductibles.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

SISC: Virtual Primary Care



Need a Primary Care Doctor?

Just ask Eden. You'll get connected to an entire health Care Team.

As part of your SISC PPO Medical Benefits, you have 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through one app. The answer to most of your health questions is now simple: "Just Ask Eden."

WE'RE HERE, 24/7/365



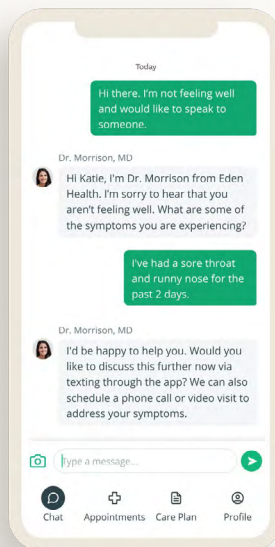
Diagnoses and
Treatments



Prescription Refills



Scheduled video visits or
live chat with a primary
care physician



Answers to follow
up care questions



Specialist Referrals



Mental Health
Support

IT'S NEVER BEEN EASIER TO STAY ON TOP OF YOUR HEALTH:

Confidential and never
shared with your employer

Available at no cost to
SISC Anthem and Blue
Shield PPO members*

Access for
dependents over 18

Scan the QR code to download the Eden Health app, and register for your free Eden Health membership.

*SISC Members enrolled on an HSA plan are not eligible for this benefit.



SISC: Anthem Blue Distinction Plus



Hip, Knee and Spine Surgeries *Blue Distinction+ Requirement*

Learn more about finding a Blue Distinction+ hospital before scheduling a procedure

In order to be covered by the Preferred Provider Organization (PPO) plan, hip and knee replacements and certain inpatient spine surgeries must be performed at an Anthem Blue Cross Blue Distinction+ center. Read more to find out key details before getting surgery.

The highest quality of care

For particular surgeries, some hospitals deliver better outcomes than others. Hospitals meeting the requirements for the Blue Distinction+ (BD+) designation outperform their peers in the areas that impact patient health care the most — quality, safety and efficiency. BD+ Centers meet affordability criteria and deliver better results — including fewer complications and readmissions — than other hospitals.

For a specific list of hip, knee and spine procedures that are part of the program, please call the Customer Service number on the back of your ID card.

Finding a Blue Distinction+ hospital

- Go to [anthem.com/ca/sisc/find-care/](https://www.anthem.com/ca/sisc/find-care/).
- Scroll down to **Blue Distinction Centers and Centers of Medical Excellence**.

If you need help finding a surgeon who practices at a Blue Distinction+ hospital, you may want to ask your primary care doctor or orthopedic specialist to assist you. There is also often an Orthopedic Program Director at each BD+ hospital that can assist you with finding surgeons that are part of their program, as well as provide you detailed information about what their program offers.

Are you considering a hip, knee or spine surgery?

If you're considering surgery, the SISC Expert Medical Opinion program can provide a second opinion with a top specialist in the field of joint replacement and spine surgery. They'll handle the collection of medical records and provide you an expert consultation on the phone or online.

Call **1-855-380-7828** to start a second opinion, or visit [teladoc.com/sisc](https://www.teladoc.com/sisc) to learn more.

Travel Assistance

If there is no Blue Distinction+ center within 50 miles from where you live, a travel benefit is available to you. It pays for travel for the patient and a companion. It also includes a concierge service called HealthBase that serves as a link between patients and doctors. Anthem Customer Service can connect you with a HealthBase representative who will help with travel arrangements, accommodations and setting up appointments including medical record collection and transfer.

Exceptions

Although rare, there may be times when you may be able to go to a non-Blue Distinction+ center. For example:

- Emergencies.
- Additional complications such as cancer.
- Patient is under the age of 18.
- SISC is secondary to other primary benefits.
- Patient lives outside of California.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.60495CAMENABC Rev. 11/19

SISC: MDLIVE

MDLIVE



**Need a doctor?
No long wait.
No big bill.
Always open.**

With MDLIVE, you can visit with a doctor
24/7 from your home, office or on-the-go.



Welcome to MDLIVE!
**Your anytime, anywhere
doctor's office.**

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.



**U.S. board-certified doctors with an
average of 15 years of experience.**



**Consultations are convenient,
private and secure.**



**Prescriptions can be sent to
your nearest pharmacy,
if medically necessary.**

Your COPAY is just \$10

**Your copay for medical and
behavioral health
consultations is \$10**

*** MDLIVE is not available
to Kaiser members**

**We treat over 50 routine
medical conditions including:**

- 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
- And More



Download the app.
Join for free. Visit a doctor.

MDLIVE.com/sisc
1-800-657-6169

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Download the app



Choose your coach,
therapist or nutritionist



Set your goal



Have weekly video calls
and message anytime



Develop new
healthy habits

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, HSA members are not eligible for this program.

Programs to fit your needs

CHRONIC			THERAPY	LIFESTYLE		
 Manage COPD	 Lower blood pressure	 Lower cholesterol	 Reduce depression	 Quit smoking	 Lose weight	 Exercise more
 Manage Asthma	 Prevent diabetes	 Manage Diabetes	 Reduce anxiety	 Sleep better	 Manage stress	 Eat better

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.

SISC: Navitus Customer Care

navitus.com

[Share a Clear View](#)



Navitus Customer Care 24/7

Navitus Customer Care is available seven days a week, 24-hours a day. Specialists are happy to assist you with your questions.

Common questions include:

- Is my drug covered?
- What is my copay?
- What are my mail order benefits?
- Is my pharmacy part of the Navitus network?
- How do I know if my drug requires prior authorization?
- Are there lower cost drug options available?

PPO, HMO, Active, Retiree & COBRA plan members contact Navitus Customer Care. They can be reached at 866-333-2757, TTY: 771

If members are at a pharmacy and without their ID card, the below information may be helpful:

- Member ID number
- PCN: NVT
- BIN: 610602

Medicare Part D (CompanionCare) plan members contact Navitus Customer Care. They can be reached at 866-270-3877, TTY: 771

If members are at a pharmacy and without their ID card, the below information may be helpful:

- Member ID number
- PCN: EGWP
- BIN: 610602

Mail Service

If members would like to register for mail service or have questions on the status of their prescription mail date, they may contact Costco Pharmacy at 800-607-6861.

Physicians may fax an Rx to: 800-633-0334.

Costco Customer Service is available Monday through Friday from 5:00 a.m. to 7:00 p.m. PST and Saturday from 9:30 a.m. to 2:00 p.m. PST.

Specialty Pharmacy Service

For more information on specialty drugs, contact Navitus SpecialtyRx. They can be reached at: 855-847-3553. Common examples of specialty medications include Humira, Enbrel, Copaxone, Avonex and Gleevec.

CUSTOMER CARE: 24 HOURS A DAY, 7 DAYS A WEEK | 5 Innovation Court, Suite B | Appleton, Wisconsin 54914 | 866.333.2757 toll free
N4279-0114

SISC: Value Based Site-of-Care



Value Based Site-of-Care Benefit

The cost of health care has been increasing at unsustainable rates. Overpriced health care is taking money out of all of our pockets. It results in higher premiums, less money for salaries, and people moving to benefit plans with higher deductibles and co-pays. At SISC, we continually evaluate ways to limit unnecessary spending in an effort to keep benefits affordable without impacting access to high quality and safe care.

Hospitals and Ambulatory Surgery Centers (ASCs)

The facility fees for outpatient procedures at hospitals can be several times higher than at ASCs, for the same service provided to the same patient, by the same doctor with the same equipment, medications and supplies.

ASCs have established track records of providing quality outcomes that are at least as good as or better than hospitals. ASCs tend to be more specialized with less exposure to a wide range of infections. And infections can cause complications that create more problems for the patient and their recovery. In addition, hospitals tend to have more cumbersome check-in and check-out processes. Outpatient procedures can be safely performed at an ASC more quickly for a fraction of the cost.

Incenting the appropriate use of ASCs helps curb the out-of-control cost of health care.

SISC PPO plans limit the maximum benefit amount at an in-network outpatient hospital facility for the following five procedures:

	Arthroscopy	Cataract Surgery	Colonoscopy	Upper GI Endoscopy with Biopsy	Upper GI Endoscopy without Biopsy
Maximum benefit at an in-network outpatient hospital facility	\$4,500	\$2,000	\$1,500	\$1,250	\$1,000
There is no limit at an in-network Ambulatory Service Center (ASC)	There is no maximum benefit limit at an ASC.				

Note: The value-based site of care benefit applies to facility fees only. The fees paid to physicians and any other practitioners who assist in the procedure, such as an anesthesiologist or radiologist, are not affected by this change.

If you use an in-network ASC, you will only be responsible for the regular deductible and coinsurance.

If you use an in-network outpatient hospital facility, you will be responsible for the regular deductible and coinsurance **PLUS** any amount by which the hospital charge exceeds the maximum benefit.

The benefit includes a simple process to exempt the member if the physician provides clinical justification for using a hospital. It also allows exceptions when a member lives more than 30 miles from an ASC and a hospital that offers the service for less than the maximum benefit or if a procedure cannot be scheduled in a medically appropriate timely manner due to available ASCs not having capacity.

IMPORTANT: Most physicians have privileges at both hospitals and ASCs. If you need one of the outpatient procedures on the list shown above, it will be up to you to either request treatment at the in-network ASC or have your doctor obtain an advance certification from your health plan.

Dental: Delta Dental

Delta Dental of California

Delta Dental offers you what no other dental plan can - The Delta Dental DifferenceSM. 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:

In-Network Delta Dentist Premier Dentists	Out-of-Network Non-Delta Dental Dentist
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.	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.
Premier dentists charge you only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement.
Premier dentists will complete claim forms and submit them for you at no charge.	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.**

Example Claim Savings	In-Network Delta Dental Premier Dentists	Out-of-Network Non-Delta Dental Dentists
Dentists Bills (submitted charge)	\$180	\$180
Delta Dental's Agreed Upon Fee	\$130	No fee agreement with Delta Dental
Delta Dental's Payment 50%	\$65	\$65
Patient Share*	\$65	\$115
Patient Savings (over non-Delta Dental Dentist)	\$50	N/A

* 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.

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.

Dental: Delta Dental (continued)

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.

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

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

* 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 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.

Dental: Delta Dental (continued)

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.

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

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

* 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.

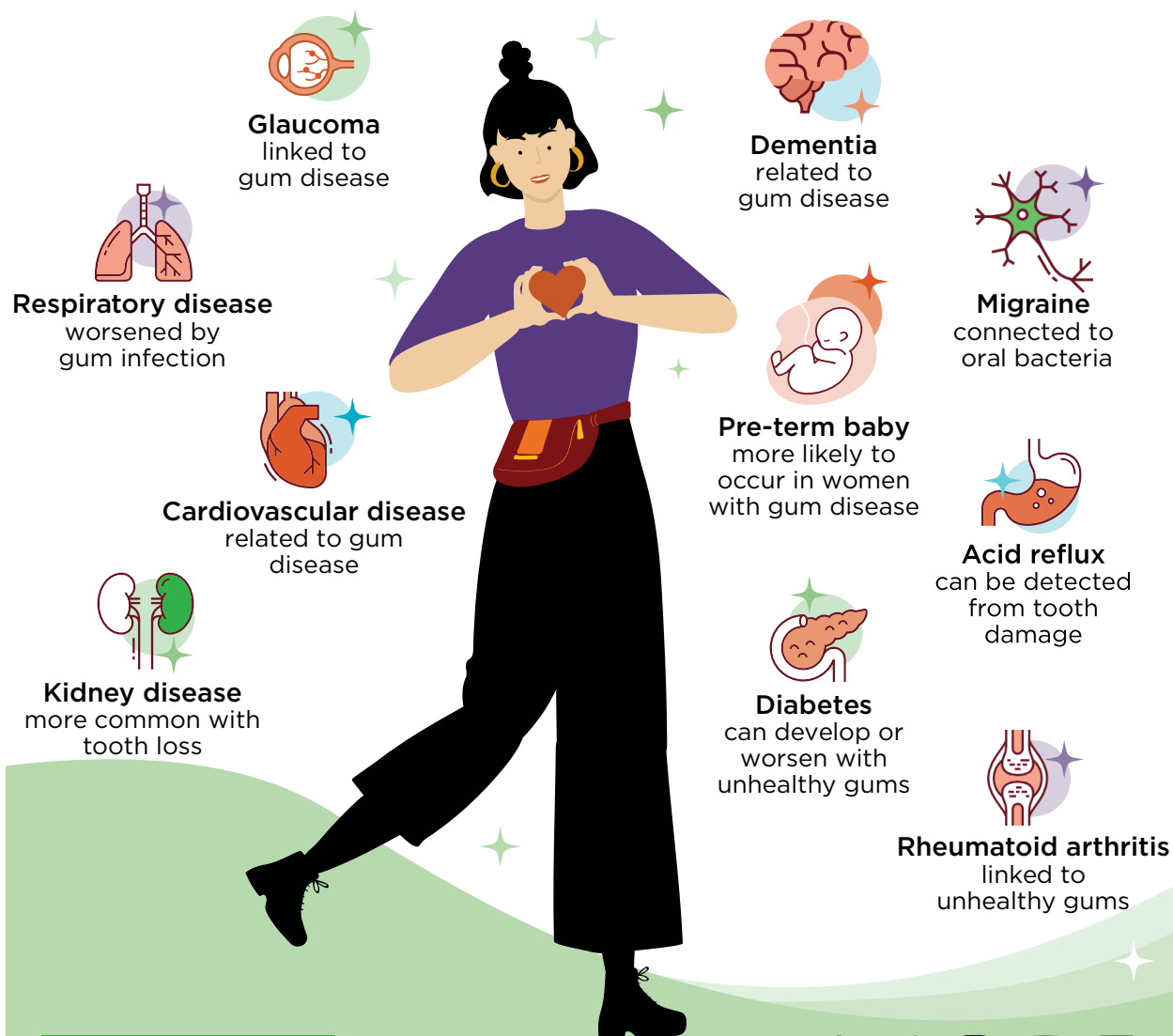
*** Implants covered at 50% up to \$3,000.



The 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.

Your mouth and body

Tooth loss and gum disease can increase your risk for a number of health issues and chronic conditions. All of these are linked to an unhealthy mouth:



deltadentalins.com/members

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of the District of Columbia — DC, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, FL, GA, LA, MS, MT, NV, TX and UT.

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EF6 #135842.03 (rev. 02/23)

Dental: Delta Dental (continued)



Resources at your fingertips

Go online to manage your plan



Whether you need to check your benefits or select a new dentist, you can do it all with Delta Dental's online tools.

Create an account

What you can do:

- Check your plan details and eligibility.
- Browse claim history.
- Download plan documents.
- Find an in-network dentist.
- View your member ID card or print a paper copy.
- Update your settings to go paperless.



Try it out: Go to deltadentalins.com and choose **Log in** to create an account or log in to your existing account.

Tip: Access your benefits info on mobile, tablet or desktop!

Find an in-network dentist

What you can do:

- Search by distance, specialty, language spoken, extended office hours, wheelchair accessibility and more.
- Browse Yelp ratings and reviews from real patients, and check out DentaQual scores for an objective quality metric based on actual claims data.



Try it out: Go to deltadentalins.com, enter your address or ZIP code and select your network. Not sure which network to choose? Log in to your account first and follow the prompts to find a dentist.



deltadentalins.com/members

Dental: Delta Dental (continued)

Understand your plan

What you can do:

- Browse answers to frequently asked questions.
- Get tips on planning for a dental visit.
- Find claim forms.
- Learn how to go paperless, sign up for a virtual dental visit and coordinate coverage with two or more plans.



Try it out: Visit deltadentalins.com/members for useful resources and tips.

Explore dental wellness

What you can do:

- Browse articles on everything from acid reflux to xylitol.
- Find delicious recipes for healthy meals.
- Check out videos on preventive care and common procedures.



Try it out: Visit deltadentalins.com/wellness to start learning.

Download the app

What you can do:

- Check your plan details and eligibility.
- Browse claim history.
- View your member ID card.
- Get a cost estimate.
- Find an in-network dentist.



Try it out: Search for Delta Dental in the App Store or Google Play.

Tip: Don't need another app? Just visit deltadentalins.com on your smartphone or tablet and log in to your account.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

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EF30 #135842.07 (rev. 03/23)



Savings to smile about

Support a healthy lifestyle with LifePerks



Wellness is more than oral health


That’s why, as a Delta Dental member, you have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life.

How do I get the discounts?

Register and learn more about LifePerks today. After registering for LifePerks, visit the online platform or take advantage of the members-only deals periodically emailed to you.

Special offers	
Oral health	Discounts to help keep your oral health on track
Health & wellness	Access whole body health deals on nutrition, fitness equipment and gym memberships
Lifestyle	Save big on childcare, groceries, home services, pet insurance and financial and auto services
Travel & entertainment	Keep the whole family entertained with discounted access to movie theaters, theme parks, vacation planning and travel services
Customer service	24/7 email customer support

Register and learn more about LifePerks today.



Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.



LifePerksML.lifemart.com



Plan Ahead with the Cost Estimator



Get an estimate of dental costs
in your area

Planning on a major procedure? Don't get surprised by the bill! Receive a cost estimate beforehand to know what to expect.

Advantages

- **Local.** Enter your ZIP code to receive an estimate based on prices in your area.
- **Comprehensive.** Whether you need braces or dentures, the Cost Estimator has you covered. Choose from nearly 60 common procedures.
- **Based on real data.** Estimates are calculated from Delta Dental dentists' actual fees.

Look up these services and more!

anesthesia • bleaching •
braces • cleaning • crown •
denture • exam • extraction •
filling • fluoride • gum graft •
implant • root canal • scaling
and root planing • sealant •
veneers • wisdom tooth
removal • x-rays

What does my estimate mean?

Your estimate shows the average dentist fee in your area. You can use this amount to figure out your share based on your plan's benefits.

1.	You get an estimate for crowns in your area. That's how much your dentist may charge, but it doesn't mean you'll have to pay the whole amount!	\$1,240 to \$1,438
2.	You check your benefits and see that crowns are covered at 60% . Since you plan on visiting an in-network dentist, you can count on paying no more than the remaining 40% of the bill. ¹	x 40%
3.	You multiply the estimate by 40%. That leaves your expected bill between \$496 and \$575.20.	\$496 to \$575.20

¹ Your share may be higher if you have reached any applicable maximums or have not met your deductible.



We keep you smiling®
deltadentalins.com/enrollees

Dental: Delta Dental (continued)

Get an estimate

Ready to try it out?

1. Log in to your Online Services account at **deltadentalins.com**. (Don't have an account? Sign up in less than a minute.)
2. Click on **Cost Estimator** by your name. You will be redirected to the Delta Dental Plans Association website.
3. Log in again with the same username and password.
4. Select **Dental Care Cost Estimator** from the menu on the left.
5. Click **Agree** to accept the terms of use.

The screenshot shows the 'Dental Care Cost Estimator' web form. At the top, there are links: 'Return to Patient Connection', 'Change your password', 'Edit your profile', and 'Log out'. The title 'Dental Care Cost Estimator' is centered. Below it, a paragraph explains that the estimator provides estimated cost ranges for common dental care needs. The form includes three input fields: 'ZIP Code' with a text box and a description 'Enter your ZIP code, or the ZIP code where you will seek dental care.'; 'Treatment Category' with a dropdown menu and a description 'Select the dental treatment or procedure needed.'; and 'Dentist Last Name' with a text box and a description 'Enter last name to search for a dentist'. A purple 'Get Cost Estimate' button is at the bottom. A red-bordered callout box on the right contains steps 6, 7, and 8 of the process.

Return to Patient Connection | Change your password | Edit your profile | Log out

Dental Care Cost Estimator

Our Dental Care Cost Estimator provides estimated cost ranges for common dental care needs. Our cost estimates reflect the range of fees charged by dentists in your area, both in and out of our dental networks.

* ZIP Code:
Enter your ZIP code, or the ZIP code where you will seek dental care.

* Treatment Category:
Select the dental treatment or procedure needed.

Dentist Last Name:
Enter last name to search for a dentist.

[Get Cost Estimate](#)

6. Enter your ZIP code (or your dentist's).

7. Select the procedure you want from the drop-down menu.
Optional: You can also search for a specific dentist.

8. Click **Get Cost Estimate**.

On mobile? You can try the cost estimator on the Delta Dental app. Download the free app from the App Store or Google Play.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

These companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 74 million people around the country.

QualSight LASIK






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 Dental¹ has selected QualSight² to offer you access to discounts on LASIK services. Through QualSight, you can save 40-50% off the national average price of Traditional LASIK³ along with big savings on Custom and Custom Bladeless LASIK procedures!

Continued on back ►

QualSight LASIK (continued)

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

Extra savings  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.	Expert surgeons  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	Expansive choice  With more than 1,000 LASIK locations ⁴ , you can choose the physician with the experience, reputation and technology your vision correction requires.
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Ready. Set. Save. It only takes three simple steps to take advantage of these savings.

1. Get ready.	2. Get set.	3. Save!
Give a QualSight care manager a call at 1-855-248-2020.	A care manager will explain the program and answer any questions.	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

Delta Dental is a registered trademark of Delta Dental Plans Association.

Amplifon Hearing Health Care



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

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

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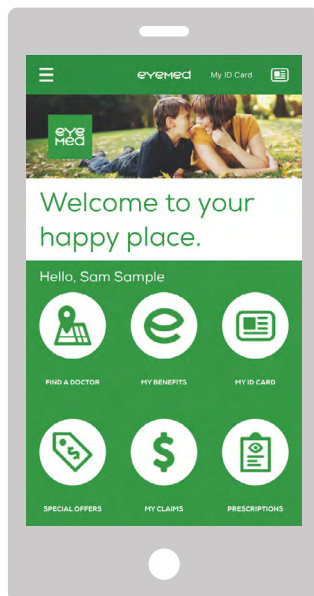
Vision: EyeMed (continued)

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

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL



PDF-2009-M-631

Vision: EyeMed (continued)

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



Free batteries for 2 years with initial purchase



Discounted, set pricing on thousands of hearing aids



3-year warranty and loss and damage coverage



60-day hearing aid trial period with no restocking fees



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](https://www.eyemed.com) or grab the EyeMed app (App Store or Google Play)



¹<https://www.amplifonusa.com/hearing-loss>

²Savings based on Amplifon Hearing Health Care average member savings data for 2020

PDF-2105-M-370



Vision: EyeMed (continued)

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 eyemed.com/member 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 2023

More offers are added throughout the year. Be sure to check for the latest savings before visiting your provider.

GLASSES.COM

GET AN
ADDITIONAL
\$30

to use on
Anti-Reflective
lenses with
Anti-Smudge
on top of your
EyeMed benefits
at **Glasses.com**

Expires: 12/31/2023

[Get details](#)

LasikPlus[®]

TLC[®] Laser Eye Centers[®] LASIK Vision Institute

USE UP TO
\$800

toward LASIK at
LasikPlus, TLC Laser
Eye Centers and
The LASIK Vision
Institute**

Call 1-800-988-4221
or visit
eyemedlasik.com

Expires: 12/31/2023

[Get details](#)

PEARLE
VISION

\$100

off complete pair
of progressives

OR

\$50

off complete pair
of single vision

Expires: 12/31/2023

[Get details](#)



UNLOCK YOUR OFFERS IN MINUTES

- 1 Visit eyemed.com/member or download the EyeMed app
- 2 Register and sign in
- 3 Select Special Offers and shop the savings

INDEPENDENT
PROVIDER
NETWORK

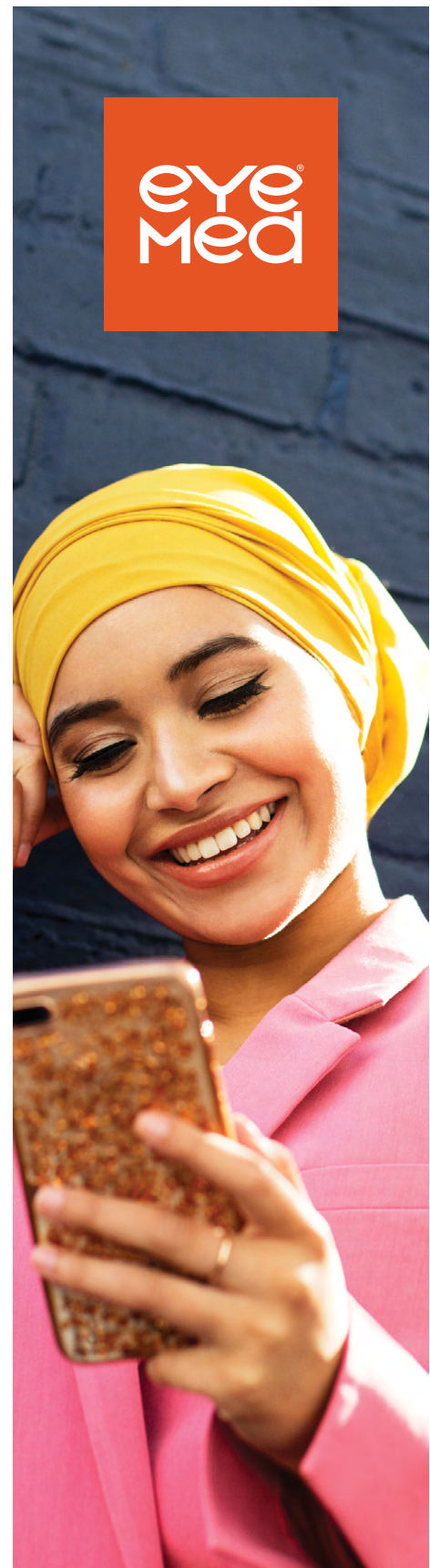


LENSCRAFTERS[®]

PEARLE
VISION

OPTICAL[®]

PDF-2301-M-975



Vision: EyeMed (continued)

INNOVATIVE ANSWERS FOR SAVVY SPENDERS



*Enter code EYEMED30AR in your cart when checking out with your EyeMed vision benefit on Glasses.com website. Complete pair (frame and lenses) purchase required. Offer cannot be combined with other offers. Other restrictions may apply. Valid through 12/31/2023.

**Must mention this promotion and be treated by December 31, 2023 to qualify. \$800 off for both eyes on standard Wavelight price, \$400 off for one eye. Cannot be combined with any other offers. See details at eyemedlasik.com.

***Coupon required at time of purchase. Buy a complete pair (frame and lenses) and receive \$100 toward your purchase of progressive eyeglasses or \$50 single vision eyeglasses. May be combined with any vision care or insurance plans/benefits, select offers or discounts. Valid prescription required. Discount off tag price. Savings applied to lenses. Excludes certain brands including Maui Jim, Costa, wearable electronics, Eyezen and Varilux lenses. May exclude Ray-Ban, and Oakley. Not valid on previous purchases, contact lenses, accessories, readers, or non-prescription sunglasses. Valid at participating U.S. locations. Taxes not included. Void where prohibited. Additional exclusions may apply. See store for details. Limit one coupon per customer. No cash value. Offer ends: 12/31/2023. US Corporate Discount Codes: 9693/9695; CA Corporate Discount Codes: 9694/9696. ©2022 Pearle Vision. All Rights Reserved.

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"

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



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

Plan Benefits	MetLife
Eligible Class	Full-Time Active Permanent Employees
Coverage Amount	
• Employee	Multiples of \$10,000
• Spouse	Multiples of \$10,000
• Child(ren)	Multiples of \$2,500
Maximum Benefit	
• Employee	Lesser of 5x base annual salary or \$500,000
• Spouse	Any multiple of \$10,000 not to exceed \$500,000
• Child(ren)	\$10,000
Guaranteed Issue¹	
• Employee	\$100,000
• Spouse	\$20,000
• Child(ren)	\$10,000
Accelerated Benefits Option²	Included
Age Reduction	
• At age 65	Reduction to 65% of the initial benefit amount
• At age 70	Reduction to 50% of the initial benefit amount
Accelerated Benefit Option	Up to 80% of Benefit
Conversion	Yes
Portability	Yes

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.



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.

MetLife - Estate Resolution

MetLife AdvantagesSM

Life Insurance

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.



Navigating life together

MetLife - Estate Resolution (continued)

- * 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.]



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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.¹

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

Get started today!

Visit www.legalplans.com/estateplanning

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 you², we make it easier than ever to create and execute key estate planning documents³ 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 spouse⁴ 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.



MetLife - Funeral Planning



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.

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](https://www.metlife.com).**

Navigating life together

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.

Connect MetLife at www.metlife.com

1. [WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epox 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.]

1. Included with Supplemental Life Insurance. Will Preparation is 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. 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. [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.]

3. [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 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 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.]



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MetLife - Will Preparation Services

MetLife AdvantagesSM

Basic Life, Voluntary Life, and Voluntary Accidental
Death and Dismemberment Insurance

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 Epq 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.

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Navigating life together

MetLife - Travel Assistance



Group Insurance

What's new in Travel Assistance?

Provided through AXA
Assistance USA, Inc.
New features available
1/1/2021



Download the
DOCTOR PLEASE!
App and complete
your profile



DOCTOR PLEASE!

The **DOCTOR PLEASE!**
App is available at
iTunes or Google Play.
Create your account and
enter the activation code
US0620.

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 Services¹

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.

All new services available starting January 1, 2021.

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".

Plan Benefits	Disability Income Insurance: Long Term Benefits
Long Term Disability All employees working 20 hours or more per week.	
• Monthly Benefit	66.67% of the first \$7,500 of your Pre-disability Earnings, subject to the Income which will reduce your Disability Benefit
• Maximum Monthly Benefit	\$5,000
• Minimum Monthly Benefit	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.
• Elimination Period	90 days
Maximum Benefit Period (the Maximum Benefit Period is subject to the Limited Disability Benefits and Date Benefit Payments End sections)	
• Age on Date of Your Disability	BENEFIT PERIOD
– Less than age 60	To age 65
– 60 and over	The lesser of 60 months; or to age 70. The period will never be less than 12 months provided Disability is continuous.
Rehabilitation Incentives	Yes
Additional Benefits	
• Benefit(s) in the Event of Your Terminal Illness	Yes



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.

American Fidelity Benefits

Allan Hancock Jt College



Plan Year
10/1/2023 - 9/30/2024

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.



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



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



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



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

**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

An unintentional injury
averages **\$4,339** in
medical expenses.

National Safety Council, Injury Facts, 2019 Web.

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/fsa



To calculate medical costs that may not be covered by insurance, visit americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

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

americanfidelity.com/eligible-expenses

American Fidelity Benefits (continued)

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

Earnings & Hours	Without 125	With 125
Gross Pay	\$4,000	\$4,000
Health Insurance	-\$300	-\$300
Health FSA Contribution	N/A	-\$300
Taxable Income	\$3,700	\$3,400
Taxes (Federal & State @ 20%)	-\$740	-\$680
Less Estimated FICA (7.65%)	-\$283.05	-\$260.10
Out-of Pocket Medical Expenses	-\$300	N/A
Take Home Pay	\$2,376.95	\$2,459.90



*A savings
of **\$995.52**
a year*

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.



Help protect the ones you **love.**

American Fidelity Benefits (continued)

Allan Hancock Jt College

File Your Claims Faster

AFmobile®

Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device's picture gallery.



americanfidelity.com®

Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.



Need assistance?

Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.



Schedule Your Appointment

<https://enroll.americanfidelity.com/AA534EAC>



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.

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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

2023-24



Important Notices

No Surprises Act Notice

Our medical plans are subject to the No Surprises Act, which limits the amount covered persons may have to pay for certain out-of-network surprise medical bills. More information about surprise billing requirements included under the No Surprises Act and similar state laws, can be found on the medical insurance company's website or the Plan Sponsor's website. Additional information may be found in your Explanation of Benefits for any affected claims.

Discrimination Is Against the Law

Allan Hancock CCDJ complies with the applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics). 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, 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

Complaint forms are available at:

<https://www.hhs.gov/sites/default/files/civil-rights-complaint-form-0945-0002-exp-04302019.pdf>

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 to this minimum length of stay. Early discharge is permitted only 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.

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.

Important Notices (continued)

You do not need prior authorization from the plan or any other person (including a primary care provider) 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.

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 who is a dependent of a plan participant and 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 covered medical, dental and vision plans (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 federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

Important Notices (continued)

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 their 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 their 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 of a Qualifying Event:

- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee 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, or as otherwise permitted by the COBRA administrator, no later than the date specified in the election form, and properly submitted 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 each 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.

Important Notices (continued)

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. (See Notice and Election Procedures.)

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. (See Notice and Election Procedures.)

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, Children's Health Insurance Program (CHIP) 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 period¹ 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.

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>

Important Notices (continued)

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>.

For more information about the Marketplace, visit www.healthcare.gov.

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.

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.

Important Notices (continued)

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.

Important Notices (continued)

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.

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
- 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, 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: June 2023

Name of Entity / Sender: Allan Hancock CCD

Contact: Pam Blanchard

Address: 800 S College Drive
Santa Maria, CA 93454

Phone: 805.922.6966 ext 3297

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

Important Notices (continued)

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 is designed to help you find health insurance that meets your needs and fits your budget by offering “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 November 1, 2022, and is anticipated to end on January 31, 2023. Open Enrollment for most other states will begin on November 1 and close on January 15 of each year. Some states have expanded the open enrollment period beyond January 15, 2023 for coverage to begin in 2023. Notably, Covered California continues its special enrollment periods for coverage beginning in 2023.

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 9.12% (for 2023) 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. If you receive a premium savings for Marketplace coverage, the IRS may seek reimbursement of those funds.

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: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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. The information is numbered to correspond to the Marketplace application.

3. Employer name Allan Hancock Community College District	4. Employer Identification Number (EIN) 52-1692042	
5. Employer address 800 S College Drive	6. Employer phone number 805.922.6966	
7. City Santa Maria	8. State CA	9. ZIP code 93454
10. Who can we contact about employee health coverage at this job? Pam Blanchard, Benefits Coordinator		
11. Phone number (if different from above)	12. Email address pamela.blanchard@hancockcollege.edu	

As your employer, we offer coverage that meets the minimum value standard to the employees as described in this Guide. The coverage offered to you meets the minimum value standard and the cost of this coverage to you is intended to be affordable based on employee wages.

Important Notices (continued)

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 July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 866-251-4861
Email: CustomerService@MyAKHIPPP.com
Medicaid Eligibility:
<https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHIP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
800-221-3943 | TTY: Colorado relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/hcpf/child-health-plan-plus>
CHP+ Customer Service:
800-359-1991 | TTY: Colorado relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/hcpf/health-insurance-buy-program>
HIBI Customer Service: 855-692-6442

FLORIDA – Medicaid

Website:
<http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp/>
Phone: 678-564-1162, press 1
GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, press 2

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: <https://www.in.gov/medicaid/>
Phone: 800-457-4584

Important Notices (continued)

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>
Hawki Phone: 800-257-8563
HIPP Website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 877-524-4718
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

Enrollment Website:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 800-862-4840
TTY: 617-886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
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
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov/>
Medicaid Phone: 800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
HIPP Program Toll-Free Phone: 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: 800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

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/Services/Assistance/Pages/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 Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 888-549-0820

Important Notices (continued)

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: 800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp/>
Medicaid Phone: 800-432-5924
CHIP Phone: 800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-Free Phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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

Contact Information

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.

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



Glossary

Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, covering preventive care without cost-sharing, etc, among other requirements.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Balance Billing

When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you.

Brand Name Drug

The original manufacturer’s version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

The Consolidated Omnibus Budget Reconciliation Act allows people who lose their jobs to continue their employer-sponsored insurance coverage for up to 18 months.

Children’s Health Insurance Program (CHIP)

The government program that provides free or low-cost health coverage for children up to age 19 in families whose income is too high to qualify for Medicaid but too low to afford private insurance. CHIP covers U.S. citizens and eligible immigrants. In some states, CHIP covers pregnant people. CHIP goes by different names in some states.

Claim

A request for payment that you or your health care provider submits to your health insurer to be paid or reimbursed for items or services you have received. Most often, you will not be responsible for making claim requests. Usually, billing and claims specialists employed by the health care provider (e.g. primary care office, hospital) will make the claim on your behalf.

Coinsurance

A percentage of costs you pay “out-of-pocket” for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay “out-of-pocket” for certain services, such as a doctor’s office visit or prescription drug.

Comprehensive Coverage

A health insurance plan that covers the full range of care that you may need. This may include preventive services (like flu shots), physical exams, prescription drugs, and doctor or hospital care.

Deductible

The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

Formulary

A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Glossary (continued)

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. State taxes may apply. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Health Reimbursement Arrangements (HRAs)

Unlike HSAs, only an employer may fund an HRA and the funds revert back to the employer when the employee leaves the organization. HRAs are not subject to the same contribution limits as HSAs, and they may be paired with either high-deductible plans or traditional health plans.

In-Network

Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Non-Preferred Provider

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

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Out-Of-Network

A health plan may not cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Out-Of-Pocket Limit

The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.

Plan Year

The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

Preferred Provider

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

Premium

The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

Preventive Care

Health care services you receive when you are not sick or injured— so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

Qualifying Life Event

A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events include moving to a new state, certain changes in your income, and changes in your family size.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Urgent Care

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



[CLICK HERE](#) to watch
a video on Benefits Key
Terms Explained

