



**Certificated
Employees**

HEALTH

WELLNESS

FINANCIAL

2023-2024

EMPLOYEE BENEFITS

October 1, 2023 – September 30, 2024



Welcome to Your Desert Sands Unified School District Employee Benefits!

Desert Sands Unified School District and our consultant, Burnham Benefits, are pleased to provide an array of benefit options to meet the diverse needs of our employees and their families. We have joined Self-Insured Schools of California (SISC) to offer low-cost comprehensive insurance along with built-in wellness and disease management programs. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Risk Management Department at the below numbers or healthbenefits@desertsands.us.

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Desert Sands Unified School District Risk Management Office

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OPEN ENROLLMENT SESSIONS

July 26 through August 23, 2023
Medical, Dental & Vision Plans
Voluntary Plans (except UNUM)

Who May Enroll

All eligible employees working 4 hours or more per day, or teachers working 50% or more, may participate in Desert Sands Unified School District's benefits program. Existing part-time employees who have previously declined medical benefits may participate. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Disabled dependent children over age 26 (with certification form)
- Children under age 26 regardless of student or marital status

Effective Dates / Plan Years

The benefits described in this guide are effective as follows:

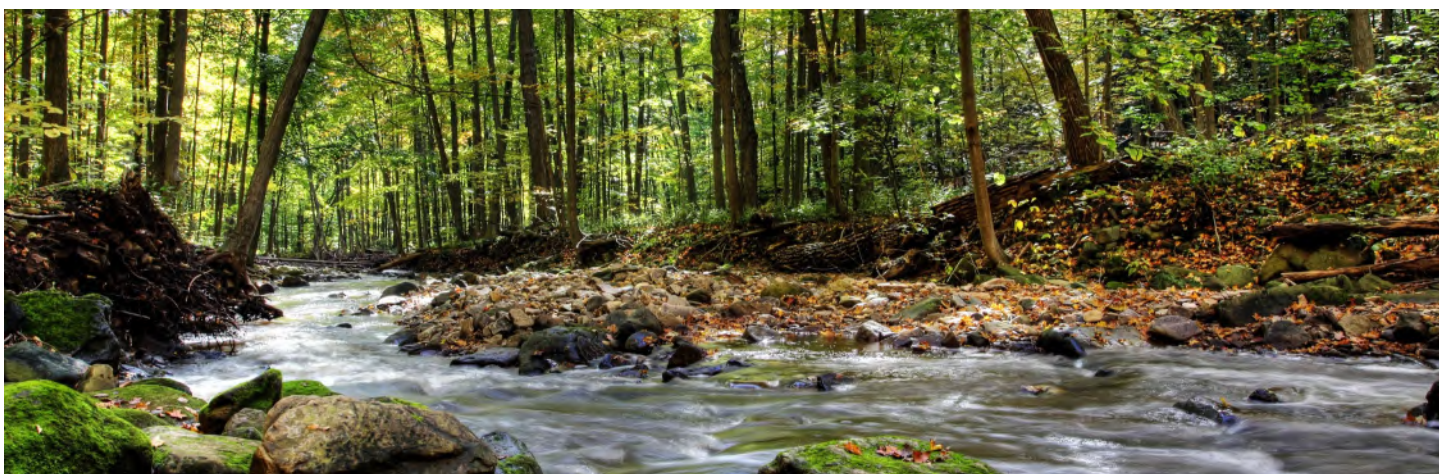
- **Medical:** 10/1/2023 to 9/30/2024
- **Dental & Vision:** 10/1/2023 to 9/30/2024
- **MetLife & Legal:** 10/1/2023 to 9/30/2024
- **UNUM:** 7/1/2023-6/30/2024
- **Voluntary Plans (Including American Fidelity Products & FSA):** 10/1/2023 to 09/30/2024

Opting Out

Self-Insured Schools of California (SISC) requires all employees who work 90% or more of the full-time equivalent for the applicable job classification be enrolled as a subscriber in all SISC benefits offered by the district.

Who May Decline Coverage?

- An eligible employee who works less than 90% of the full-time equivalent for the applicable job classification or receives less than 90% of the amount that is contributed towards an eight-hour full-time employee.
- Active employees who are enrolled in Medi-Cal. Documentation must reflect the effective date of enrollment in Medi-Cal.
- Active employees, who are eligible, enrolled in Medicare Parts A and B must show proof of enrollment.
- Active employees who are enrolled in TRICARE must show proof of enrollment. Documentation must reflect the effective date of enrollment in TRICARE. TRICARE rules should be reviewed before a declination is permitted.
- Active employees, who are eligible, enrolled in a Covered California medical plan and receiving a related subsidy must show proof of enrollment and subsidy.
- If you are a Certificated employee who is currently opting-out of Medical and taking the Tax Sheltered Annuity (TSA) in lieu of insurance, you may continue to opt-out. Please note, if you re-enroll in Medical (whether at this open enrollment or any future open enrollment), you cannot opt-out again going forward. If you continue to opt-out, you may continue with the TSA. To continue to opt-out and take the TSA, you will need to do the following:
 - Complete the TSA form in Risk Management for the new plan year
 - Provide proof of other medical coverage



District Website

You can access medical benefits information whenever you want, from home or any place where you have internet access, by visiting the district website. You'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, benefit information, helpful carrier resources, and more.

The risk management website is located at www.dsusd.us/departments/business_services/risk_management

When You May Enroll in Benefits

Eligible employees may enroll at the following times:

- As an eligible new hire
- Each year, during annual open enrollment
- Within 30 calendar days of a qualifying event

Documents Needed (see page 5)

If you are planning to enroll in medical insurance through the District plan for the first time, you must provide certificates for your dependents ((prior year's Federal Tax Form that shows the couple was married (financial information may be blacked out), county marriage license, birth certificate, court adoption papers, court ordered legal guardianship papers, state registration for domestic partnerships)). When completing the enrollment process, you will need to provide documents to Risk Management before your benefits will be approved. If

you are unable to locate these certificates, please order them now to avoid the rush. You may order certificates at www.usbirthcertificate.net or www.vitalchek.com.



Paying For Your Coverage

You and the District share in the cost of the Medical, Dental and Vision benefits you elect. The Voluntary Benefits you elect will be paid by you at discounted group rates. Your Medical, Dental and Vision contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means that your share of the costs is deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes to Enrollment

Each year, there will be an annual open enrollment period prior to each plan's effective date where you can make new benefit elections for the following plan year. You may change plans, add or remove a dependent if you experience a qualifying event. Examples of qualifying events include, but are not limited to the following:

- Marriage or divorce
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan



Important Note On Qualifying Events

Please note that coverage for a new spouse or newborn child is not automatic. If you experience a qualifying event, you have 30 calendar days to update your coverage and provide the required certificate. Please contact the Risk Management Department immediately to complete the appropriate election forms as needed. If you do not update your coverage within 30 calendar days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Please do not wait until you receive the County certificate to complete the enrollment change form.



Dependent Eligibility Required Documents

The following verification documents are required to enroll a dependent in health benefit plans. SISC 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. If your dependent is in the processing of obtaining a social security number, they may be added.

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 blacked out and just the first page is required showing the employee and spouse's name) For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted. Affidavit of Marriage Form (must be notarized) <u>and</u> marriage certificate required <u>if not able to provide the tax form.</u>
Domestic Partner	<ul style="list-style-type: none"> Certificate of Registered Domestic Partnership issued by the State of California (AB 205 Compliant) SISC Affidavit of Domestic Partnership (when applicable)
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 & child's date of birth) 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*	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's date of birth) Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blacked out) Completed Anthem Disabled Dependent Certification Form Proof of (6) months of creditable coverage under the employee's plan. There can be no break in coverage. <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's date of birth) Prior year's Federal Tax Form that shows child is claimed as an IRS Dependent (Income information may be blacked out.) Completed Kaiser Disabled Dependent Enrollment Application Most recent Kaiser Certification Notice (if available) Proof of (6) months of creditable coverage under the employee's plan. There can be no break in coverage.

*District may require additional documentation but may not require less.



With Optavise, you and your family can access your benefits information whenever you want, from home or anywhere you have Internet access. Use Optavise to make your benefit elections, update your personal information, and to locate important benefits documents.

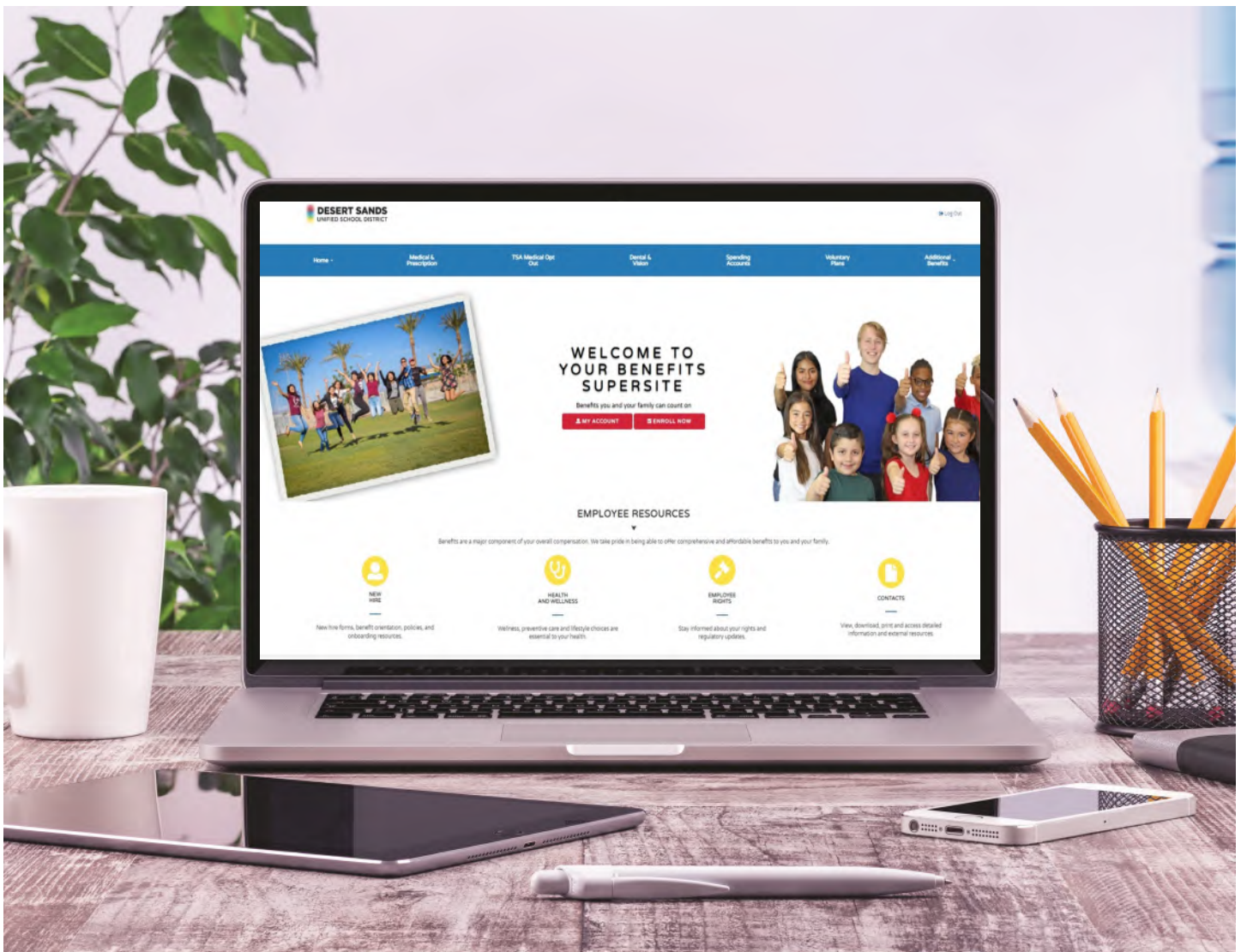
To Enroll or Make Changes to Your Benefits

Go to www.mybensite.com/desertsands to create an account.

New Member Login

- **Create Account:** Verify employee last name, date of birth and last 4 digits of Social Security Number.
- **Email:** An email address is required. If you do not have one, click on the Gmail or Yahoo links to establish a free email account. Your email becomes your username.
- **Password:** Create and confirm your password to complete registration.
- **Existing Member Login:** In the Employee Login section, enter your email address and password, then check the box to agree to the website terms and conditions.

Once you are logged into the website, follow the prompts on each page to complete your benefits enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information. It is very important that you login and verify your personal information, elect or decline coverage for you and/or your dependents, then print your Benefit Confirmation Statement (BCS) for your records.



Medical Plan Options

Desert Sands USD provides you with several plans to choose from:

Kaiser HMO Plan

With the Kaiser Health Maintenance Organization (HMO), you must choose a primary care physician (PCP) within the Kaiser network. All of your care must be directed through your PCP and through a Kaiser facility. Any specialty care you need will be coordinated through your PCP and will generally require an authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the Kaiser medical group, except in the case of an emergency.

Anthem HMO Plan

When you enroll in an Anthem Health Maintenance Organization (HMO), you must select a Primary Care Physician (PCP) who coordinates and manages your health care services. Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under the Anthem HMO, except in emergency situations.

Anthem PPO Plans

When you enroll in an Anthem Preferred Provider Organization (PPO), you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You may use an Anthem Preferred PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

There is also the option of the Anthem Blue Cross Health Savings Account Plan (HSA) PPO Medical Plan which is a HSA compatible plan. This plan requires that you meet an annual deductible before medical and prescription drug benefits are covered. You'll pay only 10% of the cost after you have met the deductible. This plan also meets the requirements for a Health Savings Account (HSA). Call Risk Management or email healthbenefits@desertsands.us for additional details.

Anthem Pharmacy Benefit through SISC

The **Anthem pharmacy benefit** is managed by **Navitus** prescription drugs. If you have any questions regarding your specific medications, you may call Navitus at **1-866-333-2757**.



- ⇒ **Walgreens is EXCLUDED from the SISC Pharmacy Network**
- ⇒ **Anthem Members can take advantage of the \$0 generics through Costco retail or mail order pharmacies (you DO NOT need to be a member of Costco). 30-day or 90-day fills are available.**



Online, Mobile and Phone Access

Manage your care online by registering at www.kp.org or www.anthem.com/ca/sisc. You can locate network providers, manage your claims, obtain health and wellness information and much more.

Once you've registered, download the app for your plan, available on the App Store and Google Play, for on-the-go convenience.

For customer service call:

- Kaiser HMO: **(800) 464-4000**
- Anthem HMO and PPO plans: **(800) 825-5541**

Medical Benefits	Kaiser Traditional HMO 15 Rx 5-20	Anthem Premier HMO 10 Rx 5-20	Anthem Premier HMO 10 Rx 5-20
Network	Kaiser HMO	Select HMO	CACare HMO (full)
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual)			
– Individual	n/a	n/a	n/a
– Family	n/a	n/a	n/a
Medical Out-of-Pocket Maximum			
– Individual	\$1,500	\$1,000	\$1,000
– Family	\$3,000	\$2,000	\$2,000
Coinsurance (Plan Pays)	100%	100%	100%
Office Visit Copay			
– Primary Care Physician	\$15	\$10	\$10
– Specialist	\$15	\$10	\$10
Inpatient Hospitalization	No charge	No charge	No charge
Outpatient Lab and X-Ray	No charge	No charge	No charge
Advanced Diagnostic Imaging	No charge	\$100	\$100
Emergency Services	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)
Urgent Care	\$15	\$10	\$10
Preventive Care	Covered in full	Covered in full	Covered in full
Chiropractic¹		American Specialty Health (ASH): \$10 ¹ (30 visit limit/year combined)	American Specialty Health (ASH): \$10 ¹ (30 visit limit/year combined)
Acupuncture	\$10 (30 visit limit/year combined)		

ALL ANTHEM HMO & PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS (NOT FOR KAISER MEMBERS)

Prescription Drugs Benefits	Kaiser	Network	Costco ³ (walk-in or mail)	Network	Costco ³ (walk-in or mail)
Pharmacy Out-of-Pocket Maximum					
– Individual / Family	Included in medical	\$1,500 / \$2,500		\$1,500 / \$2,500	
Retail - 30 day supply					
– Generic ^{2,3}	\$5	\$5	Free	\$5	Free
– Brand	\$20	\$20	\$20	\$20	\$20
Mail Order/Walk-in - 90 day supply					
– Generic ^{2,3}	\$10 (100 day)	Not covered	Free	Not covered	Free
– Brand	\$40 (100 day)		\$50		\$50
Specialty (30 day limit)	\$20	Navitus: \$20		Navitus: \$20	

¹ Chiropractic visits count toward your physical and occupational therapy 60-Day visit limit.

² If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

³ Some narcotic pain and cough medications are not included with the Costco Free Generics program.

Medical Insurance 2023 – 2024 | PPO Plan Options

Plan changes
effective 1/1/2024
See page 10

Medical Benefits	Anthem PPO 100-B 20 Rx 5-20	Anthem PPO 90-A 20 Rx 7-25	Anthem PPO 80-E 20 Rx 7-25	Anthem HSA \$1500 Rx 9-35 ⁴	
				SINGLE COVERAGE	FAMILY COVERAGE
Calendar Year Maximum	Unlimited	Unlimited	Unlimited	Unlimited	
Deductible (Annual)				SINGLE COVERAGE	FAMILY COVERAGE
– Individual	\$100	\$100	\$300	\$1,500	\$3,000
– Family	\$300	\$300	\$600	n/a	\$3,000
Medical Out-of-Pocket Maximum				SINGLE COVERAGE	FAMILY COVERAGE
– Individual	\$1,000	\$1,000	\$1,000	\$3,000	\$3,000
– Family	\$3,000	\$3,000	\$3,000	n/a	\$6,000
Office Visit Copay	<i>\$0 copay for first (3) PCP visits</i>	<i>\$0 copay for first (3) PCP visits</i>	<i>\$0 copay for first (3) PCP visits</i>		
– Primary Care Physician	\$20	\$20	\$20	Ded, 10%	
– Specialist	\$20	\$20	\$20	Ded, 10%	
Coinsurance (Plan Pays)	100% after deductible	90% after deductible	80% after deductible	90% after deductible	
Inpatient Hospitalization	Ded, then 0%	Ded, then 10%	Ded, then 20%	Ded, then 10%	
Outpatient Lab and X-Ray	Ded, then 0%	Ded, then 10%	Ded, then 20%	Ded, then 10%	
Emergency Services (Copay waived if admitted)	\$100 + Ded; then 0%	\$100 + Ded; then 10%	\$100 + Ded; then 20%	\$100 + Ded; then 10%	
Urgent Care	\$20	\$20	\$20	Ded, then 10%	
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full	
Chiropractic ¹	American Health Specialty (ASH): 0% after ded.	American Health Specialty (ASH): 10% after ded.	American Health Specialty (ASH): 20% after ded.	American Health Specialty (ASH): 10% after ded.	
Acupuncture	Ded, then 0% (12 visit limit/year)	Ded, then 10% (12 visit limit/year)	Ded, then 20% (12 visit limit/year)	Ded, then 10% (12 visit limit/year)	

ALL ANTHEM HMO & PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

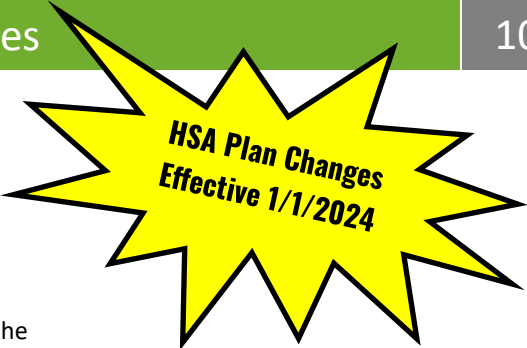
Prescription Drugs	Network	Costco ³ (walk-in or mail)	Network	Costco ³ (walk-in or mail)	Network	Costco ³ (walk-in or mail)	Network	Costco ³ (walk-in or mail)
Pharmacy Out-of-Pocket Maximum	\$1,500 / \$2,500		\$1,500 / \$2,500		\$1,500 / \$2,500		Included in Medical	
– Individual / Family								
Retail - 30 day supply								
– Generic ^{2,3}	\$5	Free	\$7	Free	\$7	Free	Ded, then copay \$9	Ded, then copay Free
– Brand	\$20	\$20	\$25	\$25	\$25	\$25	\$35	\$35
Mail Order/Walk-in - 90 day supply								
– Generic ^{2,3}	Not covered	Free	Not covered	Free	Not covered	Free	Not covered	Ded, then copay Free
– Brand	Not covered	\$50	Not covered	\$60	Not covered	\$60	Not covered	\$90
Specialty (30 day limit)	Navitus: \$20		Navitus: \$25		Navitus: \$25		Navitus: \$35	

¹ Chiropractic visits count toward your physical and occupational therapy 60-Day visit limit.

² If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

³ Some narcotic pain and cough medications are not included with the Costco Free Generics program.

⁴ Deductible & Out-of-Pocket Maximum applies to medical & pharmacy benefits.



Medical Plan Options—HSA \$1500 Mandatory Changes

Name Change from HSA \$1500 to HSA \$1700

The IRS recently announced updated HSA guidelines effective 1/1/24. As a result, the SISC HSA \$1500 plan will adopt the following changes effective 1/1/24:

HSA \$1,500 Current Deductible		HSA \$1,700 Deductible Effective 1/1/2024	
Deductible			
Single Coverage Deductible – Employee only	\$1,500	Single Coverage Deductible – Employee only	\$1,700
Family Coverage Deductible– Individuals enrolled with two or more family members	\$3,000	Family Coverage Deductible – Individuals enrolled with two or more family members	\$3,400
Maximum Deductible per Family	\$3,000	Maximum Deductible per Family	\$3,400

HSA \$1,500 Current OOP Max		HSA \$1,700 OOP Max Effective 1/1/2024	
OOP Max			
Single OOP Max – Employee only	\$3,000	Single OOP Max – Employee only	\$3,400
Family Coverage OOP Max – Individuals enrolled with two or more family members	\$3,000	Family Coverage OOP Max – Individuals enrolled with two or more family members	\$3,400
Maximum OOP per family	\$6,000	Maximum OOP per family	\$6,800

New plan summaries and booklets will be available in late 2023.



Extra Benefits!

All Desert Sands USD Medical Plan Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a Desert Sands USD medical plan (through SISC):



Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. Desert Sands USD provides telemedicine coverage with all medical plans.

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call **(800) 464-4000**
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://healthy.kaiserpermanente.org/southern-california/get-care> to schedule care

Anthem Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- Register under SISC to take advantage of the \$10 copay per visit.
- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call and you can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at **(888) 632-2738**, visit mdlive.com/sisc or download the app from the App Store or Google Play
- **NOTE:** HSA subscribers are responsible for the full cost of the visit until the deductible is met.



Nurse Support

Desert Sands USD provides 24/7/365 Nurse support with all medical plans at no cost to you. Nurses can help:

- Determine if you need to see a doctor either in-person or via telemedicine
- Recommend home health care when appropriate
- Get the answer to health questions for you and your family

Kaiser Advice Nurse—Call **(800) 464-4000** to speak to a Kaiser Advice Nurse at any time

Anthem Blue Cross—Call **(888) 632-2738** MDLive or contact your Provider.



Blue Distinction+ Center for Hip, Knee and Spine Surgery (*Anthem PPO Members*)

The Blue Distinction+ Centers have been designated by the national Blue Cross Blue Shield Association due to their proven track record of providing excellent care, with faster recovery times at a lower cost. **SISC Anthem PPO members MUST use Anthem's Blue Distinction+ Center for hip replacement, knee replacement and spinal surgeries. If you do not have your surgery at a Blue Distinction+ Center, your plan will not cover the procedure.**

Please call **(800) 825-5541** to speak to Anthem Member Service or go to anthem.com/ca/sisc for a specific list of hip, knee and spine procedures that are part of the program or to request assistance obtaining a list of surgeons affiliated with the Blue Distinction+ locations.

If there is no Blue Distinction+ Center within 50 miles from where you live, a travel benefit is available to you. Anthem Customer Service can also connect you to the travel benefit concierge, if applicable.

Continued—Extra Benefits for All Desert Sands USD Medical Plan Members**Expert Medical Opinions—Teladoc Medical Experts**

- A free, 100% confidential benefit available to all Desert Sands USD health plan members
- Access expert guidance. Connect with a physician who guides you through every step in the process and coordinates your review with a team of specialists and your existing physician
- Receive collaborative care. Our team of doctors works with you to develop and deliver a clear diagnosis and treatment plan that's right for you
- Start a case, Submit your request [online](#), in the Teladoc mobile app or by calling **(855) 380-7828**.

**Discounted Gym Memberships**

- With the Active&Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps

Kaiser Members

- 1) Visit kp.org/choosehealthy
- 2) Select either Northern or Southern California
- 3) Standard Fitness Membership: \$28/month

Anthem Members

- 1) Log into www.anthem.com/ca/sisc
- 2) Click "Gym Membership Discount Programs"
- 3) Click "FAQ"

WOW! Working on Wellness Program

Desert Sands Unified School District is committed to promoting the mental, physical and financial wellbeing of our employees. By partnering with SISC and community organizations we can offer a variety of healthy activities and informational programs.

- Flu Shots for SISC medical enrollees
- Health screenings hosted at annual health fair: total cholesterol & high density lipids (TC/HDL), blood pressure, body mass index (BMI) and glucose.



Extra Benefits!

Kaiser Permanente Medical Plan Members

In addition to your medical coverage, you also receive the following benefits when you enroll in the Desert Sands USD Kaiser plan.



Healthy Lifestyle Programs

- You have access to an array of free programs designed to support you in cultivating good health, fitness and well being.
- To learn more and/or join any of them, go to kp.org/healthylifestyles.



Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them.

- Care for Diabetes: Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- Care for Your Health: A customized plan to help you handle medications and treatments, and deal with daily challenges
- Care for Pain: A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.



Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier
- Call **(866) 862-4295** to get started or [click](#) here for more information



ChooseHealthy Discounts

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
- When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
- To get started, go to kp.org/choosehealthy or call **(866) 862-4295**.

Extra Benefits!

Anthem Blue Cross Medical Plan Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a Desert Sands USD Anthem Blue Cross plan.

	<p>24/7 Physician Access—Anytime, Anywhere - MDLive</p> <ul style="list-style-type: none"> Consult with doctors and pediatricians over the phone or using online video for common medical conditions and behavioral health issues. Physicians can prescribe medication when appropriate. Co-pays may apply. 	<ul style="list-style-type: none"> Anthem HMO & PPO members Call (888) 632-2738 Visit mdlive.com/sisc
	<p>24/7 Virtual Primary Care Doctor - Eden Health</p> <ul style="list-style-type: none"> Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat. 	<ul style="list-style-type: none"> Anthem PPO members Excluding HSA members Scan the QR code to download the app, and register for your Eden Health membership.
	<p>Personal Health Coaching - Vida Health</p> <ul style="list-style-type: none"> Anthem Blue Cross plan members have access to one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone. 	<ul style="list-style-type: none"> Anthem HMO & PPO members Call (855) 442-5885 Visit vida.com/sisc
	<p>Free Generic Medications - Costco Prescription Discounts</p> <ul style="list-style-type: none"> Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (<i>narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer</i>). 90 day supplies of free generic medications are available through the Costco mail order program. Costco membership is not required. 	<ul style="list-style-type: none"> Anthem HMO & PPO members Call (800) 774-2678 (press 1) Visit Costco.com
	<p>Physical Therapy for Back or Joint Pain - Hinge Health</p> <ul style="list-style-type: none"> Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. 	<ul style="list-style-type: none"> Anthem PPO members only Call (855) 902-2777 Visit hingehealth.com/sisc
	<p>24/7 Access to Virtual Maternity & Postpartum Support - Maven</p> <ul style="list-style-type: none"> Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns. 	<ul style="list-style-type: none"> Anthem PPO members only Call (855) 442-5885 Visit mavenclinic.com/join/sisc
	<p>Hip, Knee, and Spine Surgical Benefit - Carrum Health</p> <ul style="list-style-type: none"> Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence.” These hospitals and doctors provide for an improved patient experience and top quality, more affordable care. Eligible procedures include; hip replacement, knee replacement, cervical spinal fusion and lumbar spinal fusion. This benefit is exclusive to Scripps Hospital and must be accessed through Carrum Health. 	<ul style="list-style-type: none"> Anthem PPO members only Call (888) 855-7806 Visit carrumhealth.com/sisc
	<p>Enhanced Cancer Benefit - Contigo Health</p> <ul style="list-style-type: none"> If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge. Benefit includes care coordination services with at home provider, transportation, and more. 	<ul style="list-style-type: none"> Anthem PPO members only Call (877) 220-3556 Visit sisc.contigohealth.com

Coordination of Benefits (COB) Description For Dual Coverage with SISC PPO Plans

The advantage of having two SISC PPO plans is the coordination of benefits (COB) on medical. For Medical, the plans would coordinate up to the richest benefits which means the member would have to satisfy the lowest deductible of the two plans and then pay 20% (on the 80% plans) until the deductible on the second plan is satisfied and then coverage would be at 100% (for the rest of the calendar year).

The claims will be submitted to both the primary and secondary insurance so the same eligible charges are working to satisfy both deductibles.

WHEN THE DEDUCTIBLE IS THE SAME AMOUNT FOR BOTH PPO PLANS: Member is responsible for just one deductible amount.

Example: A claim that was submitted allowed the amount of \$200. Both the primary and the secondary will apply the same \$200 to each deductible. The member would owe the \$200, but the deductible on both plans is met.

Once the deductible has been met on both plans, Anthem will begin to pay 80% towards co-insurance while the member would begin paying 20%. With dual coverage the 20% is picked up by the secondary insurance as long as the provider has submitted the claim under both ID numbers. This leaves the member with \$0 responsibility for the remainder of the calendar year.

TWO DIFFERENT DEDUCTIBLES:

For instance, if one plan has a \$200 deductible and the second has a \$400 deductible, the member would be out \$200 once the claim is submitted to both primary and secondary coverages. The member would then only pay 20% until the deductible is satisfied on the second plan.

This would satisfy the deductible and the co-insurance maximum of each plan. Keep in mind that deductibles, co-insurance and office visit or ER co-pays are three separate types of member payments and they do not apply to each other in any way.

For the office visit co-pays, they would be picked up by the other plan if they are both PPO Classic plans. *There is no COB on the outpatient prescription drug plan.*

COB MARRIED COUPLES: While using a participating provider.

- **COB:** The lesser of the deductibles will have to be met before the plan pays. Members will have to satisfy the deductible one time using the same eligible charges. Charges are submitted to the primary & secondary insurance and will be applied towards the deductible first.

- **OFFICE VISIT COPAY:** as long as the Doctor's office bills both insurances that member should not owe office visit copay.

- **CO-INSURANCE:** Once both deductibles are satisfied with the same charges then the co-insurance will be picked up by the secondary plan.

NOTE: Out-of-Network Services: Anthem Blue Cross will pay non-participating fee only one time no matter how many coverage's there are available

Tips For Using Your Medical Plan

1 Utilize your free preventive care benefits to stay healthy:

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

2 Use urgent care centers versus hospital emergency rooms whenever possible:

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE Situations:	Examples of EMERGENCY Situations:
<p>Any illness or injury that would prompt you to see your primary care physician</p> <p>INCLUDING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Accidents and falls • Sprains and broken bones • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma 	<p>Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability</p> <p>INCLUDING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Chest pain* • Seizures • Shock • No pulse • Unconscious or catatonic state • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Severe difficulty breathing or shortness of breath • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

* If you believe you may be experiencing a heart attack, call 911 immediately. Do not drive yourself to the emergency room.

3 Use generic and over the counter drugs when available:

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs.

4 Use the mail-order prescription drug benefit for maintenance medications:

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

PPO Dental Plans

The Delta Dental PPO Plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee. Plan options available:

- Delta Dental PPO 70/30 Dental Plan
- Delta Dental PPO Incentive Dental Plan: Under this plan, Delta Dental pays 70% of the allowed fees for covered diagnostic, preventive, basic, and major services during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each family member, provided that person visits the dentist at least once during the year. If a family member does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If a family member becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Dental

	Delta Dental PPO 70/30		Delta Dental PPO Incentive	
Eligibility	Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists**	Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists**
Deductible (Annual) – Individual / Family – <i>Deductibles waived for D&P and Orthodontics?</i>	None / None n/a	\$25 / \$75 yes	None / None n/a	None / None n/a
Calendar Year Maximum Benefit – <i>D&P counts toward maximum?</i>	Unlimited n/a		\$2,700 per person yes	\$2,500 per person yes
Benefits and Covered Services*				
Diagnostic & Preventive Services (D&P) – Exams, (4) cleanings & x-rays	100%	70%	70% - 100%	70% - 100%
Basic Services – Fillings, posterior composites & sealants	80%	60%	70% - 100%	70% - 100%
Endodontics – Root canals (Covered under Basic Services)	80%	60%	70% - 100%	70% - 100%
Periodontics – Gum treatment (Covered under Basic Services)	80%	60%	70% - 100%	70% - 100%
Oral Surgery (Covered under Basic Services)	80%	60%	70% - 100%	70% - 100%
Major Services – Crowns, inlays, onlays & cast restorations	60%	50%	70% - 100%	70% - 100%
Prosthodontics – Bridges, dentures & implants	60%	50%	70%	70%
Implant Maximums	\$2,000 calendar year		70%	
Orthodontic Benefits (Child(ren) / Adults)	100% \$4,000 Lifetime Maximum		Not covered	
Dental Accident Benefits	100% (Separate \$1,000 maximum per person each calendar year)		100% (Separate \$1,000 maximum per person each calendar year)	

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



Finding a Dental Provider

- **Delta Dental:** Go to www.deltadentalins.com or call (866) 499-3001. Refer to Premier (Incentive) or PPO network when prompted.

Vision Service Plan (VSP)

The Vision Service Plan (VSP) plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP Vision.

Vision	Vision Service Plan (VSP) PPO	
	In-Network	Out-of-Network
Examination		
– Ophthalmologist	\$15 Copay	\$50 Allowance
– Optometrist	\$15 Copay	\$50 Allowance
Lenses		
– Single Vision	100%	\$50 Allowance
– Lined Bifocal	100%	\$75 Allowance
– Lined Trifocal	100%	\$100 Allowance
– Standard Progressive	100%	\$75 Allowance
– Premium Progressive	\$80-\$90 Copay	\$75 Allowance
– Custom Progressive	\$120-\$160 Copay	\$75 Allowance
Frames	\$150 Allowance	\$70 Allowance
Featured Frame Brands	\$170 Allowance	
Costco/Walmart/Sam's Club Frames	\$80 Allowance	
Contact Lenses	(in lieu of frames/lenses)	
- Cosmetic/Elective	\$120 Allowance	\$105 Allowance
Additional Pairs of Eyewear		
Frames and Lenses Copay	\$20 Copay	\$50 Allowance
Frequency		
– Examination	12 Months	
– Lenses	12 Months	
– Frames	12 Months	
– Contact Lenses	12 Months	



Finding a Vision Provider

- **VSP:** Go to www.vsp.com or call **(800) 877-7195** to find a provider near you. VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Eye Care Centers of America / Visionworks, and other affiliate retail providers. Please note, benefits may vary at affiliate locations.



Important Note On Vision Care

Regardless of your age or physical health, it's important to have regular eye exams. Adults should have their eyes tested to keep their prescriptions current and to check for early signs of eye disease. For children, eye exams can play an important role in normal development.

Voluntary Term Life - MetLife

You may elect to purchase Voluntary Term Life insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions. The voluntary life plan comes with will preparation.

Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary. You will be asked to complete a Statement of Health for any amounts exceeding the Guarantee Issue Limit of \$200,000.

Spouse/Domestic Partner (DP)

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$10,000 to a maximum benefit of \$500,000 and may not exceed 100% of your employee election.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts: \$2,500, \$5,000, \$10,000.

Guarantee Issue Amount

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you only during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee** = up to \$200,000
- **Spouse/Domestic Partner** = up to \$50,000
- **Child(ren)** = Entire benefit amount

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during open enrollment as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a Statement of Health and are subject to insurance carrier approval. MetLife may approve or decline additional coverage based on a review of your health history.

Voluntary Term AD&D – MetLife

You may elect to purchase Voluntary Accidental Death & Dismemberment (AD&D) additional insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions. The AD&D policy also comes with a Travel Assistance Program.

Employee

You may purchase coverage for yourself choosing 1 to 10 times your annual salary to a maximum of the lesser of ten times your annual salary or \$500,000.

Spouse/Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available for 60% of the employee elected amount.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your children are available for 25% of the employee elected amount.



Permanent & Term Life Insurance

Desert Sands Unified School District offers you the opportunity to purchase Permanent and or Term Life Insurance at discounted group rates. This plan protects your family or other beneficiaries in the event of your death. Permanent Life is portable, which means that you can keep it should you change jobs or retire, with no increase in premiums as long as the District participates in the group plan. Life options available are through:

- American Fidelity
- American Fidelity (underwritten by Texas Life)

Accident Only Insurance – American Fidelity

American Fidelity's Limited Benefit Accident Only insurance plan may help you with the rising costs associated with an accidental injury or death. Benefits include accident emergency treatment, medical imaging, inpatient confinement, ambulance and more. Several benefit plan options are available.

Cancer Insurance – American Fidelity

If you are diagnosed with cancer, American Fidelity's Limited Benefit Cancer insurance plan may help you maintain your standard of living. Benefit payments can be used however you'd like, including house payments, utilities, and meals/lodging expenses. This policy is portable, which means that you can keep it should you change jobs or retire, with no increase in premiums. Several benefit plan options are available. Please note, this policy must be in place prior to a cancer diagnosis.

Critical Illness Insurance – American Fidelity

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified Critical Illnesses that reoccur will allow for an additional benefit. No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a pre-existing condition. Please contact American Fidelity for additional information.

Disability Insurance – American Fidelity

If you were suddenly faced without a paycheck, would you be fully prepared? Could you afford your expenses while maintaining your current lifestyle? One of the most important assets a person possesses is the ability to earn an income. Disability Income Insurance is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness.

Group Hospital Indemnity – American Fidelity

Hospital Indemnity Insurance helps pay for out-of-pocket costs, like a hospital stay, and benefit are paid directly to you. To learn more, visit americanfidelity.com/info/hospital-indemnity.

Legal Plan – MetLife Legal

Desert Sands Unified School District offers you the opportunity to purchase Legal Services through MetLife Legal Plans at discounted group rates. You pay for this coverage with after-tax dollars through convenient payroll deductions. This plan provides coverage for a number of legal matters such as will preparation, divorce, buying or selling a primary home, document review, civil litigation defense and telephone and office consultations for numerous matters (except employment related), business or pre-existing matters.

Long Term Care - UNUM

Long Term Care Insurance provides benefits to help you pay for care during a chronic illness or if you are unable to perform, without substantial assistance from another individual, two or more activities of daily living such as eating, bathing, continence, dressing toileting, transferring, or if you require substantial supervision by another individual to protect your health and safety due to severe cognitive impairment (such as Alzheimer's disease or mental illness).

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by American Fidelity, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Medical Expense Reimbursement Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$3,050 pre-tax per year. **Note: If you are enrolled in the Anthem Blue Cross HSA-A plan, you are not eligible to enroll in the Medical Expense Reimbursement Account.**

Dependent Daycare Reimbursement Account

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

Enrolling in the FSA

Your current FSA elections will expire on September 30th. If you plan to participate in one or both of the FSAs for the upcoming plan year, you are required to re-enroll.



Important Note On The FSA

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations. On the Dependent Day Care FSA, there is a use-it-or-lose-it rule. This rule means you must forfeit any money left in your account after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year on Dependent Day Care, and remaining balances cannot be carried forward to a future plan year. For the Medical Reimbursement FSA, we now have a \$610 rollover feature going forward for unused funds. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



Flexible Spending Account Video

If you'd like to better understand how the Flexible Spending Accounts work and can help you save money, watch this quick video at <http://video.burnhambenefits.com/fsa>.

Important Employee Information

Premium rates and employee contribution amounts will be provided on a separate document.

For additional information regarding your benefits, go to www.dsusd.us/departments/business_services/risk_management

25% Premium Discount

If you have double coverage through a SISC medical plan, due to you and your spouse/domestic partner both being active SISC subscribers (on a super composite rate), both employees will receive a 25% decrease on their monthly medical premium. This applies when both employees are enrolled in a SISC plan and the discount is based on the basic composite premium.

Are You Turning 65 This Year?

Active employees who are turning 65 years old and become Medicare eligible are allowed to stay on the HSA plan option and continue to receive contributions into their Health Equity Health Savings Account (HSA) so long as they do not enroll in any part of Medicare. IRS guidelines state you may not receive contributions without being subject to penalty. It is the employee's responsibility to stop DSUSD contributions. For additional information on Medicare, please contact (800) 772-1213.

Divorce or Death What You Need to Know

Divorce or death are required reasons to remove a dependent from coverage. Please contact Risk Management within 30 days of the event to complete the process.

Disability Insurance

The District does not participate in a group disability plan for Certificated employees. Individual plans may be obtained through American Fidelity. The premium can be paid through a District payroll deduction.

Summary of Benefits and Coverages (SBC)

Your SISC medical plan Summary of Benefits and Coverage (SBC) document can be found on the risk management website at www.dsusd.us/departments/business_services/risk_management/health_benefits_info.

TSA Information

Employees currently opting-out of medical benefits and taking the Tax Sheltered Annuity (TSA) in lieu of medical insurance may continue to do so for program year 2023-2024. You must update your TSA/Declination form and return it to Risk Management. The form can be found on the Risk Management website.

Desert Sands USD medical plan enrollees and their family members can receive free, confidential assistance with personal or professional problems that may interfere with family or work responsibilities and obligations through the Anthem Employee Assistance Program (EAP). Examples of areas the EAP offers support with includes:

Anthem Blue Cross Employee Assistance Program

Eligibility

Employees participating in SISC and their household members

Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns
- And more

The EAP provides you with up to 6 free counseling sessions for 2 issues per benefit year

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- Your IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CTRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify Specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- **Legal Assist:** A library of articles on legal topics and issues
- **Legal Forms:** 100 legal forms for a variety of family and consumer situations
- **State Specific Legal Forms:** Advanced directives and instructions for each state
- **Estate Planning:** Articles and resources to address estate planning questions
- **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- **PocketSmith Discount:** PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

myStrength

- Helps you learn to reduce stress, anxiety, depression or substance abuse
- Helps keep you motivated with engaging activities that help you learn new ideas

Seminars and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars

Savings Center

- Discount shopping program that is provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items

How to Access EAP Benefits

- Call (800) 999-7222
- Visit www.anthemEAP.com (to log in, enter SISC as the company name).

Help For Non-benefit Eligible Employees

Non-benefit eligible employees may use the Achieve Solutions website (www.anthemEAP.com with the company name as "SISC"). This site offers members with information, tools and other resources on more than 200 topics, including depression, stress, anxiety, alcohol, marriage, grief and loss, child/elder care, work/life balance. Its mission is to help members get credible information, access behavioral health services and resolve personal concerns in a convenient, confidential manner. The content is continually updated to reflect new research, articles and topical material.

Below is the contact information for our benefit carriers. If you are unable to resolve your issues or questions directly with them, please contact the Risk Management Department at healthbenefits@desertsands.us.

Medical - Kaiser Permanente (SISC)

Member Services	(800) 464-4000
Kaiser Permanente Website	www.kp.org
Kaiser Chiropractic/Acupuncture provided by American Specialty Health (ASH)	(800) 678-9133 www.ashlink.com/ash/kp

Medical - Anthem Blue Cross HMO & PPO (SISC)

Customer Service and/or I.D. cards	(800) 825-5541 www.anthem.com/ca/sisc
MDLive (24/7 Physician Line)	(888) 632-2738 www.mdlive.com/ca/sisc
Navitus Prescription Drugs	(866) 333-2757 www.navitus.com
Chiropractic/Acupuncture provided by American Specialty Health (ASH)...	Call # on ID card www.anthem.com/ca/sisc
Blue Distinction+ Center for Hip, Knee and Spine Surgery (PPO members only)	(800) 825-5541 www.anthem.com/ca/sisc
Carrum Health (No cost hip, knee & spine surgeries) (PPO members only)	(888) 855-7806 www.carrum.me/sisc
Health Equity (HSA) Member Services	(866) 346-5800 www.healthequity.com

Value-Added Services (SISC)

Teladoc Medical Experts (All SISC members including Kaiser).....	(855) 380-7828 teladoc.com/sisc
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Dental - Delta Dental PPO and Incentive

Member Services	(866) 499-3001
Delta Dental Website	www.deltadentalins.com

Vision - VSP (Vision Service Plan)

Member Services	(800) 877-7195
VSP Vision Website	www.vsp.com

Employee Assistance Program—Administered through Anthem Blue Cross for Kaiser & Anthem Subscribers

Counselor Services	(800) 999-7222
EAP Website	www.anthemeap.com
Company Name: SISC	

Section 125 Plan / Voluntary Products- American Fidelity

American Fidelity Flexible Spending & Product Accounts	(800) 325-0654 www.afadventure.com
Texas Life	(800) 283-9233

Legal Plan - MetLife Legal

Member Services	(800) 821-6400
MetLife Legal Website	www.legalplans.com

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2023 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Desert Sands Unified School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Desert Sands Unified School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information

Go to www.healthcare.gov

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Desert Sands Unified School District will distribute (via Risk website) all federally required annual notices upon hire and during each annual open enrollment period. Annual notices will also be posted on our district website for you to download and read at your convenience.

Annual Notices Include:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by Desert Sands Unified School District's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of Desert Sands Unified School District's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This regulation is designed to help you better understand and evaluate your health insurance choices.

Note: If you have questions regarding annual notices, please contact the Risk Management Department at healthbenefits@desertsands.us.

Desert Sands USD Section 125 Interest Form for New Hires

Please fill out and return to American Fidelity via
fax (951) 600-0202.

- ☐ I would like information about receiving
my benefits on a pre-tax basis.
- ☐ I would like information on the following
reimbursement accounts:
- ☐ Healthcare Flexible Spending Accounts
 - ☐ Dependent Care Accounts
- ☐ I would like information about the
following benefits*:
- ☐ Accident Only Insurance
 - ☐ Cancer Insurance - Individual
 - ☐ Critical Illness Insurance
 - ☐ Disability Income Insurance
 - ☐ Hospital Indemnity Insurance
 - ☐ Life Insurance
 - ☐ Universal Life Insurance

I'd like an American Fidelity
representative to contact me about
my interests above. **Turn over.**

** These products may contain limitations,
exclusions, and waiting periods.*



Print Name

Email Address

Phone

Date of Hire

Position/Title

Job Location

Preferred method of contact**:

- ☐ Email Address
☐ Phone

*** I consent to being contacted regardless of
my status on any Do-Not-Call List.*

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This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Risk Management Department.