



Plan Year
October 1, 2022-September 30, 2023
Medical Open Enrollment Information
American Fidelity Open Enrollment Information

Aug 1, 2022

Dear Shasta College Management and Staff,

Open Enrollment for medical, dental and vision is now through September 2, 2022. Our 12-month plan year will run from October 1, 2022 through September 30, 2023. 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 and Zoom links can be found at <https://www.stsigpa.com/health-programs/open-enrollment-2022-23/>

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/2022.

Open Enrollment for American Fidelity voluntary Benefits is August 1, 2022 through September 2, 2022. Schedule a virtual appointment online at <https://enroll.americanfidelity.com/CBC5BEF7> or by calling 1-800-365-8306, Ext. 7. 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. YES!

Due to the various changes with IRS Section 125, Shasta College is requesting that all staff meet with American Fidelity to review the plan and sign off your election to continue pre-taxing your medical. Failure to do so may result in your medical plan elections being converted to AFTER TAX treatment.

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) 242-7648 or by email at awestlund@shastacollege.edu.

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

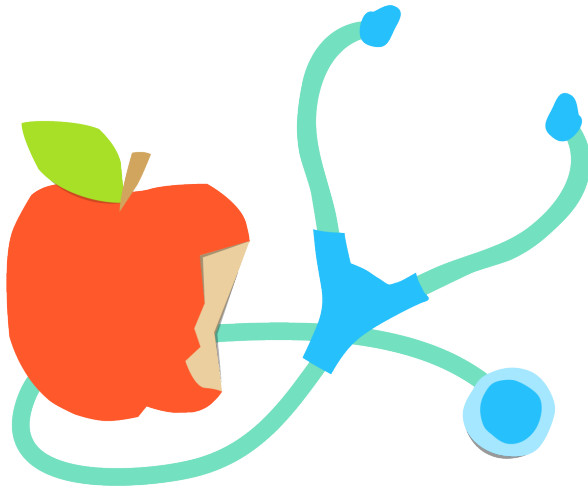
Amy Westlund
Director of Human Resources

It's Benefits Enrollment Time!

ENROLLMENT DATES: Aug 1, 2022 until Sep 2, 2022
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 2022 - 2023 plan year.



Meet ALEX at

<https://www.myalex.com/shasta-college/2022>



Shasta College

Classified, Confidential, and Management
October 1, 2022-September 30, 2023 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 22-23	DISTRICT Contribution CAP 22-23	EMPLOYEE Share of Cost 22-23
80C			
Employee	\$747	\$450	\$297
Employee + Children	\$1,346	\$810	\$536
Employee + Spouse	\$1,495	\$900	\$595
Employee + Family	\$2,095	\$1,260	\$836
80G			
Employee	\$710	\$450	\$260
Employee + Children	\$1,278	\$810	\$468
Employee + Spouse	\$1,422	\$900	\$522
Employee + Family	\$1,990	\$1,260	\$731
80K			
Employee	\$672	\$450	\$222
Employee + Children	\$1,210	\$810	\$400
Employee + Spouse	\$1,343	\$900	\$443
Employee + Family	\$1,882	\$1,260	\$623
80M			
Employee	\$608	\$450	\$158
Employee + Children	\$1,096	\$810	\$286
Employee + Spouse	\$1,216	\$900	\$316
Employee + Family	\$1,703	\$1,260	\$444
HSA-A			
Employee	\$641	\$450	\$191
Employee + Children	\$1,154	\$810	\$344
Employee + Spouse	\$1,282	\$900	\$382
Employee + Family	\$1,797	\$1,260	\$538
HSA-B			
Employee	\$562	\$450	\$112
Employee + Children	\$1,013	\$810	\$203
Employee + Spouse	\$1,126	\$900	\$226
Employee + Family	\$1,575	\$1,260	\$316
HSA MINIMUM VALUE			
Employee	\$539	\$450	\$89
Employee + Children	\$970	\$810	\$160
Employee + Spouse	\$1,078	\$900	\$178
Employee + Family	\$1,509	\$1,260	\$250



2022-23 Open Enrollment – Active & Early Retiree Handout

Dear STSIG Member,

Open enrollment begins August 1, 2022, and runs through September 2, 2022. The plan year begins October 1, 2022, and ends September 30, 2023. This year there will be in-person and virtual open enrollment meetings. You can view a recorded meeting on our website anytime or participate in a weekly virtual meeting – that schedule is also on our website www.stsigipa.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 log in to PlanSource to complete those changes. Instructions to make changes in PlanSource are included in this packet and are on our website at www.stsigipa.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 2022-23 Changes	Pg. 02
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➤ 2022-23 Medical Plan Comparison Sheet	Pg. 05
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STSIG staff is available to help members with the PlanSource online enrollment process by phone at 530-221-6444 or email at lgrant@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



2022-23 Highlights, effective October 1, 2022

Medical

- New Kannact Digital Health Coaching has started. Sign up anytime.
- New MD Live \$0 Copay is extended to 9/30/2023.
- New HSA-A Family Deductible Change expected 1-1-2023.
- New Maven Pregnancy Program introduced.
- Newborns will be enrolled in the Anthem system on the date of birth and have their deductible.
- All Hip, Knee, and Spine surgery must be done by a surgeon at a Blue Distinction Plus facility.
- Effective 10-1-2021, the Skilled Nursing Facility / Inpatient Rehabilitation combined day limit will increase to 150 days.
- Out-of-network claims must be submitted within 6-months of service. Late submissions will be denied.
- Go to www.stsigipa.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)

- Payflex will terminate health savings accounts 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 the termination of the account.

Medical Wellness Incentive

- Covid-19 testing is deleted from the approved incentive activity list for 2022-23

Dental

- Dental Plan #8 added adult orthodontics with a \$1000 lifetime maximum.

Vision

Change to all vision plans:

- Include Walmart and Sam's Club in our network
- Include Retinal Screening
- Include Progressive Lenses benefit with a \$20 co-pay
- Include Polycarbonate lenses - impact resistant (adults) with a \$0 co-pay

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

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 MEDICAL PLANS effective 10-1-2022 to 9-30-2023

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 Heath (MD Live)	\$0	\$0	\$0	\$0	\$40	\$40	\$40
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
In-Network Physical Medicine (5 visits)	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 - in network	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)

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 formular 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 - formulary	\$9	FREE	FREE	FREE	N/A
	Brand - formulary	\$35	\$35	\$90	\$90	N/A
	Specialty* - formulary	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 - formulary	\$15	\$5	\$15	\$15	N/A
	Brand - formulary	\$50	\$50	\$135	\$135	N/A
	Specialty* - formulary	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.

Navitus pharmacy benefits are limited to the Navitus drug formulary which is subject to changes without notice.

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!

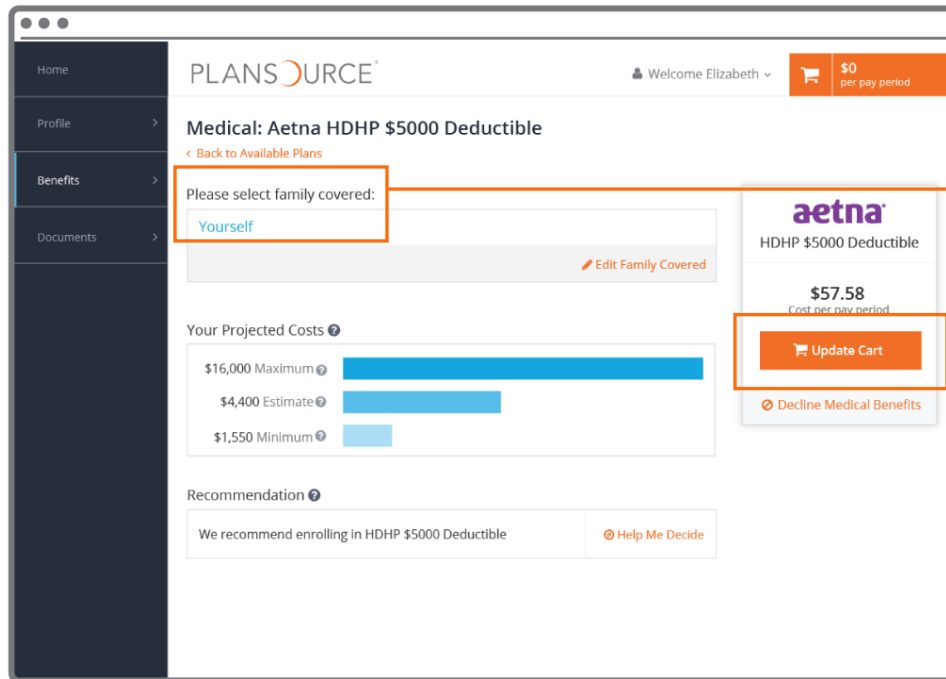
Educational material about the specific plan type is available at the top of the page.

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.

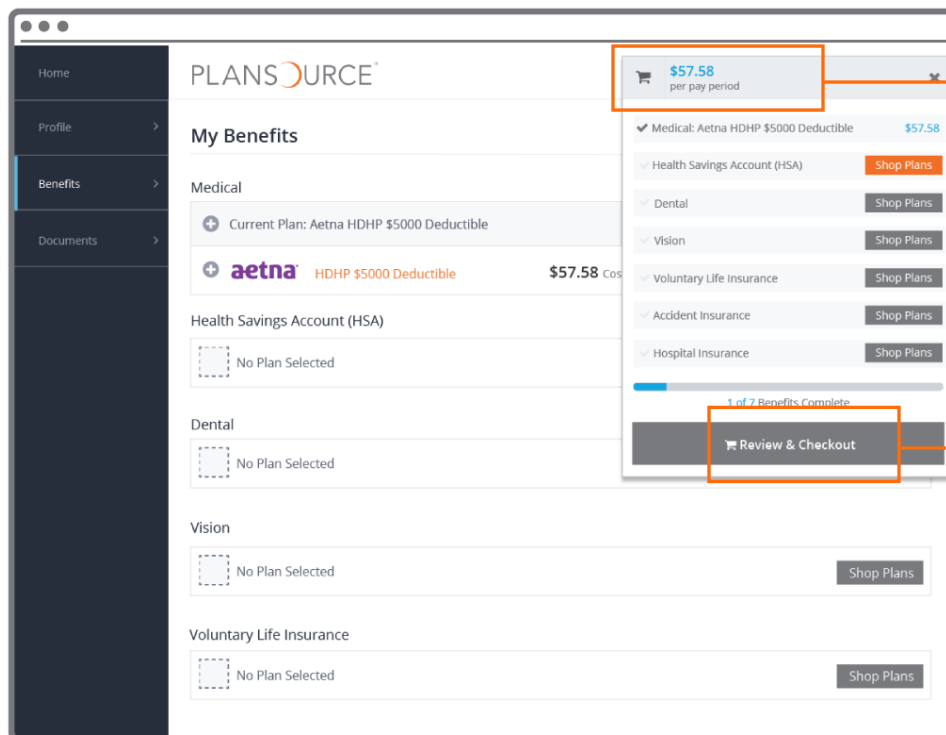


Plan Details

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.

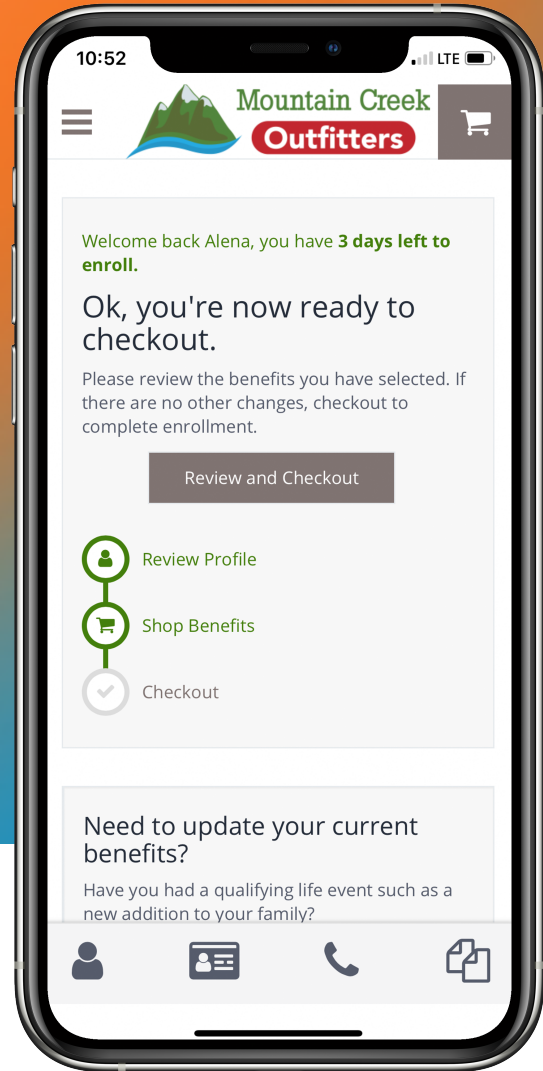
Checkout

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

Download the new PlanSource mobile app today!

PlanSource has revamped their mobile app to provide the same friendly experience as their mobile web site – but with some exciting new perks.

Access your benefits anytime, anywhere.



With the free PlanSource app, you can easily:

Enroll in benefits & create life events

Submit required documents by taking photos

Log in faster with your fingerprint, face, or PIN



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.

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.



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 6-1-2021		



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 2022



Welcome to A Healthier You!

Busy lives. Family. Money. Work.

There are so many things that get in the way of improving your health and managing your Chronic Conditions. We get it. We're human beings just like you.

We understand all the medicines, tests and special things you're supposed to do when you have a health condition and how hard it is to 'do it all'.

But we make it easier with our proven program. We pair you with a health coach who's in your corner. We ship you free testing supplies and provide digital tools to use with your phone or laptop. The result? You'll feel better and be on the path to better health.

Join us in this NEW Voluntary Program launching October 1, 2021!

Kannact is a no-cost, human-driven digital health program partnered with Shasta-Trinity Schools Insurance Group and is offered to Eligible Members on the Health Plan.

If you are living with a Condition like, Diabetes, Cardiovascular Disease (Hypertension, Atrial Fibrillation, history of Stroke, and/or Heart Attack, etc.), High Cholesterol, Chronic Lung Disease, Obesity, Arthritis, Thyroid Disease, Cancer and / or Kidney Disease you are eligible for Kannact!

Stay tuned for more information about Kannact, how to enroll and all of the perks available for STSIG Members that do sign up!



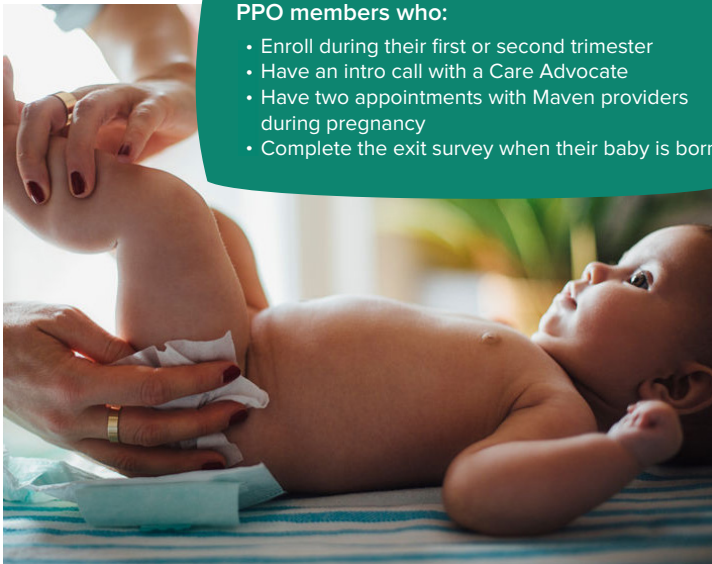


Free on-demand care for your parenthood journey

SISC is providing PPO members with free access to Maven virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialists, coaches, and trustworthy content tailored to your experience.

Free 6-month diaper subscription for SISC PPO members who:

- Enroll during their first or second trimester
- Have an intro call with a Care Advocate
- Have two appointments with Maven providers during pregnancy
- Complete the exit survey when their baby is born



What is Maven?

Maven offers 24/7 virtual access to one-on-one maternity and postpartum support. Eligible SISC PPO members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content.

How do I use Maven?

Download and log into the Maven Clinic app to access maternity and postpartum doctors, specialists, coaches, mental health experts, and so much more.

Support at every stage of your journey

Pregnancy

- ✓ Midwives, OB-GYNs, Doulas
- ✓ Birth Planning
- ✓ Prenatal Nutritionists
- ✓ Mental Health Specialists
- ✓ Loss Support

Postpartum

- ✓ Infant Care Advice
- ✓ Pediatricians
- ✓ Lactation Counseling
- ✓ Infant Sleep Coach

Return to work

- ✓ Emotional Support
- ✓ Back-to-Work Support
- ✓ Career Coaching



To activate your membership:

Download the Maven Clinic app
Visit mavenclinic.com/join/SISC
Scan the QR code

Enrollment is confidential and will not be shared with your employer.



VALUE-ADDED SERVICES OFFERED BY STSIG 2022-23

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
Teladoc Call 1-800-835-2362 Or Go to Teladoc.com/sisc	Expert Medical Opinions <i>TelaDoc Medical Experts</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 use 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 members on High Deductible plan can get free generic medications after their deductible has been met. Costco membership is 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
Lark Lark.com/anthemBC	Diabetes Prevention Program <i>Lark – Digital diabetes prevention coaching</i> Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.	No Cost
Active & Fit Direct Members log in to 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 a \$25 enrollment fee and taxes). Verify directly with the 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 the 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

For recording of this information - <https://www.youtube.com/watch?v=Fcu6CI8LecU>

PRESTIGE URGENT AND PRIMARY CARE



Prestige
Urgent Care

Prestige offers STSIG members unlimited access to urgent and primary care for most medical conditions. They treat a full spectrum of acute and chronic conditions either by appointment or walk-in at their two Redding locations 7 days a week. The

Prestige memberships are at no cost to PPO medical plan members and \$20 per visit for member enrolled in a high-deductible medical plan.

Locations:

3689 Eureka Way, Redding CA 96001 (530) 244-4577

85 Hartnell Ave., Suite 100, Redding Ca 96002 (530) 262-6001

CHRONIC MEDICAL CONDITION HEALTH COACHING



Kannact

If you are living with a condition like Diabetes, High Blood Pressure, High Cholesterol, Thyroid Disease, Obesity or any Chronic Condition, it can add extra layers of stress to our already busy lives. Kannact can help. If you join the Kannact program, they'll pair you with a passionate health coach, provide you digital tools you can use with your phone or laptop, and send you free testing supplies to save you money every month. And they always keep your health information private.

You can visit our STSIG - Kannact website at www.Kannact.com/STSIG to enroll now.

This is a no-cost benefit

24/7 HELP WITH PERSONAL CONCERNS



Employee Assistance Program

Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues.

Call 1-800-999-7222 Or go to anthemEAP.com and enter **SISC**

This is a no-cost benefit

EXPERT MEDICAL OPINIONS



TELADOC

Get the answers to your health care questions, find a local physician, or review a diagnosis and treatment plan from world-renowned experts by web, phone, or app at no cost to you.

Call 1-835-2362 Or go to Teladoc.com/sisc

24/7 PHYSICIAN ACCESS – ANYTIME, ANYWHERE



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.

Register by calling MDLive at 1-888-632-2738 Or go to mdlive.com/sisc

\$5 for PPO members \$40 for HDHP members

FREE GENERIC MEDICATIONS



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 members on High Deductible plans can get free generic medications after their deductible has been met. Costco membership not required.

Call 530-222-0199 Or stop by the Redding Location, 1300 Dana Dr, Redding CA 96003. If outside of Redding call 1-800-774-2678 to find a local Costco

This is a no-cost benefit

ENHANCED CANCER BENEFIT



Contigo Health is partnering with STSIG/SISC to offer an Oncology Center of Excellence Program to help covered members navigate their cancer diagnosis and treatment journey.

[Contigo Health Information Page](#)

This is a no-cost benefit for PPO members. 100% covered after meeting HSA deductibles if applicable.

NO COST HIP, KNEE, AND SPINE SURGICAL OPTIONS



Get access to top-quality surgeons at Scripps with no out-of-pocket cost for members enrolled in a PPO medical plan. All medical bills, including deductibles, coinsurance and even travel expenses are covered.

Call 1-888-855-7806

This is a no-cost benefit for PPO medical plan members.

DIABETES PREVENTION PROGRAM



Take control of your health. Prevent diabetes and start improving your overall health and well-being today with LARK. If you qualify, you can get access to a weight loss program and 24/7 coaching support. Lark provides a 16-week cutting-edge program that helps with

weight loss, adopting healthy habits, and can significantly reduce your risk of developing diabetes.

Go to lark.com/anthemBC and take a 1-minute quiz to see if you qualify. Questions? Call 855-902-2777

This is a no-cost benefit

ONLINE PHYSICAL THERAPY WITH PROFESSIONAL COACHING



Members on the STSIG medical plans get access to Hinge Health's innovative digital programs for back and knee pain. Programs may include wearable sensors & monitoring device, unlimited 1-on-1 health coaching,

and personalized exercise therapy. No cost to members enrolled in a PPO medical plan.

Visit: hingehealth.com/sisc

Questions? Call 855-902-2777

GET PAID TO BE HEALTHY



Primary members and their spouses can each earn a \$100 gift card by completing an annual wellness exam and your choice of two other health and wellness options from a list of thirteen. Cards are sent annually in

December for those who complete and submit the wellness tracker.

Visit stsigpa.com/health-programs/wellness/ for more information. This is a no-cost benefit.

DISCOUNTED EYE GLASSES



VSP members can utilize this program for discounted eyewear.

First, create an account at vsp.com. Then, go to eyeconic.com

This benefit is a 20% savings on glasses and sunglasses

PREGNANCY AND POSTPARTUM SUPPORT



SISC is providing PPO members with free access to Maven virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialists, coaches, and trustworthy content tailored to your experience.

To activate your membership: Download the Maven Clinic app.
Visit mavenclinic.com/join/SISC (Effective April 1, 2022)

DISCOUNTED GYM MEMBERSHIPS



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.

Members log into anthem.com/ca/sisc, Scroll down to "Value Added Benefits" and visit "[Active And Fit: ASH Gym Discount](#)".

This is a low-cost benefit

DISCOUNTED HEARING AIDS



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.

Call 1-866-754-1607

This is a low-cost benefit



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.

\$0 Co-pay extended to 9/30/2023 for PPO Members

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



MDLIVE 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

Advance Medical is now **Teladoc Medical Experts.**



Your expert medical services with Advance Medical will now be provided by Teladoc Medical Experts to offer the same great medical advice, but with easier access. Get the answers you need from world-renowned experts by web, phone or app **at no cost to you.**

Services available to you or a family member:



Expert Medical Opinion

Get confirmation on a diagnosis or help deciding on a treatment option



Critical Case Support

Receive expert medical guidance if you've been admitted into the hospital



Mental Health Navigator

Receive guidance on a mental health condition or treatment that isn't improving



Ask the Expert

Get answers to medical questions or concerns from a leading expert



Find a Doctor

Get help finding a doctor who specializes in your specific condition

Set up your account in minutes to get started

Visit teladoc.com/sisc

Call 1-800-Teladoc (835-2362) | Download the app



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.

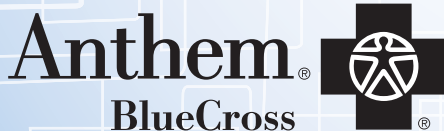
How we can help

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.



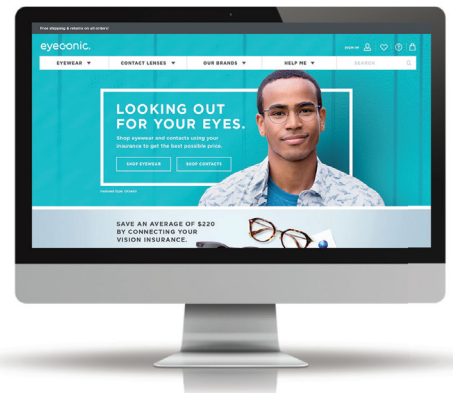
You get exclusive savings year round.

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.

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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.



Delta Dental – Virtual Consult:

Use your benefits to see a dentist online

A new virtual dentistry tool for members is here. Say hello to Delta Dental – Virtual Consult.

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available for free¹ with your existing Delta Dental PPO™ or Delta Dental Premier® plan².

When you have an urgent issue, even if it's after hours³, Virtual Consult makes getting a dentist's advice simple. Even if you don't have a dentist that you see regularly, Virtual Consult makes urgent care, e-prescriptions and check-ins with Delta Dental dentists accessible from the comfort of your own home.

Virtual Consult is great if you...

- Are experiencing an urgent dental issue
- Don't have a regular dentist
- Can't take time off work or have difficulty visiting the dentist's office
- Aren't feeling well or visiting the dentist's office isn't recommended



deltadentalins.com



Virtual Consult

What can I do with Virtual Consult?



With Virtual Consult, you can:

- **Get urgent dental care** for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even **get e-prescriptions** for pain or infections sent directly to the pharmacy of your choice.
- **Have a live video consultation** with a Delta Dental dentist from the comfort of **your own home** or anywhere you have a camera and internet-equipped computer.
- **Get follow-up instructions sent to you** and visit summaries and histories **made available for your regular dentist**. Your medical information and visit history will also be stored in your secure profile for any future visits.

Ready to get started?

Visit <https://www1.deltadentalins.com/virtual-consult> for more information and to learn how to download and use Virtual Consult. For best results, please use Chrome as your browser and close any VPN or firewall connections before your appointments.

¹ Members who have 100% coverage for oral evaluations and who have not exceeded their frequency limitations for office visits or limited oral evaluations are eligible to use Virtual Consult. There are no additional costs to use the platform.


² Delta Dental PPO and Delta Dental Premier are open networks that allow you to visit any licensed dentist, either in the PPO network, where you will save the most on out-of-pocket costs, or the moderate cost Premier network. Outside the Delta Dental network, there are no cost protections. Members who visit a network dentist receive the advantages of no billing beyond the charges allowed by the plan and the submission of claims by dentists. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

³ Please note that availability of Virtual Consult providers may vary based upon state and appointments are subject to schedule availability.

© **Delta Dental**. Delta Dental of California, Mid-Atlantic states (Delta Dental of Delaware, Inc.; Delta Dental of the District of Columbia; Delta Dental of New York, Inc.; **Delta Dental of Pennsylvania** [and Maryland], Delta Dental of West Virginia, Inc.) and **Delta Dental Insurance Company**, together with our affiliate companies, represent one of the country's largest dental benefits delivery systems, administering benefits to 36 million people in 15 states plus the District of Columbia and Puerto Rico. All our companies are members, or affiliates of members, of **Delta Dental Plans Association**, the national network of 39 Delta Dental companies that together provide dental coverage to 80 million people in the U.S.



deltadentalins.com

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EF37 #129611 (rev. 01/21)

Connect with a dentist from home with Toothpic!

Brought to you by Delta Dental¹

Toothpic is a photo-based teledentistry app for PPO™ and Premier® plan members that offers virtual dental screenings from a Delta Dental dentist

Answer a few questions about your oral health and take photos of your mouth from your smartphone.

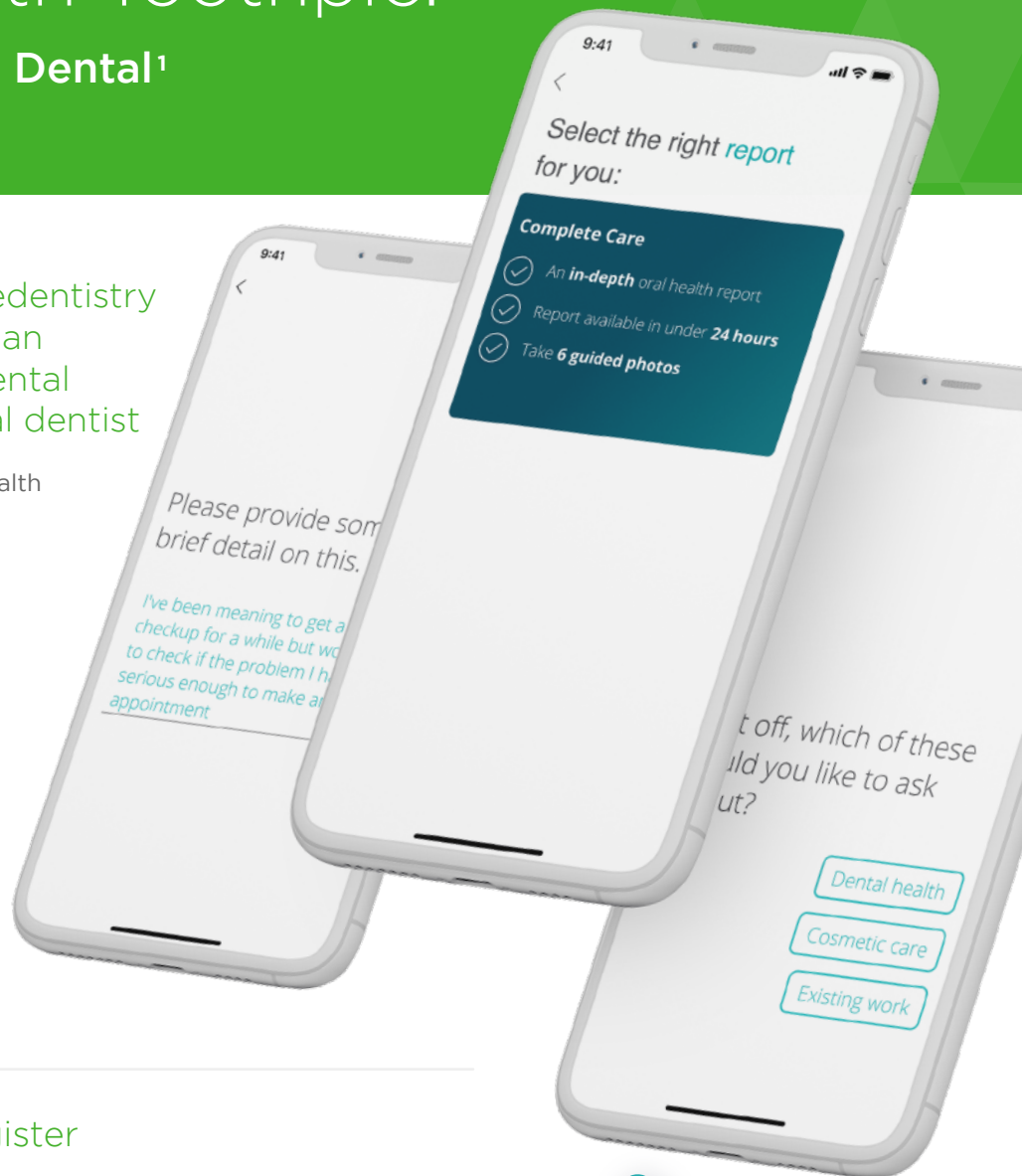
Receive a personalized dental report in under 24 hours, including:

- ✓ A diagnostic screening from a Delta Dental dentist²
- ✓ A review of your photos with issues marked for concern
- ✓ Care and treatment recommendations and access to Delta Dental's provider directory for continued care



How to register

- 1 Scan this QR code with your smartphone or visit deltadental.toothpic.com
- 2 Click on Register Now to create an account and download Toothpic
- 3 Open Toothpic and log in to your account to get started!



1. Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and affiliated companies. Delta Dental is a registered trademark of Delta Dental Plans Association.

2. Deductibles, annual maximums, co-insurance and frequency limitations apply. A Toothpic virtual dental screening will count as one of your diagnostic exams. Most plans cover two diagnostic exams per year.



A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.¹ Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:



Lose
weight



Eat
healthier



Increase
activity



Sleep
better



Manage
stress

Better health is within your reach

You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.



SISC
Self-Insured Schools of California
Schools Helping Schools

Weight loss with Lark

Losing weight can make a big difference in lowering your risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.² As part of the program, you receive a wireless scale at no extra cost to help you track your weight loss progress. Your scale also syncs with the Lark app so you can share updates with your coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if you know it can lead to better health. Your coach can help you stay motivated. Send your coach a message anytime from anywhere and receive an immediate response and extra support when you need it most. During the course of the program, your coach will:

- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize your program based on your food preferences and lifestyle.
- Provide educational information on prediabetes and preventing type 2 diabetes.
- Help you learn about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.



Learn if you are at risk for prediabetes

Go to lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



¹ Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2020): cdc.gov.

² Lark internal data

Diabetes Prevention Program is provided by Lark, 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.



Why are we incentivizing health and wellness? We want you to stick around, and healthy members are happy members!

WHO: Primary Subscribers and Spouses. Subscriber's spouses may also earn the 2023 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, 2023. The award will be given in December 2023.

To Earn Your Incentive:

DO THIS:

Mandatory Wellness Exam

-Between November 1, 2022-October 31, 2023

-Although not required, we encourage wellness exams to be completed at **Prestige Urgent Care** which is included in your Prestige membership at no cost.

Woman's Health Exams done at **Prestige Urgent Care** requires an appointment.

Optional -approved wellness labs ordered at **Prestige Urgent Care** between November 1 and October 31 and done at Quest will be at no cost to the member. There is a limit of one set of no cost labs per incentive year.

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

One dental cleaning with oral assessment

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

Covid-19 Vaccination

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, 2022 to October 31, 2023

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 vaccine (one vaccine only)

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, 2023. If you have any questions call 530-221-6444