



Plan Year
October 1, 2020-September 30, 2021
Medical Open Enrollment Information
American Fidelity Open Enrollment Information

Aug 1, 2020

Dear Shasta College Faculty and Staff,

Open Enrollment for medical, dental and vision is now through September 4, 2020. Our 12-month plan year will run from October 1, 2020 through September 30, 2021. This is a passive open enrollment. Human Resources will automatically default you into the same plan that you are currently on with the same dependent/spouse coverage you have on your current plan. Enclosed please find the medical rates, district caps and employee contribution. Also enclosed please find more detailed information from STSIG and associated informational attachments. **This year the open enrollment meetings will be hosted virtually.** The open enrollment meeting schedule is enclosed and includes the live meeting registration links.

ALEX Benefit Tool: For help choosing your medical plan, we are excited to continue to provide ALEX, your personal benefits counselor. ALEX explains all of your options in easy to understand terms, and helps you choose the plans that make the most sense for you and your family. **Meet ALEX at www.myalex.com/shasta-college/2020.**

Open Enrollment for American Fidelity voluntary Benefits is August 24, 2020 through September 4, 2020. Schedule a virtual appointment online at <https://enroll.americanfidelity.com/CBC5BEF7> or by calling 1-800-365-8306, Ext. 1. American Fidelity will review available Section 125 plan options offered to you allowing you to authorize your Section 125 pretax benefit election. You will also be educated on voluntary Section 125 Flexible Spending Account (FSA) options available, and Day Care Account to cover other "out of pocket" medical, dental and vision expenses or day care expenses that may help reduce your gross taxable income. Please note that Dependent Day Care and Flexible Spending Accounts do not roll over each year, you must resign up. On the other hand, all other products roll over each year unless you meet with American Fidelity to cancel the policy. During the meeting, you will have the opportunity to receive more information from American Fidelity on voluntary benefit options that may be important to you and your family such as disability insurance, life insurance, Critical Illness, Cancer and Accident Insurance. Please note that Shasta College employees do not pay into state disability but our employees have an opportunity to purchase a policy through American Fidelity during open enrollment.

Many of you may wonder whether you need to meet with American Fidelity this year. **You need to meet with American Fidelity this year if you answer yes to one or more of the following statements:**

- I would like a Flexible Spending Account (FSA) or Dependent Day Care (DDC) account for the October 1, 2020 through September 30, 2021 plan year.
- I would like to add, change or drop a voluntary benefit such as a disability or cancer policy.
- I did not meet with American Fidelity to set up my Section 125 medical premiums to be pretaxed. You only need to do this once and then the pretax will roll over from year to year. Only a handful of employees did not do this last year.
- I am a new hire who has not yet met with American Fidelity. As a new hire, you are required to meet with American Fidelity in order to finalize your pretax Section 125 medical premiums.

If you have set up your Section 125 medical out of pocket premiums already, and you do not have any other changes and do not want a FSA or DDC account, you do not need to meet with American Fidelity this year.

For more information, and for updates, please visit the Medical Plan Information and the Voluntary Benefit Information webpages for active employees at <https://www.shastacollege.edu/faculty-staff/human-resources/benefits/> and click on the respective links.

If you have any questions, please do not hesitate to contact me at (530) 242-7641 or by email at cewing@shastacollege.edu.

We look forward to continuing to serve you and your benefit needs!

Corinne Ewing
Human Resources Specialist

2020-21 STSIG Open Enrollment Meeting Schedule

Option #1: Recorded Meeting

Recorded meeting is for Active and Pre-Medicare Retirees

Go to www.stsigjpa.com, from the Home page choose the Health Program page, then choose Open Enrollment 2020-21, then choose Open Enrollment Video. You will also want to print or view the Open Enrollment Meeting Packet handout on the same page under Open Enrollment Materials.

<https://www.stsigjpa.com/health-programs/open-enrollment-2020-21/>

Members can watch the meeting any time on or before September 4th. Record the date you watched the meeting on your Wellness Incentive Tracker for the wellness incentive activity credit.

Option #2: Virtual Meetings

All meetings are live webinars using Zoom.

For live meeting registration links and meeting packet handouts go to

<https://www.stsigjpa.com/health-programs/open-enrollment-2020-21/>

August 5, 2020 at 10 am (Wednesday) for Medicare or pre-Medicare members only. (separate handout)

August 5, 2020 at 4 pm (Wednesday) open to all members.

August 11, 2020 at 10 am (Tuesday) open to all members

August 11, 2020 at 3 pm (Tuesday) open to all members

August 19, 2020 at 11 am (Wednesday) open to all members

August 19, 2020 at 3:30 pm (Wednesday) open to all members

August 26, 2020 at 10 am (Wednesday) for Shasta College pre-Medicare and Medicare retirees only. (separate handout provided by Shasta College)

August 26, 2020 at 4 pm (Wednesday) open to all members

September 3, 2020 at 12 pm (Thursday) open to all members

September 3, 2020 at 4 pm (Thursday) open to all members

The meetings are expected to last 45 minutes excluding questions.

You may ask questions during the meetings or you can submit questions after the meeting to benefits@stsig.org.

Member can watch the recorded meeting any time on or before September 4th or join a live meeting. Record the date you watched the meeting on your Wellness Incentive Tracker for the wellness incentive credit.



2020-21 Open Enrollment – Active & Early Retiree Handout

Dear STSIG Member,

Open enrollment begins August 1, 2020, and runs through September 4, 2020. The plan year begins October 1, 2020 and ends September 30, 2021. This year all open enrollment meetings will be virtual. You can view a meeting on our website anytime or participate in a live Zoom meeting – that schedule is also on our website www.stsigjpa.com. Questions should be submitted to benefits@stsig.org.

This will be a PASSIVE open enrollment. It is recommended that all STSIG members log in to PlanSource to verify all personal and dependent information is correct. If you intend to make a change to your medical plan selection and or enroll or terminate benefits for a dependent, you will need to login to PlanSource to complete those changes. Instructions to make changes in PlanSource are included in this packet and are on our website at www.stsigjpa.com.

Shasta County Office of Education (SCOE) requests its members to make all health plan changes in PlanSource and to complete the “Annual Survey Questions” listed on the top of the PlanSource benefits selection page.

STSIG provides rates to districts, but not to individual employees because each district has a different employee benefit contribution (CAP). Please ask your school district’s human resource staff for specific rates.

Enclosed in this packet:

- Highlights of the 2020-21 Changes
- 2020-21 Medical Plan Comparison Sheet
- Primary Care Physician (PCP) First 3-Visits
- Pharmacy Benefits Information
- Dependent Eligibility Documentation Chart
- PlanSource open enrollment Instructions
- Prestige Flyer
- Value-Added Services
- Wellness Incentive Program Information
- MDLIVE telemedicine Information
- Advance Medical Second Opinion Services
- Employee Assistance Program (EAP) Information
- Eyeconic Vision Discount Information
- Hip, Knee, and Spine Surgeries Blue Distinction Plus Information
- City of Hope Cancer Program
- Solera Diabetes Prevention Program Information
- Benefits of a Health Savings Account
- Ambulatory Surgery Center Requirement Information

STSIG staff is available to help members with the PlanSource online enrollment process by phone at 530-221-6444 or email benefits@stsig.org. STSIG business hours are Monday through Friday from 8:00 am to 4:00 pm. If you reach the office voice mail, please leave a message, and your call will be returned as quickly as possible.

Thank you,
STSIG Staff

Highlights of the 2020-21 Changes, effective October 1, 2020

Medical

- All PPO medical plan will allow three primary care visits with no co-pays.
- Dependency documentation is required for all new dependent enrollments.
- Go to www.stsigjpa.com to view plan summaries and full plan descriptions.

Pharmacy

- No changes. Visit Navitus' website (www.navitus.com) for formulary updates throughout the year.

STSIG Health Saving Account Contributions (HSA)

- All first-time enrollees in either the HSA-A, HSA-B, or the Minimum Value HSA Plan (high deductible health plans - HDHP) will receive a one-time \$500 individual or \$1,000 family (more than one enrolled) contribution from STSIG. Districts will deposit the STSIG contribution into individual accounts by December 15.
- Payflex will terminate health savings account with no activity for 12-months and those who are no longer on a qualified medical plan. The funds are placed in a trust holding account until claimed. PayFlex will contact those affected by mail before termination of the account.

Medical Wellness Incentive

- Active and Early Retiree Members and their enrolled spouses, who complete the wellness incentive between November 1, 2020, and October 31, 2021, will receive a \$100 gift card between December and January.
- One-time exceptions due to Covid-19: Only one dental cleaning is required by 10/31/2020 and virtual open enrollment meetings are accepted for credit. Covid-19 testing, anti-body testing, COVID-19 vaccine if/when available, and online safety trainings are all accepted for credit. Record all items on tracker sheets and submit by 10/31/2020.

Dental

- No change.

Vision

- No Change.

Prestige Medical Clinic

- Reminder: All active, early retiree members and dependents enrolled in a medical plan may use qualified services at Prestige at no cost for PPO members and only \$20 per visit for HDHP members who are actively contributing to a health saving account.
- Services not included in membership include TB or Tetanus shots, vaccinations, durable medical items, formal reads of x-rays, and labs not included on the annual wellness panel. Please contact Prestige for a list of covered services.
- Members are allowed one free wellness exam and one set of approved wellness labs per calendar year.
- Members enrolled in Medicare are not eligible to participate.
- Discount memberships are offered for non-enrolled family members. Contact Prestige directly for information.

STSIG MEDICAL PLANS effective 10-1-2020 to 9-30-2021

Health Savings Acct Qualified

Health Savings Acct Qualified

Health Savings Acct Qualified

Plan Name	80C	80G	80K	80M	HSA - A	HSA - B	Minimum Value HSA
Deductible Calendar Year	One person \$200 Family Each \$200 Family Max \$500	One person \$500 Family Each \$500 Family Max \$1,000	One person \$1,000 Family Each \$1,000 Family Max \$2,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$1,500 Family Each \$2,800 Family Max \$3,000	One person \$3,000 Family Each \$3,000 Family Max \$5,200	One person \$5,000 Family Each \$5,000 Family Max \$10,000
Co-insurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Out-of-Pocket Maximum In Network Services	One person \$1,000 Family Each \$1,000 Family Max \$3,000	One person \$2,000 Family Each \$2,000 Family Max \$4,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$4,000 Family Each \$4,000 Family Max \$8,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$5,000 Family Each \$5,000 Family Max \$10,000	One person \$6,350 Family Each \$6,350 Family Max \$12,700
Office Visit Co-pay - includes prenatal and postnatal	\$20 Deductible waived	\$30 Deductible waived	\$30 Deductible waived	\$40 Deductible waived	Deductible applies	Deductible applies	Deductible applies
Prestige Office Visit	\$0	\$0	\$0	\$0	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)
Telemedicine Mental Health (MD Live)	\$5	\$5	\$5	\$5	\$40	\$40	\$40
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
In-Network Physical Medicine (Limits)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Diagnostic X-Rays / Labs	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Acupuncture (12 visits)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Mental Health - Outpatient Care (PA)	\$20 Deductible waived	\$20 Deductible waived	\$20 Deductible waived	\$20 Deductible waived	10% after deductible	10% after deductible	30% after deductible
Ambulance Co-pay	\$100	\$100	\$100	\$100	10% + \$100	10% + \$100	30% + \$100
ER Copay (in addition to deductible and coinsurance)	\$100 -waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted
In-Network Durable Medical Equipment	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
JPA HSA Contribution for first time enrollees - Paid November 30th. No contribution for existing enrollees					\$500/\$1,000	\$500/\$1,000	\$500/\$1,000

Pharmacy Plans with Navitus Health Solution					Co-pays after deductible is met		
Out of Pocket Maximum	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	see medical OOP Max	see medical OOP Max	see medical OOP Max
Deductible	\$0	\$0	\$0	Individual \$200 Family \$500	medical deductible applies	medical deductible applies	medical deductible applies
Costco Generics	\$0	\$0	\$0	\$5 (30 day) \$15 (90 day)	\$0 (30 day) after deductible	\$0 (30 day) after deductible	\$0 (30 day) after deductible
Generics - 30 day	\$9	\$9	\$9	\$15	\$9 after deductible	\$9 after deductible	\$9 after deductible
Specialty/ Brand	\$35	\$35	\$35	\$50 after deductible	\$35 after deductible	\$35 after deductible	\$35 after deductible

It is the member's responsibility to verify specific coverage items or plan details with the carriers of each program - Information from STSIG staff is general guidance only

The medical deductible runs from January 1 to December 31 every year. Deductible amounts paid towards the PPO plans in the fourth quarter of the calendar year (October 1 - December 31) will be credited to the current year as well as the following calendar year. Does not apply to HSA-A, HSA-B, or Minimum Value plans.

90 day prescriptions and mail order service only available through **Costco**.

Specialty Pharmacy: Navitus SpecialtyRX is mandatory.

The above information is for general guidance - please see full plan descriptions for complete details located at www.stsigjpa.com (medical program page)

It's Benefits Enrollment Time!

ENROLLMENT DATES: Aug 1, 2020 until Sep 4, 2020
MEDICAL BENEFITS
and

SECTION 125 AND VOLUNTARY BENEFITS

This year is a passive enrollment period, however, you **MUST** enroll to participate in or continue your Section 125 and or Voluntary Benefits. If you **DO NOT** actively make changes to your medical coverage, the medical coverage you currently have in place will automatically continue in the 2020 - 2021 plan year.

Meet ALEX at

<https://www.myalex.com/shasta-college/2020>



alex[®]



Shasta College

Shasta College
October 1, 2020-September 30, 2021 Plan Year
Medical Rates, District Caps and Employee Contributions

(Employee share of cost is based upon 12 month pay, please adjust accordingly for less than 12 month pay.)

Plan Name and Tier	TOTAL Premium Cost 20-21	DISTRICT Contribution CAP 20-21	EMPLOYEE Share of Cost 20-21
80C			
Employee	\$694	\$409	\$285
Employee + Children	\$1,251	\$736	\$515
Employee + Spouse	\$1,390	\$818	\$572
Employee + Family	\$1,946	\$1,145	\$801
80G			
Employee	\$660	\$409	\$251
Employee + Children	\$1,188	\$736	\$452
Employee + Spouse	\$1,321	\$818	\$503
Employee + Family	\$1,849	\$1,145	\$704
80K			
Employee	\$624	\$409	\$215
Employee + Children	\$1,124	\$736	\$388
Employee + Spouse	\$1,248	\$818	\$430
Employee + Family	\$1,748	\$1,145	\$603
80M			
Employee	\$565	\$409	\$156
Employee + Children	\$1,018	\$736	\$282
Employee + Spouse	\$1,130	\$818	\$312
Employee + Family	\$1,583	\$1,145	\$438
HSA-A			
Employee	\$596	\$409	\$187
Employee + Children	\$1,073	\$736	\$337
Employee + Spouse	\$1,192	\$818	\$374
Employee + Family	\$1,669	\$1,145	\$524
HSA-B			
Employee	\$523	\$409	\$114
Employee + Children	\$941	\$736	\$205
Employee + Spouse	\$1,046	\$818	\$228
Employee + Family	\$1,464	\$1,145	\$319
HSA MINIMUM VALUE			
Employee	\$501	\$409	\$92
Employee + Children	\$901	\$736	\$165
Employee + Spouse	\$1,001	\$818	\$183
Employee + Family	\$1,402	\$1,145	\$257



Effective 10/01/2020

\$0 PCP Co-Pays

SISC Anthem and Blue Shield PPO* members receive \$0 co-pays on their first three in-network primary care office visits** every calendar year.

Primary care is associated with better quality, better efficiency, and **better health outcomes.**

Primary care providers can provide care for everything from chronic disease management to seasonal allergies and the common cold. They can also refer you to a specialist if needed.

\$0 office visit co-pays apply to physicians with any of the following credentials:

- General Practice
- Family Practice
- Nurse Practitioner
- Internal Medicine
- Pediatrics
- Obstetrics & Gynecology

Visit **anthem.com/ca/sisc** or **blueshieldca.com/sisc** to locate a primary care provider today.



*Not applicable to HSA members.

**\$0 copay for first three office visits applicable to office visit only. Additional cost share(s) may apply to any other service(s) or procedures (i.e., x-ray, lab, surgery) performed in office.

 Please recycle.

PHARMACY BENEFIT INFORMATION

Generic Substitution

If a brand name medication has a generic equivalent available, the pharmacy or mail order facility will automatically fill the prescription with a generic when the brand name is not medically necessary. If the physician or member requests to have a brand name medication dispensed when it is not medically necessary, the member will pay the difference in the cost of the brand and generic medication plus the generic co-pay.

There is a Clinical Review Process through which it is possible to have a determination made as to whether or not a brand name drug is medically necessary. The member's physician may contact customer service to initiate the review process. If approved as medically necessary, the member will pay the brand co-pay. Some restrictions apply.

Mail Order Pharmacy

Service Members may use the mail order pharmacy for their maintenance medications. A member can order a 90-day supply and have the convenience of having the medications shipped directly to their home (or alternate address) by paying the co-pays shown below. Everything a member needs to place an order should be available by calling Navitus' customer service AT 866-333-2757. Please note: Not all prescriptions can be filled by mail order.

What is a Specialty Medication?

Specialty medications are high-cost injectable, infused, oral, or inhaled medications that generally require special handling and may be subject to special rules such as quantity limits, prior authorization and/or step therapy. These medications have become a vital part of the treatment for chronic illnesses and complex diseases such as multiple sclerosis, rheumatoid arthritis and cancer. Some medications may involve special delivery and instructions that not all pharmacies can easily provide. These medications require personalized coordination between the member, the prescriber and pharmacy. Navitus Specialty helps patients stay on track with treatment while offering the highest standard of compassionate care through personalized support, free delivery and refill reminders. Most medications classified as Specialty can be found on the SISC Drug List located on Navitus' secure member website Navi-Gate for Members at www.navitus.com.

Deductible Plans (on brand name drugs only)

Deductible plans (Plan 80M) create consumer awareness by requiring the member to share in more of the cost of brand name medications. Since generics are not subject to the brand name only deductible, these plans encourage members to consider lower cost generic alternatives.

These plans help to keep the cost of the monthly premium down. The deductible works the same way as a medical deductible. It is based on a calendar year. Like most SISC pharmacy plans, members enrolled in the deductible plans still have access to zero or reduced co-pays on most generic drugs at Costco.

PLAN 9-35 apply to the following medical plans: 80C, 80G, and 80K.

PLAN 9-35 apply to the following plans after the medical deductible has been met: HSA-A, HSA-B, and the Minimum Value plan.

PLAN 200 15-50 apply to the following medical plans: 80M

		WALK-IN			MAIL	
DAYS SUPPLY		NETWORK 30 DAY	COSTCO 30 DAY	COSTCO 90 DAY	COSTCO 90 DAY	NAVITUS 30 DAY
PLAN 9-35	Generic	\$9	FREE	FREE	FREE	N/A
	Brand	\$35	\$35	\$35	\$90	N/A
	Specialty*	N/A	N/A	N/A	N/A	\$35
	Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family			\$2,500 Individual / \$3,500 Family	N/A
PLAN 200 15-50	Brand/Specialty Deductible	\$200 Individual / \$500 Family			\$200 Individual / \$500 Family	N/A
	Generic	\$15	\$5	\$15	\$15	N/A
	Brand	\$50	\$50	\$135	\$135	N/A
	Specialty*	N/A	N/A	N/A	N/A	\$50
	Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family			\$2,500 Individual / \$3,500 Family	N/A

* Drugs designated as Specialty Drugs are only available in 30-day supplies through the mail from Navitus.

DEPENDENT ELIGIBILITY DOCUMENTATION CHART

The following verification documents are required to enroll a dependent in health benefit plans. STSIG requires the Social Security Numbers for all dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). • For newly married couples where prior year tax return is not available a marriage certificate will be accepted.
Domestic Partner	Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) <ul style="list-style-type: none"> • SISC Affidavit of Domestic Partnership (when applicable) (Enrolling a Domestic Partner may cause the employer contribution to become taxable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	Anthem Blue Cross (All items listed below are required) <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form

Open Enrollment Instructions

To enroll in benefits, go to: www.plansource.com/login.

Login Page

Enter your username and password.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.

Homepage

On the Homepage, click "Get Started" to begin.

Enroll in Benefits

Profile

First, you'll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Shop for Benefits

You can then begin shopping for benefits!

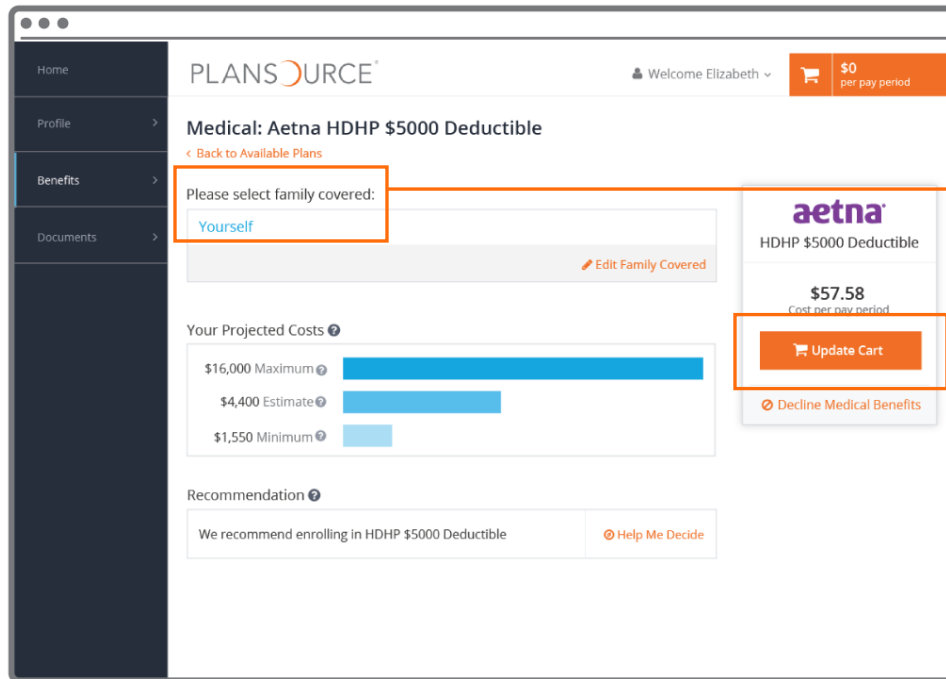
Educational material about the specific plan type is available at the top of the page.

Filter

If your company offers three or more plans, you'll be able to filter available plans based on a variety of criteria.

Plan Overview

Plan choices are displayed on "cards," which provide a brief summary of what is included in the plan. Click a card to get more detail.

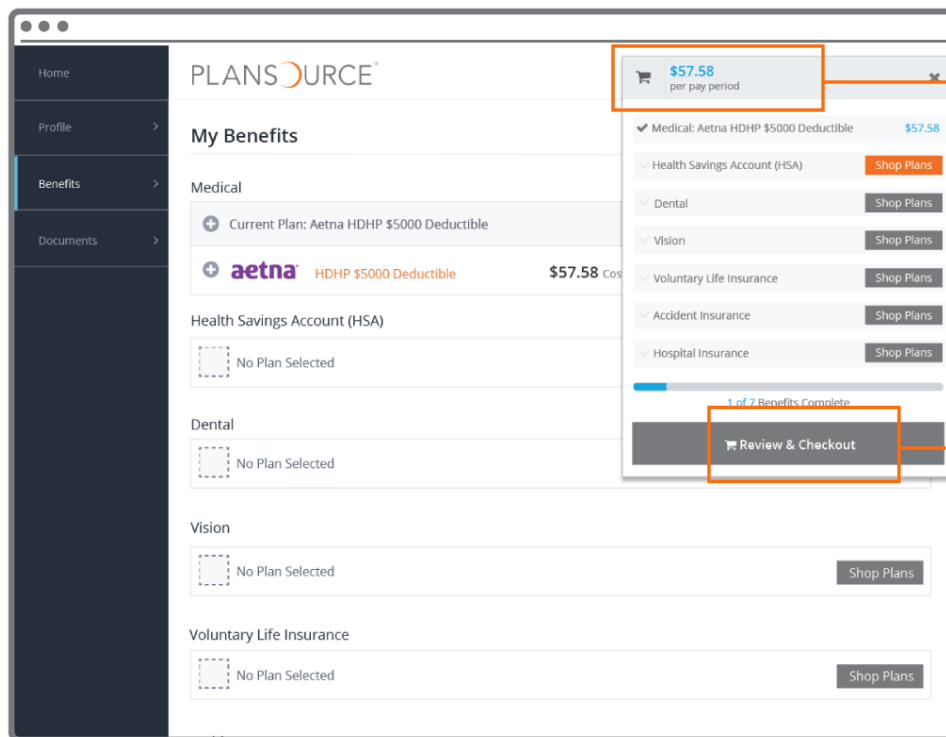


Plan Details

The plan detail page will give you information about each plan. Contact your district for costs.

Select Plan

To select a plan, indicate which family members are covered by clicking "edit family covered" and select the card for each family member you'd like to be on the plan. Click "Update Cart" to choose the plan.



Shopping Cart

The shopping cart displays your choices.

You will need to select or decline a plan in each benefit type before you can check out.

Checkout

To finalize your choices, click "Review and Checkout." You must complete the checkout process in order to be enrolled in benefits.

Domestic Partners

Effective January 1, 2020, a new California law will expand state registered domestic partnerships to include opposite-sex domestic partners under age 62.

How do I enroll my domestic partner in my health benefits?

A domestic partnership is a qualifying event beginning January 1, 2020. STSIG members are required to register with the State of California then submit the registration confirmation and a Change Form to their district office within 31 days of the event (registration date). The coverage is effective the first day of the month following the event.

Children of the domestic partner are qualified for enrollment at the same time. Dependent verification is required.

The additional contribution cost of the domestic partner is taxable income to the employee and reported on their W-2 form.

Termination of coverage for a Domestic partner is a qualifying event. It requires the submittal of a Change Form and proof from the State of California of the domestic partnership termination.

Only legally married spouses or registered domestic partners are qualified to be enrolled in health benefits. Any spouses or domestic partners incurring costs after the termination of marriage or domestic partnership will be responsible for any cost paid by the Plan.

The new registration forms will be available at the Secretary of State website after January 1, 2020. Which means the earliest anyone can enroll is February 1, 2020.

Visit the website of the Secretary of State (sos.ca.gov) for registration forms and instructions.

QUALIFYING EVENTS OR STATUS CHANGES OUTSIDE OF OPEN ENROLLMENT

Effective date will be determined by the qualifying event date that allows for no break in service.

This table is not all inclusive and is subject to STSIG approval, retro, and participation guidelines.

Employee/Retiree experiences the following qualifying event	Employee/ Retiree MAY make the following change within 31 days of the qualifying event	REQUIRED Documentation: Change form and applicable documents below
Birth, Adoption, or Legal Guardianship NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, if applicable • Enroll newly eligible child and any other eligible dependents • Change health plans when options are available 	<ul style="list-style-type: none"> • Birth certificate indicating parents' full names; or • Adoption/Guardianship documents issued by a court
Loss of Coverage Elsewhere NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of Loss of Coverage • Other enrollment forms/documents as applicable
Marriage or Commencement of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, if applicable • Enroll spouse/domestic partner and any newly eligible dependent children • Change health plans when options are available 	<ul style="list-style-type: none"> • Marriage Certificate; or • Declaration of Domestic Partnership filed with the California Secretary of State; or • SISC Domestic Partnership Affidavit, if applicable (opposite-sex domestic partners) • Other enrollment forms/documents as applicable
Divorce or Termination of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Drop spouse/domestic partner • Drop stepchildren gained from marriage or domestic partnership • Enroll self and any newly eligible dependent children who lost eligibility under spouse/domestic partner's plan • Change health plans when options are available 	<ul style="list-style-type: none"> • Final Divorce Decree; or • Dissolution of Domestic Partnership filed with the California Secretary of State; or • SISC Affidavit of Termination of Domestic Partnership (opposite-sex domestic partners) • Other enrollment forms/documents as applicable
Death of Dependent (spouse/ domestic partner or child) NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Remove the dependent from coverage • Change health plans when options are available 	<ul style="list-style-type: none"> • Death Certificate and Membership Change Form
Qualified Medical Child Support Order (QMCSO) requiring enrollment of dependent child	<ul style="list-style-type: none"> • Enroll self, if not already enrolled in coverage • Enroll dependent child named on the QMCSO to employee's health coverage • Change health plans when options are available 	<ul style="list-style-type: none"> • Membership Change Form • Birth Certificate indicating parents' full names; and • Qualified Medical Child Support Order (QMCSO) court document
Change in Employment Status (e.g., Part-time to Full-time, Full-time to Part-time, Hourly to Salaried, Unpaid Leave of Absence, Change in Bargaining Unit, Active to Retiree, etc.)	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Drop coverage, if applicable • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of employment change; and • Other enrollment forms/documents as applicable
Gain or Loss of Entitlement to Medicare/Medicaid coverage by covered person NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Drop coverage for person who became entitled and enrolled in Medicare/Medicaid • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of Enrollment in or Loss of Coverage in Medicare/Medicaid (whichever applicable) • Other enrollment forms/documents as applicable



STSIG / PRESTIGE PARTNERSHIP

LOCATIONS:

3689 Eureka Way, Redding
Mon-Sat: 9am to 9pm
Sun: 10am-6pm
Primary Care and Walk-in
530-244-4577

85 Hartnell Ave, Redding
Mon-Fri: 9am to 5pm
Primary Care and Walk-in
530-262-6001

WEBSITE:

www.prestigeuc.com

Primary Care and Wellness Exams

-By appointment only
-Same day appointments
generally available

We are pleased to provide urgent care walk-in service and scheduled primary care visits for covered members.

-The Prestige membership is provided to active employees and their covered dependents enrolled in a STSIG medical plan, as well as pre-Medicare retirees and their covered dependents enrolled in a STSIG medical plan as a benefit of belonging to STSIG.

-Most services will be provided at no cost to members on the 80C, 80G, 80K or 80M plans. ***No membership dues. No copays. No deductibles. No insurance hassles.***

-HSA-A, HSA-B and Minimum Value plan members with a health savings account will pay a \$20 fee for each visit due to IRS regulations. There is no cost for the annual wellness exam and the approved annual blood panel.

Services included in Membership:

Office visits/physical exams, Urgent Care/Injury Care, X-Rays, Sutures, DMV Physicals, Annual Wellness exam, and Approved Annual Blood panel.

Services not included in Membership:

Formal read of X-Rays if needed, Tetanus Injection, Vaccinations, Lab services, TB Testing, Durable Medical Equipment (Sleeves, crutches, supports).

Please contact Prestige directly for more information on services included in your membership.

For any questions regarding this Member Announcement, please contact your district office or Shasta Trinity Schools Insurance Group at 530-221-6444.

Shasta-Trinity Schools Insurance Group
85 Hartnell, Ste. 200, Redding, CA 96002
www.stsigipa.com

May 2019

VALUE-ADDED SERVICES OFFERED BY STSIG 2020-2021

Get Started	Program Details	Costs
EAP Call 1-800-999-7222 Or Go to anthemEAP.com and enter SISC	24/7 Help with Personal Concerns <i>Employee Assistance Program</i> Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues.	No Cost
Advance Medical Call 1-855-201-9925 Or Go to advance-medical.net/sisc	Expert Medical Opinions <i>Advance Medical</i> Get answers to your health care questions and medical opinions from world-leading experts.	No Cost
MDLive Register by calling MDLive at 1-888-632-2738 Or Go to mdlive.com/sisc	24/7 Physician Access – Anytime, Anywhere <i>MDLive</i> Consult with doctors and pediatricians over the phone or using online video for medical conditions such as cold, fever, sore throat, flu, infection, and children's health issues. Physicians can prescribe medication when appropriate. Online behavioral health visits are also available.	\$5 for PPO members \$40 for HDHP members
Costco Call 1-800-774-2678 (press 1) to ding a Costco location.	Free Generic Medications <i>Costco</i> On our PPO pharmacy plans, members can get free generic medications at Costco and through Costco Mail Order (excludes certain pain and cough medications) and member on High Deductible plan can get free generic medications after their deductible has been met. Costco membership not required.	No Cost
Carrum Health Call 1-888-855-7806	No Cost Hip, Knee, and Spine Surgical Options <i>Carrum Health</i> Get access to top-quality surgeons at Scripps with no out-of-pocket cost. All medical bills, including deductibles, coinsurance and even travel expenses are covered.	No Cost
Solera4ME Got to solera4me.com/sisc and take a 1-minute quiz to see if you qualify.	Diabetes Prevention Program <i>Solera4ME</i> If you qualify, you can get access to a 16-week cutting-edge program that helps with weight loss, adopting healthy habits and can significantly reduce your risk of developing diabetes.	No Cost
Active & Fit Direct Members log into anthem.com/ca/sisc, click "Discounts" and visit "Special Offers".	Discounted Gym Memberships <i>Active & Fit Direct</i> Choose from participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own. You pay only \$25 a month (plus \$25 enrollment fee and taxes). Verify directly with fitness center for participation.	Low Cost
TruHearing Call 1-866-754-1607	Discounted Hearing Aids <i>TruHearing</i> Use your \$700 hearing aid allowance through Anthem to purchase hearing aids. Just go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about \$980 per hearing aid compared to national average prices.	Low Cost
Eyeconic Create an account at vsp.com Go to eyeconic.com	Discounted Eye Glasses <i>Eyeconic</i> VSP members can utilize this program for discounted eyewear.	20% savings on glasses and sunglasses

WHO: Primary Subscribers and Spouses. Subscriber's spouses may also earn the 2021 wellness incentive by completing the same requirements and submitting a separate wellness tracker.

WHAT: The Wellness Incentive rewards you for engaging in your own health journey. Each participant may earn a \$100 gift card.

WHEN: All activities need to be completed and proof of activities submitted on the STSIG Wellness Tracker by October 31, 2021. The award will be given in December 2021.

To Earn Your Incentive:

DO THIS:

Mandatory Wellness Exam

-Between November 1, 2020-October 31, 2021

-Although not required, we encourage wellness exams to be completed at **Prestige Urgent Care**.

-Exam to include prostate screening for age appropriate males and a well-women screening for females.

-Approved wellness labs done at **Prestige Urgent Care** will be at no cost to the member - one set of labs per calendar year at no cost.

Labs done at any other lab will be processed through the medical program and member costs may apply.

AND ANY TWO OF THESE:

Mammogram screening

Bone Density test and screening for osteoporosis

Colonoscopy screening/Cologuard

Annual vision screening

Two dental cleanings with oral assessment

Flu Shot between September 1 and October 31, done at pharmacy or District sponsored on-site flu shot clinic.

STSIG Health Fair

Healthy Biometrics (Blood Pressure 130/85 or less AND BMI 29.9 or less)

Accumulate 400 points on Fit Thumb for exercise

JPA-Approved Health Seminar

JPA or District Approved Health Challenge

JPA or District Open Enrollment Meeting

Prestige Urgent Care: 3689 Eureka Way 530-244-4577 or 85 Hartnell Ave. 530-262-6001

Please note:

All wellness activities are tracked by completing and submitting the Wellness Tracker to lgrant@stsig.org or fax to 530-221-6225. Find the tracker form at <http://www.stsigjpa.com/html/Wellness.htm> (bottom of page).

Neither Anthem nor pharmacies will be providing reports to STSIG for wellness activities.

STSIG Wellness Incentive Tracker for activities from November 1, 2020 to October 31, 2021

Employee Name _____ (Please Print Clearly) _____ Employee Incentive form _____ Spouse Incentive form
Spouse Name _____ Spouse must use a separate form for their incentive activities
District _____ (Do not attached documents with personal health information on it)

Wellness Exam / BMI

Physician's Name _____

Address _____

Phone _____

Date Exam was completed _____

* To be eligible for the BMI and BP incentive below,
BMI must be 29.9 or less, BP 130/85 or less.

*Body Mass Index within range: **Yes or No**

*Blood Pressure within range: **Yes or No**

Health Care Provider's Signature:

The wellness exam and the BMI/BP count as separate incentives. If you do both at the same visit you earn 2 incentives and only need one more activity.

You may turn this form as you complete incentives listed or you can wait and turn it in when all three incentives are met.

Activity Options

_____ Flu Shot between Sept. 1 and Oct 31st.

_____ Covid-19 test, anti-body test, vaccine

Health Care Provider's Signature:

_____ Mammogram

Health Care Provider's Signature:

_____ Colonoscopy

Health Care Provider's Signature:

_____ Bone Density Screening

Health Care Provider's Signature:

_____ Annual Vision Screening

Health Care Provider's Signature:

_____ Two Dental Cleanings

Health Care Provider's Signature:

Activity Options Cont.

_____ Health Fair: STSIG will record attendance

_____ FitThumb 400 points—STSIG will record points

_____ Attend an In-person or Virtual Open Enrollment Meeting

Date: _____

_____ Attend JPA Approved Health Seminar:

Date of Seminar _____

Event Name _____

Instructor's Signature:

_____ Participation in an Approved STSIG or District Health Challenge.

Date of Event _____

Challenge Name _____

District Human Resource's Signature:

Please return this completed form to lgrant@stsig.org or fax to 530-221-6225 by October 31, 2021. If you have any questions call 530-221-6444



24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. Our network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.

Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.

Common Conditions We Treat

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- And More!

Pediatric Care

- Cold & Flu
- Constipation
- Ear Infections
- Nausea
- Pink Eye
- And More!

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

How much does it cost?

Your copay for this service is:

\$5

*All enrolled SISC PPO members and Anthem HMO members.

\$40 for HDHP members



Download the App

Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.



Exceptional Care,
Anywhere.

MDLIVE.com/SISC

1-888-632-2738

Disclaimers: MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/pages/terms.html 010113

Expert Medical Opinions

How can you be sure of your diagnosis? Do you have the best treatment plan? Where can you get a reliable medical opinion?

Advance Medical matches patients to the leading doctors on their specific conditions, who work with you to be sure of your diagnosis and recommend the best path for treatment.

Ask us anything.

Talk to a doctor whenever you need

Our doctors have the time and freedom to help you and your family one-to-one, to help you understand what's happening, how to navigate the healthcare system, and get the best answers to your biggest questions, without delay.

With a focus on relationship-based care, our program brings medicine back to its human roots as a caring profession.



When it's your loved ones, it matters

We lessen the burden of caring for a sick family member, by getting the correct diagnosis and recommending the optimal course of treatment.

Save money, save heartache

The right diagnosis always saves you money. You'll avoid unnecessary procedures, harmful medications, and missed time at work. But your health matters more than the money you'll save. This is about saving time, saving anxiety, saving heartache, and saving lives.



It's free, it's easy, it's 100% confidential.
855.201.9925 | advance-medical.net/sisc

Advance Medical is fully sponsored by Self-Insured Schools of California.



All of Advance Medical's services including Expert Medical Opinion are available at no cost to all members covered by a SISC health plan.

Employee Assistance Program

Have questions about home, work or family?

Maybe you're a few months behind on bills and want to get back on track. Or you're new to town and looking for a daycare center. Whatever your concern, a call to the Employee Assistance Program (EAP) can help you through it.

What is EAP anyway?

You may have heard about EAP but aren't sure what it is. EAP is a service available to you and members of your household at no extra cost. It's designed to help you with everyday problems and questions, big or small. No need to fill out paperwork or make an appointment to speak with an EAP staff member. Just call 800-999-7222 or visit anthemEAP.com. You'll be connected in an instant, and we're here 24 hours a day, every day, to help you.

How we can help

When you or a household member contacts us, we'll work with you to figure out the next steps. If you need counseling, we can arrange several free visits with a licensed professional. If you have money or legal questions, we can put you in touch with a financial advisor or a lawyer.

If online help is more your style, visit anthemEAP.com. You'll find articles, checklists, quizzes and other helpful tools. You can browse resources, attend a webinar or take an online class—right at your own desk. Here are just some of the topics covered:

- Workplace safety
- Child and elder care resources
- Tobacco cessation
- Grief and loss
- Family health
- Home improvement
- Addiction and recovery
- Dealing with identity theft

Remember, EAP is here for you 24/7, so you can call at the time and place that are right for you. Your privacy is important to us. No one will know you've called EAP unless you give them permission in writing.*



*In accordance with federal and state law, and professional ethical standards.

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.

Browse with benefits.



See why Eyeconic® is the most seamless way to buy eyewear online.



Eyeconic connects your eyewear, your insurance coverage, and the VSP® doctor network.

Your vision and wellness come first with VSP. Now, your benefit includes **eyeconic.com**®, an eyewear store for VSP members.

When you choose Eyeconic, you'll enjoy:

- Applying your benefit directly to your purchase.
- Browsing a huge selection of contact lenses and designer frames 24/7—and using the virtual try-on feature.
- Buying without risk—Eyeconic offers free shipping and returns. Plus, if you find the same merchandise at a lower price, we'll refund the difference.*
- Personal attention—Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation.
- Peace of mind—Eyeconic will verify your prescriptions and perform a 25-point inspection.



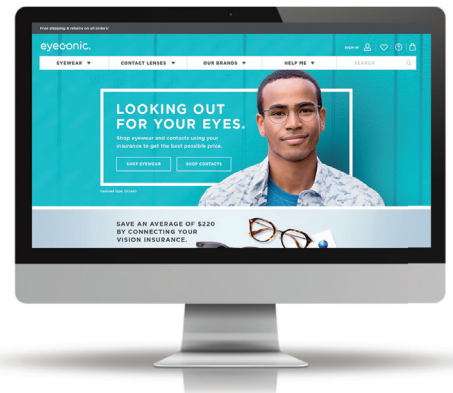
You get exclusive savings year round.

Already used your benefits for the year? As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic.



It's easy to use your VSP benefit.

1. **Create an account at vsp.com.** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit vsp.com or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.** You can connect to your VSP benefits, upload your prescription and order your glasses following your WellVision Exam®.



Just a few of the great brands you can choose from at Eyeconic!

Nine West
Nike
Lacoste
Flexon®
Calvin Klein
bebe®

Get started today.
It's more seamless.
More human.
More Eyeconic.

*Terms and conditions apply. Visit eyeconic.com/faqs for more details.

©2018 Vision Service Plan. All rights reserved.

VSP, Eyeconic, eyeconic.com, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 18818 VCCM

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.

- Select



Blue Distinction Centers+

- Scroll down to find the links to the hip, knee or spine BD+ Centers.

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 **1-855-201-9925** to start a second opinion, or visit advance-medical.net/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.



SISC Enhanced Cancer Benefit

A cancer diagnosis is scary.

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

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

The benefit offers free access for SISC members* covered by an Anthem or Blue Shield PPO plan to the City of Hope. The program includes:

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

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

*Learn more about the program and initiate care by calling Health Design Plus at
877-220-3556, Monday through Friday, 6 a.m. to 6 p.m. PT.*

DIABETES PREVENTION PROGRAM

One in three Americans is at risk for type 2 diabetes. Joining a Diabetes Prevention Program can help reduce that risk by giving you the tools to adopt healthy habits, be more active and lose weight.

If you are at risk, you can sign up for a Diabetes Prevention program at no cost through Anthem Blue Cross. Take a 1-minute quiz to learn your risk and then answer a few questions to get matched with your best fit program.

ARE YOU AT RISK?

Over 86 Million Americans have pre-diabetes and most don't know it. Prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This condition raises your risk of developing type 2 diabetes, stroke and heart disease.

Factors that will affect your risk:

Weight: Having a Body Mass Index (BMI) over 25

Family History: Having a parent, brother, or sister with type 2 diabetes

Age: Being 45 years or older

Activity Levels: Being physically active less than 3 times a week

Ethnicity: African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at higher risk.

GET STARTED TODAY

It's quick, it's easy, it's free, it matches your lifestyle and improves your health. What are you waiting for? Find out if you qualify with the 1-minute quiz. Visit solera4me.com/sisc today.

CHOOSE A PROGRAM THAT FITS

There are many options to choose from for the Diabetes Prevention Program (DPP). Some programs meet weekly in person with a coach and a small group for support. Other programs are done entirely online using your computer or mobile phone.

You'll have the opportunity to choose the program where you think you'll be most successful. Here are some of the programs currently available:

weightwatchers

lark

HealthSlate

#RETROFIT™



TOOLS AND SUPPORT

While every Diabetes Prevention Program (DPP) is a little bit different, most programs include the following:



Access to a personal
health coach



Weekly
sessions



A small group
for support



Tools like a wireless scale
or an activity tracker

STEPS TO GET STARTED

- 1) Take the 1-minute quiz at solera4me.com/sisc
- 2) Enter your health plan details (have your Health Plan ID card handy).
- 3) Answer a few questions to get matched with a lifestyle change program.
- 4) Smile — You've taken the first step to a healthier you!

Solera4me is provided by Solera Health, an independent company.

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.

The benefits of a Health Savings Account (HSA)

Available only for SISC members enrolling in an Anthem Blue Cross HSA Compatible Plan

An HSA offers tax-free savings for the qualified medical expenses of “eligible individuals” and their dependents. An “eligible individual” or HSA owner is someone covered under an HSA-compatible, High-Deductible Health Plan (HDHP) and is not covered under a non-HDHP or Medicare plan and not claimed as a dependent on another’s tax return. To see a list of qualified medical expenses go to www.irs.gov/publications/p502.

HSA advantages:

- HSA contributions are tax-deductible.
- Interest on an HSA is tax-deferred.
- HSAs are portable and owned by the individual, meaning, you can take any money left in the account with you if you leave your employer (SISC) and continue to use them.
- HSA holders 55 and older can save an extra \$1,000, which means \$4,500 for an individual and \$8,000 for a family for 2019.
- Unspent balances from one year roll over to the following year and can accumulate over a lifetime to help pay for uncovered Medicare expenses after retirement.
- In the event of the HSA holder’s death, HSA balances pass on free of tax to their spouse, if the spouse is the named beneficiary.

How you can find out more

To learn more about your health benefits, as well as our programs and services, go to anthem.com/ca/sisc.

Frequently asked questions

Q: Who can contribute to an HSA?

A: The HSA is funded by contributions from the employee, employer or both.

Q: What is the maximum amount that can be contributed to an HSA?

A: \$3,500 for an individual and \$7,000 for a family for 2019.

Q: How does the HSA plan work?

A: Money in the HSA can be used to pay for covered qualified medical expenses and prescriptions not paid by the HDHP. The HSA dollars used apply toward the plan’s annual deductible. If all of the dollars are not spent, the money remaining in the account will roll over to the following year.

Q: Can I enroll in an HSA if I currently have a general purpose medical FSA?

A: If you or your spouse participates in a general purpose FSA, you would not be eligible for an HSA. According to the IRS, a general purpose FSA is considered “other insurance.” You may be eligible for an HSA the following year, assuming you or your spouse are no longer participating in a general purpose FSA.

Q: Who do I contact to set up an HSA?

A: SISC doesn’t handle HSAs so if you’d like to set one up, contact any insured bank, credit union or other entity that meets the IRS standards for being a trustee or custodian for an IRA or Archer Medical Savings Accounts (MSA).

Q: Are there any minimum yearly deductibles required by law?

A: Yes. Minimum yearly deductibles required by law are \$1,350 for individual coverage and \$2,700 for family coverage.

Q: Are there yearly out-of-pocket expense limits?

A: Yes. Yearly out-of-pocket expenses (deductibles, copays and other amounts, but not premiums) cannot exceed \$6,750 for individual coverage and \$13,500 for family coverage.



HSA Matrix of Eligibility and Contributions

How eligibility and contributions limits are determined for married individuals.

This Matrix assumes that all other HSA eligibility requirements have been established and neither spouse has any other accident and health type coverage.

	Husband: No coverage of any kind	Husband: Self-only non-HDHP coverage	Husband: Self-only HDHP coverage	Husband: Family non-HDHP coverage	Husband: Family HDHP coverage
Wife: No coverage of any kind	No HSA.	No HSA.	Husband is an eligible individual and may establish an HSA. The maximum contribution is the self-only contribution amount. Wife may not establish an HSA.	No HSA.	Husband is an eligible individual and may establish an HSA. The maximum contribution is the family contribution amount. Wife may not establish an HSA.
Wife: Self-only non-HDHP coverage	No HSA.	No HSA.	Husband is an eligible individual and may establish an HSA. The maximum contribution is the self-only contribution amount. Wife may not establish an HSA.	No HSA.	Husband is an eligible individual and may establish an HSA. The maximum contribution is the family contribution amount. Wife may not establish an HSA.
Wife: Self-only HDHP coverage	Wife is an eligible individual and may establish an HSA. The maximum contribution is the self-only contribution amount. Husband may not establish an HSA.	Wife is an eligible individual and may establish an HSA. The maximum contribution is the self-only contribution amount. Husband may not establish an HSA.	Husband and Wife are both eligible individuals and each may establish an HSA. The maximum contribution for each is the self only contribution amount.	If Wife is not covered by Husband's coverage, Wife is eligible to establish an HSA. The maximum contribution is the self-only contribution amount. If Wife is covered by Husband's coverage she may not establish an HSA. Husband may not establish an HSA.	Husband and Wife are both eligible individuals and may establish HSAs. They are treated as having only family coverage. The maximum contribution is the family contribution amount, to be divided between them by agreement.
Wife: Family non-HDHP coverage	No HSA.	No HSA.	If Husband is not covered by Wife's coverage, Husband is eligible to establish an HSA. The maximum contribution is the self-only contribution amount. If Husband is covered by Wife's coverage he may not establish an HSA. Wife may not establish an HSA.	No HSA.	If Husband is not covered by Wife's coverage, Husband is eligible to establish an HSA. The maximum contribution is the family contribution amount. If Husband is covered by Wife's coverage he may not establish an HSA. Wife may not establish an HSA.
Wife: Family HDHP coverage	Wife is an eligible individual and may establish an HSA. The maximum contribution is the family contribution amount. Husband may not establish an HSA.	Wife is an eligible individual and may establish an HSA. The maximum contribution is the family contribution amount. Husband may not establish an HSA.	Husband and Wife are both eligible individuals and may establish HSAs. They are treated as having only family coverage. The maximum combined contribution by Husband and Wife is the family contribution amount, to be divided between them by agreement.	If Wife is not covered by Husband's coverage, Wife is eligible to establish an HSA. The maximum contribution is the family contribution amount. If Wife is covered by Husband's coverage she may not establish an HSA. Husband may not establish an HSA.	Husband and Wife are both eligible individuals and may establish HSAs. The maximum combined contribution by Husband and Wife is the family contribution amount, to be divided between them by agreement.



Value-Based Purchasing Benefit Change

We continually evaluate ways to keep the cost of health benefits affordable without impacting access to high quality and safe care.

Multiple studies indicate that when it comes to healthcare, cost does not correlate to quality. Common procedures can be several times more expensive at one site compared to another without any evidence of better quality or safety.

In our quest to keep the cost of health benefits affordable and enhance the value of care, effective October 1, 2018 we will be introducing reference pricing for five common procedures that can be performed safely at an **Ambulatory Surgery Center (ASC)** at costs significantly lower than at a hospital.

	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 benefit change at an ASC. The limits at an outpatient hospital facility do not apply at an ASC.				

Here's how it works:

- ✓ In-network ASC – pay regular deductible and co-insurance – ***no benefit change!***
- ✓ In-network Hospital outpatient facility - pay regular deductible and co-insurance **PLUS amounts that exceed the reference price.**

Benefits of an ASC:

- ❖ ASCs use the same equipment, medications and supplies as hospital surgical suites.
- ❖ The average facility fees at ASCs are substantially lower than at hospitals.
- ❖ ASCs tend to be more specialized and with less exposure to a wide range of infections.
- ❖ ASCs tend to be high-volume facilities. High-volume facilities are typically associated with having good outcomes.
- ❖ ASCs have established track records of providing quality outcomes that are at least as good as or better than hospitals.

Provisions for exceptions to use an in-network hospital:

- If the physician provides clinical justification for using a hospital.
- If member lives more than 30 miles from an ASC
- If a procedure cannot be scheduled in a medically appropriate timely manner due to available ASCs not having capacity.
- Emergencies

Members should contact Anthem at 800-825-5541 with questions.

Instructions to find a Surgery Center near you:

Log into your account on anthem.com, choose “Find Care” from the right-hand side of the screen, choose “Surgical Centers” in the search bar, then choose your zip code and choose Search.

Call Anthem at 800-825-5541 for an exception if a surgery center is not within 30 miles of your home.

Ambulatory Surgery Centers (ASC) within 100 miles of Redding, CA.

Before scheduling any services at any facility below confirm with the provider or Anthem that this facility is a current participant.

Riverside Surgery Center	2801 Park Marina Dr. Redding, CA 96001	530-244-2273
Shasta Eye Surgery	950 Butte St. Redding, CA 96001	530-223-2500
Advanced Eye Surgery Center	627 W East Ave. Chico, CA 95926	530-342-1800
Eye Life Institute	6283 Clark Rd. Ste 10 Paradise, CA 95969	530-877-2020
Court Street Surgery Center	2184 Court St. Redding, CA 96001	530-246-4444
Redding Surgery Center	2439 Sonoma St. Redding, CA 96001	530-241-1303
Northstate Plastic Surgery Center	1260 East Ave. Ste. 100 Chico, CA 95926	530-345-5702
The Cardiovascular Surgical Center	2415 Sonoma St. Redding, CA 96001	530-241-1144
Redding Endoscopy Center	2179 Rosaline Ave. Redding, CA 96001	530-246-7000
Apogee Surgery Center	1238 West St. Redding, CA 96001	530-241-5499
Norcal Anesthesia and Pain Affiliates	647 W. East Ave. Chico, Ca 95926	323-932-9352
Oculofacial Plastic Surgery Center	2770 Eureka Way Ste 300 Redding, CA 96001	530-229-7700
Mercy Surgery Center	2175 Rosaline Ave. Ste A Redding, CA 96001	530-225-7400
Chico Surgery Center	615 W East Ave. Chico, CA 95926	530-895-1800
Skyway Surgery Center	121 Raley Blvd. Chico, CA 95928	530-230-2000
Updated 5-28-2020		



Plan Year

10/1/2020 - 9/30/2021

Open Enrollment Dates are
August 24 - September 4

*Your benefits review appointment
is moving online! See reverse side
for information on how to schedule
your virtual appointment to
complete your enrollment online.*

**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR EDUCATION

Your Benefits Overview

Enrolling in the same plans as last year may seem like the easiest way to go. But things change. It might be time to change your insurance too.

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



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



Cancer Insurance

AF™ Limited Benefit Group 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



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



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

Unintentional injuries led to economic losses and lost quality of life valued at about **\$15,953** per person in 2017.

National Safety Council, Injury Facts; 2019 Web.

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

americanfidelity.com/eligible-expenses



Schedule Your Appointment

<https://enroll.americanfidelity.com/CBC5BEF7>

For assistance with scheduling an appointment, call 800-365-8306 Option 1



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

Zachary Parr

Executive Strategic Advisor

CA License #0K43819

Northern California Branch Office

9355 E. Stockton Blvd., Suite 110

Elk Grove, CA 95624

800-365-8306 • 866-679-1797 , 2696

zachary.parr@americanfidelity.com



American Fidelity Assurance Company
americanfidelity.com