



Date: August 2, 2024
To: SJCOE Retirees (CSEA, Classified, Confidential, Management and Unrepresented Teachers)
From: Jenny Barros, Coordinator, Payroll Services
Subject: **SISC 2024-2025 Open Enrollment – Changes Effective October 1, 2024**

The SISC Health & Welfare Open Enrollment period begins NOW and **ends on Wednesday, August 21, 2024 at 5:00 pm. Payroll Services will be hosting the annual Health Benefits Fair on Thursday, August 8, 2024, from 3:00 pm-5:00 pm** located at the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. Enrollment/Change forms will be available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form.

Benefit Cap Increase - Effective July 1, 2024

- The benefit cap increased to \$1,275.00 per month and is pro-rated based on employees FTE.

***SISC Plans Changes – Effective October 1, 2024**

- New Maintenance Medication Requirement – Members with new maintenance medications must first fill three 30-day prescriptions before transitioning to 90-day fills.
- New! Cancer Care Direct – Enhancement to SISC Oncology Program – Cancer Care Direct offers personalized guidance and support for SISC PPO members facing a cancer diagnosis.

***SISC PPO/Kaiser Plans Reminders**

- Medicare Supplement Plan – Companion Care (see additional information on page 2).
- Split Plan Coverage – If a retiree (or dependent) at least 65 years old and enrolled in Medicare and covers a dependent spouse (or retiree) who is under age 65 and not enrolled in Medicare, the enrollment may be split – one Medicare single rate and one non-Medicare single rate of same or differing benefit plans. Splitting the plans may result in a lower total family cost.
- All out-of-network claims must be submitted for reimbursement within 180 days after the date of service.
- SISC PPO plans (except the HSA plans) – There is no cost (\$0 copay) for the first three visits to a primary care provider each calendar year (January-December).
- SISC PPO Plans – All Inpatient Hip/Knee Replacement & Certain Spine procedures must be performed in a designated Blue Distinction Plus Facility.
- SISC PPO Plans EDEN HEALTH – Offers expanded primary care access through a smart phone application. This benefit enables eligible members (HSA members are exempted) to access care from a primary care provider using their cell phone. This benefit is 100% no cost to eligible members.
- SISC PPO Plans MDLIVE – Allows members to visit with a doctor 24/7 by phone, secure video or MDLive App. This benefit will require a \$10 copay for each visit. Members enrolled in an HSA compliant plan will continue to pay the full cost of the visit until their deductible is met.
- SISC PPO Plans HINGE HEALTH – Join for your back, knee, hip, neck, or shoulder pain. On average, participants reduce their pain by over 60%.
- SISC PPO Plans CARRUM HEALTH – Helps eligible members get surgical care from top hospitals and surgeons in the country. They cover over 100 procedures, including hip/knee replacements and certain spine procedures.
- SISC Kaiser Plan CALM Meditation & Mindfulness App – Free app offers a 10 minute daily Calm meditation.

*Additional information provided in the on-line packet by visiting the following link: <http://sjcoe.org> (under *Departments* select *Business Services, Payroll Services, Health Benefit*)

Medicare Eligible Retirees on SISC PPO Plans

- Retirees and dependents who both become eligible for Medicare Parts A & B and are covered on SISC PPO plans or that may elect PPO coverage, the prescription drug coverage through SISC will require enrollment into the Medicare Part D Rx plan directly through SISC. The prescription drug plans on the 65+ PPO Retiree groups (commonly referred to as Employer Group Waiver Plans or EGWP) will allow for generally broader coverage and discounted premiums. Our Pharmacy Benefit Manager (PBM) Navitus will coordinate with Medicare Part D. Members will be issued two new ID cards: one from Anthem for the medical portion of the benefits and one from Navitus.
- Companion Care (Medicare Supplement plan). Retirees and dependents who both become eligible for Medicare Parts A & B may elect a new SISC Medicare Supplement plan, Companion Care. The prescription drug coverage through SISC is also an EGWP and provides copays similar to the PPO plans and will require enrollment into the Medicare Part D Rx plan directly through SISC. The Pharmacy Benefit Manager (PBM) is also Navitus and will coordinate with Medicare Part D. (Flyer attached).
- If a retiree (or dependent) is age 65 or over and enrolled in Medicare and covers a dependent spouse (or retiree) who is under age 65 and not enrolled in Medicare, the enrollment may be split – one Medicare single rate and one non-Medicare single rate of same or differing benefit plans. Splitting the plans may result in a lower total family cost.

You may access the packet electronically by visiting the following link: <http://sjcoe.org> (under *Departments* select *Business Services, Payroll Services, Health Benefits*). Again, Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form. **You must submit the required forms by the deadline, Wednesday, August 21, 2024 (no exceptions).** Any changes made during the Open Enrollment period will be effective October 1, 2024 through September 30, 2025. If you are not making any changes to your medical, dental and/or vision coverage, no action is required.

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from website, please contact **Payroll Services** at SJCOEPayroll@sjcoe.net.

Attachments

2024-2025 SISC Retiree Plans Rates:

Retiree Status ~ Non-Medicare	PPO 90% Plan E	PPO 80% Plan G	PPO Base Plan L	Kaiser HMO- Includes Vision	
Retiree Only – under 65 no Medicare	\$1,446.00	\$1,276.00	\$1,117.00	\$1,239.00	
Retiree + One - both under 65 no Medicare	\$2,031.00	\$1,791.00	\$1,573.00	\$1,858.00	
Retiree + One – one over 65 w/Medicare, one w/out	\$2,031.00	\$1,791.00	\$1,573.00	\$1,568.00	
Retiree + Family – under 65 no Medicare	\$2,581.00	\$2,276.00	\$1,999.00	\$2,453.00	
Retiree Status ~ with Medicare A & B (Enrollment in Part D directly through SISC)	PPO 100% Plan A Rx 0-35 EGWP	PPO 100% Plan A Rx 200/0-35 EGWP	N/A	*Kaiser HMO Senior Advantage -Includes Vision	Anthem BC Companion Care Medicare Supplement
Retiree Only – over 65 w/ Medicare Part A & B	\$ 579.00	\$ 560.00	N/A	\$ 329.00	\$ 419.00
Retiree + One – both over 65 w/ Medicare Part A & B	\$1,158.00	\$1,120.00	N/A	\$ 658.00	\$ 838.00
Retiree + One – both over 65 w/ Medicare Part A & B plus Family w/Medicare Part A & B	\$1,523.00	\$1,481.00	N/A	N/A	N/A
Delta Dental Plans	Premier (Incentive)	Preferred (PPO)			
Retiree Only	\$ 58.00	\$ 53.00			
Retiree + One	\$116.00	\$106.00			
Retiree + Family	\$153.00	\$139.00			
Vision Plan	EyeMed/ Eye Med Plus				
Retiree Only	\$ 6.40				
Retiree + One	\$12.80				
Retiree + Family	\$19.20				

*Retiree over 65 on Kaiser Senior Advantage covering a dependent that is under 65, the dependent will have a reduced vision benefit.

ESTIMATE YOUR MONTHLY OVER-CAP AMOUNT	
Insert the premium from your plan selection in the lines below.	
Medical Plan	\$
Dental Plan	\$
Vision Plan	\$
Total Premium	\$
Insurance Cap	\$ - 1,275.00
Monthly Amount Due by 15 th	\$

San Joaquin County Office of Education - Non-Medicare Retiree

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC



	90% Plan E-20 9-35	80% Plan G-30 200/10-35	80% Plan L-30 200/10-35	KAISER Vision - 30 10-30
Monthly SINGLE Premium Rate	\$1,446	\$1,276	\$1,117	\$1,239
Monthly DEPENDENT Premium Rate	\$2,031	\$1,791	\$1,573	\$1,858
Monthly FAMILY Premium Rate	\$2,581	\$2,276	\$1,999	\$2,453
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
PREVENTATIVE CARE (Includes Physical Exams & Screenings)	\$0	\$0	\$0	\$0
MEDICAL - CALENDAR YEAR Deductibles & Maximums				
Individual/Family Deductibles * Includes RX	\$300/\$600	\$500/\$1,000	\$2,000/\$4,000	\$0/\$0
Individual/Family Out-of-Pocket (OOP) Max (Includes Medical Deductibles, Co-insurance & Co-pays)	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$1,500/\$3,000
PROFESSIONAL SERVICES				
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care * Primary Care Provider Office Visit Copayment	\$20	\$30	\$30	\$30
	\$0 Copay for the 1st three office visits with PCP in Calendar Year			
Scans: CT - CAT - MRI - PET	10%	20%	20%	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES				
In-Patient Hospital (Prior Authorization Required)	10%	20%	20%	\$0
Outpatient Hospital	10%	20%	20%	\$30
Outpatient Surgery (Performed in Hospital or Surgery Center)	10%	20%	20%	\$30
Emergency Room Visit (Waived if Admitted)	\$100	\$100; then 20%	\$100; then 20%	\$100
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
In-Patient: Facility Based Care (Prior Authorization Required)	10%	20%	20%	\$0
Out-Patient: Facility Based Care (Prior Authorization Required)	10%	20%	20%	\$30
OTHER SERVICES				
Acupuncture (Limits Apply)	10%	20%	20%	\$10/30 visits combined with Chiropractic
Ambulance (Ground or Air)	\$100	\$100; then 20%	\$100; then 20%	\$50
Chiropractic (Limits Apply)	10%	20%	20%	\$10/30 visits combined with Acupuncture
Durable Medical Equipment (DME)	10%	20%	20%	\$0
Physical and Occupational Therapy (Limits Apply)	10%	20%	20%	\$30
PHARMACY BENEFITS				
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500	\$200/\$500	None
Individual/Family Rx Out-of-Pocket (OOP) Max (Includes Rx Deductibles & Co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included with Medical OOP Max
Generic - 30 days supply	Free at Costco \$9 Other Network	Free at Costco \$10 Other Network	Free at Costco \$10 Other Network	\$10-100 day supply
Brand - 30 days supply	\$35	\$35	\$35	\$30-100 day supply
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$30-30 day supply
Mail Order (Generic & Brand - 90 days supply) New maintenance medications require first fill three 30-day prescriptions prior to 90-days	\$0-\$90	\$0-\$90	\$0-\$90	\$10-\$30/100 day supply

* **Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner**



San Joaquin County Office of Education **Non-Medicare Retiree**

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier-Incentive Plan	Delta Dental Plan Preferred-PPO Plan
Monthly SINGLE Premium Rates	\$58	\$53
Monthly DEPENDENT Premium Rates	\$116	\$106
Monthly FAMILY Premium Rates	\$153	\$139
CALENDAR YEAR Deductibles & Maximums	MEMBER PAYS	MEMBER PAYS
Individual/Family Deductibles	\$0/\$0	\$0/\$0
Individual/Family Maximum-Delta Dental PPO dentists	\$1,700	\$1,500
Individual/Family Maximum-Non-Delta Dental PPO dentist	\$1,500	\$1,000
Covered Service	PLAN PAYS	PLAN PAYS
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	100%
Endodontics Root Canals Covered Under Basic Services	70-100%	100%
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prostodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional \$1,000 Benefits	100% Additional \$1,000 Benefits

NOTE: The annual maximum for the Delta Incentive (Premier) plans increases by \$500 when members use a Delta PPO (Preferred) dentist.



San Joaquin County Office of Education **Non-Medicare Retiree**

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC

EyeMed Plan - A- \$0	
Monthly SINGLE Premium Rates	\$6.40
Monthly DEPENDENT Premium Rates	\$12.80
Monthly FAMILY Premium Rates	\$19.20
CALENDAR YEAR Deductibles & Maximums	
	MEMBER PAYS
Individual Copayments	\$0.00
FREQUENCY OF SERVICE	
	PLAN PAYS
Comprehensive Vision Exam	Once Every Calendar Year
Lenses	One Pair Every Other Calendar Year
Frames	One Pair Every Other Calendar Year
Contact Lenses - Non-Elective	One Pair Every Other Calendar Year
Contact Lenses - Elective	One Pair Every Other Calendar Year
BENEFIT ALLOWANCE	
	PLAN PAYS
Comprehensive Examination	100% - Participating Provider
Single Vision Lenses	100% - Participating Provider
Bifocal Lenses	100% - Participating Provider
Trifocal Lenses	100% - Participating Provider
Progressive Lenses	Up to \$89.50 - Participating Provider
Aphakic Monofocal	100% - Participating Provider
Aphakic Multifocal	100% - Participating Provider
Frames	Up to \$150 - Participating Provider
Contact Lenses - Non-Elective	100% - Participating Provider
Contact Lenses - Elective	Up to \$150 - Participating Provider

NOTE: The wholesale frame allowance increased to \$150 to match the retail frame allowance in 2024. This allows members to access their full frame allowance when using Costco, Sam's Club, and Walmart.

San Joaquin County Office of Education - Medicare Retirees

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC



	100% Plan A-0 0-35 EGWP	100% Plan A-0 200/0-35 EGWP
Monthly SINGLE with Medicare Premium Rate	\$579	\$560
Monthly DEPENDENT with Medicare Premium Rate	\$1,158	\$1,120
Monthly FAMILY with Medicare Premium Rate	\$1,523	\$1,481
	MEMBER PAYS	MEMBER PAYS
PREVENTATIVE CARE (Includes Physical Exams & Screenings)	\$0	\$0
MEDICAL - CALENDAR YEAR Deductibles & Maximums		
Individual/Family Deductibles <i>* Includes RX</i>	\$0/\$0	\$500/\$1,000
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance & Co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000
PROFESSIONAL SERVICES		
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care <i>* Primary Care Provider Office Visit Copayment</i>	\$0 <i>\$0 Copay for the 1st three office visits with PCP in Calendar Year</i>	\$20
Scans: CT - CAT - MRI - PET	0%	0%
Diagnostic X-ray & Laboratory Procedures	0%	0%
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
In-Patient Hospital <i>(Prior Authorization Required)</i>	0%	0%
Outpatient Hospital	0%	0%
Outpatient Surgery <i>(Performed in Hospital or Surgery Center)</i>	0%	0%
Emergency Room Visit <i>(Waived if Admitted)</i>	\$100	\$100
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
In-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	0%
Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	0%
OTHER SERVICES		
Acupuncture <i>(Limits Apply)</i>	0%	0%
Ambulance <i>(Ground or Air)</i>	\$100	\$100
Chiropractic <i>(Limits Apply)</i>	0%	0%
Durable Medical Equipment (DME)	0%	0%
Physical and Occupational Therapy <i>(Limits Apply)</i>	0%	0%
PHARMACY BENEFITS - NOW INCLUDES WALGREENS		
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(Includes Rx Deductibles & Co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500
Generic - 30 days supply	\$0	\$0
Brand - 30 days supply	\$35	\$35
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY
Mail Order <i>(Generic & Brand - 90 days supply)</i> New maintenance medications require first fill three 30-day prescriptions prior to 90-days	\$0-\$90	\$0-\$90

* Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner



San Joaquin County Office of Education **Medicare Retirees**

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier-Incentive Plan	Delta Dental Plan Preferred-PPO Plan
Monthly SINGLE Premium Rates	\$58	\$53
Monthly DEPENDENT Premium Rates	\$116	\$106
Monthly FAMILY Premium Rates	\$153	\$139
CALENDAR YEAR Deductibles & Maximums	MEMBER PAYS	MEMBER PAYS
Individual/Family Deductibles	\$0/\$0	\$0/\$0
Individual/Family Maximum-Delta Dental PPO dentists	\$1,700	\$1,500
Individual/Family Maximum-Non-Delta Dental PPO dentist	\$1,500	\$1,000
Covered Service	PLAN PAYS	PLAN PAYS
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	100%
Endodontics Root Canals Covered Under Basic Services	70-100%	100%
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional \$1,000 Benefits	100% Additional \$1,000 Benefits

NOTE: The annual maximum for the Delta Incentive (Premier) plans increases by \$500 when members use a Delta PPO (Preferred) dentist.



San Joaquin County Office of Education **Medicare Retirees**

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC

EyeMed Plan - A-\$0	
Monthly SINGLE Premium Rates	\$6.40
Monthly DEPENDENT Premium Rates	\$12.80
Monthly FAMILY Premium Rates	\$19.20
CALENDAR YEAR Deductibles & Maximums	
MEMBER PAYS	
Individual Copayments	\$0.00
FREQUENCY OF SERVICE	
PLAN PAYS	
Comprehensive Vision Exam	Once Every Calendar Year
Lenses	One Pair Every Other Calendar Year
Frames	One Pair Every Other Calendar Year
Contact Lenses - Non-Elective	One Pair Every Other Calendar Year
Contact Lenses - Elective	One Pair Every Other Calendar Year
BENEFIT ALLOWANCE	
PLAN PAYS	
Comprehensive Examination	100% - Participating Provider
Single Vision Lenses	100% - Participating Provider
Bifocal Lenses	100% - Participating Provider
Trifocal Lenses	100% - Participating Provider
Progressive Lenses	Up to \$89.50 - Participating Provider
Aphakic Monofocal	100% - Participating Provider
Aphakic Multifocal	100% - Participating Provider
Frames	Up to \$150 - Participating Provider
Contact Lenses - Non-Elective	100% - Participating Provider
Contact Lenses - Elective	Up to \$150 - Participating Provider

NOTE: The wholesale frame allowance increased to \$150 to match the retail frame allowance in 2024. This allows members to access their full frame allowance when using Costco, Sam's Club, and Walmart.

COMPANIONCARE MEDICARE SUPPLEMENT PLAN

Benefit Summary

(As of 1/1/2024—Medicare benefits based on Calendar Year)

Services	Medicare 2024 Benefits	CompanionCare Based on 2024 Medicare Benefits
Inpatient Hospital (Part A)	<ul style="list-style-type: none"> Pays all but first \$1,632 for 1st 60 days Pays all but \$408 a day for the 61st–90th day Pays all but \$816 a day Lifetime Reserve for 91st to 150th day Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage) 	<ul style="list-style-type: none"> Pays \$1,632 Pays \$408 a day Pays \$816 a day Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	<ul style="list-style-type: none"> Pays 100% for 1st 20 days Pays all but \$204 a day for 21st to 100th day Pays nothing after 100th day 	<ul style="list-style-type: none"> Pays nothing Pays \$204 a day for 21st to 100th day Pays nothing after 100th day
Deductible (Part B)	<ul style="list-style-type: none"> \$240 Part B deductible per year 	<ul style="list-style-type: none"> Pays \$240
Basis of Payment (Part B)	<ul style="list-style-type: none"> 80% Medicare-approved (MA) charges after Part B deductible 	<ul style="list-style-type: none"> Pays 20% MA charges Including 100% of Medicare Part B deductible
Medical Services (Part B) <ul style="list-style-type: none"> Doctor, X-Ray, Appliances, and Ambulance Lab 	<ul style="list-style-type: none"> 80% MA charges 100% MA charges 	<ul style="list-style-type: none"> Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	<ul style="list-style-type: none"> 80% MA charges up to the Medicare annual benefit amount 	<ul style="list-style-type: none"> Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)
Blood (Part B)	<ul style="list-style-type: none"> 80% MA charges after 3 pints 	<ul style="list-style-type: none"> Pays 1st 3 pints unreplaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Pays 80% inpatient hospital, surgery, anesthetist and in-hospital visits for medically necessary services for 90 days of treatment per hospital stay. For details call Anthem customer service at 1-800-825-5541.

Outpatient Prescription Drugs	Medicare Part D Prescription Drug Plan Through Navitus Health Solutions
Retail Pharmacy Mail Order	<ul style="list-style-type: none"> 30-day supply \$9 Generic co-pay, \$35 Brand co-pay 90-day supply \$18 Generic co-pay, \$90 Brand co-pay
Due to Medicare restrictions the following programs are not available with CompanionCare: <ul style="list-style-type: none"> \$0 generic co-pay at Costco Diabetic supplies for generic co-pay 	<ul style="list-style-type: none"> Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 1-866-270-3877 or TYY users please call 711.

CompanionCare is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the "doughnut hole"

Eligibility: Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A and B) may enroll in CompanionCare.

Enrollment: Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date—NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically disenrolled from those plans.

Disenrollment: Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45-calendar day advance notice of requested effective date. During the annual Medicare D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Medicare D plan outside of SISC will terminate the SISC medical and Rx benefits.

Provider Network: Physicians who accept Medicare Assignment. The plan does not cover excess Medicare Part B charges. Excess charges may occur when receiving services from a provider who does not accept the Medicare Assignment amount.

For additional Medicare benefit information, please go to www.medicare.gov or call 1-800-medicare (1-800-633-4227) For additional Navitus Medicare Rx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Statewide Rate Effective October 1, 2024	Total Cost Per Person
Retirees with Medicare Parts A and B (SISC will enroll members in Part D)	\$419.00

KAISER, NORTHERN REGION—SENIOR ADVANTAGE HMO MEDICARE PLAN

Benefit Summary 2024-2025

Services	Benefits
Ambulance	<ul style="list-style-type: none"> \$50 per trip
Annual Physical Examination	<ul style="list-style-type: none"> No Charge
Acupuncture/Chiropractic	<ul style="list-style-type: none"> \$10 co-pay, 30 combined visits
Dental Care (Delta Care)	<ul style="list-style-type: none"> Not Covered
Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply)	<ul style="list-style-type: none"> 100%
Hearing Examination	<ul style="list-style-type: none"> \$10 co-pay per visit
Hospitalization <ul style="list-style-type: none"> Inpatient Emergency Room 	<ul style="list-style-type: none"> \$0/Admit \$50 co-pay/waived if admitted
Immunizations (includes flu injections and all Medicare-approved immunizations)	<ul style="list-style-type: none"> No charge Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	<ul style="list-style-type: none"> No charge
Manual Manipulation of the Spine	<ul style="list-style-type: none"> \$10 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	<ul style="list-style-type: none"> No charge
Mental Health—Outpatient unlimited visits	<ul style="list-style-type: none"> \$10 co-pay per individual visit \$5 co-pay per group visit
Physician Services/Basic Health Services <ul style="list-style-type: none"> Office visits Consultation, diagnosis and treatment by a specialist 	<ul style="list-style-type: none"> \$10 co-pay per visit \$10 co-pay per visit
Prescription Drugs <ul style="list-style-type: none"> Using Kaiser pharmacies Not subject to doughnut hole 	<ul style="list-style-type: none"> Generic: \$10 co-pay for up to a 100-day supply Brand: \$20 co-pay for up to a 100-day supply
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered in full for 100 days per benefit period
Hospice	<ul style="list-style-type: none"> Covered in full from a Medicare certified hospice
Vision Care <ul style="list-style-type: none"> Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months 	<ul style="list-style-type: none"> \$10 per visit \$10 co-pay per visit \$150 frame and lens allowance every 24 months
X-ray Services	<ul style="list-style-type: none"> No charge
Rate Effective October 1, 2024	Total Cost Per Person
Retirees with Medicare Parts A and B	Northern Region: \$329.00

A school district's geographic location will determine the applicable rate. Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.

Requires continuous enrollment in Medicare Parts A and B

Members *must* live in an approved zip code of the Kaiser California Service Area. www.kp.org



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



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

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

All employees at member districts

Call 800-999-7222

Visit [anthemEAP.com](https://www.anthemEAP.com) and enter SISC



24/7 Virtual Primary Care Doctor

Eden Health

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

Anthem and Blue Shield PPO members

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



Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield members

Call 855-442-5885

Visit [vida.com/sisc](https://www.vida.com/sisc)



24/7 Physician Access—Anytime, Anywhere

MDLive

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

Anthem and Blue Shield members

Call 888-632-2738

Visit [mdlive.com/sisc](https://www.mdlive.com/sisc)



Free Generic Medications

Costco

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

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit [costco.com](https://www.costco.com)





Expert Medical Opinions

Teladoc Medical Experts

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

Anthem, Blue Shield, and Kaiser Permanente members

Call 800-835-2362

Visit teladoc.com/SISC



Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield PPO members

Call 855-902-2777

Visit hingehealth.com/sisc



24/7 Access to Virtual Maternity and Postpartum Support

Maven

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

Anthem and Blue Shield PPO members

Call 855-442-5885

Visit mavenclinic.com/join/SISC



Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield PPO members

Call 888-855-7806

Visit carrumhealth.com/sisc



Enhanced Cancer Benefit

Cancer Care Direct

Get help from a personal oncology nurse who can partner with you on every step of your cancer journey, including a review of your initial diagnosis and development of a care plan.

Anthem and Blue Shield PPO members

Visit cancercaredirect.com



WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

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SISC Main Number		661-636-4410
Secure Document Upload	sisconnect.org	
COBRA	SISCCOBRA@siscschools.org	661-636-4410
Employee Assistance Program	www.anthemeap.com	800-999-7222
Anthem Blue Cross	www.anthem.com/ca/sisc	800-825-5541 or Back of ID Card
Kaiser Permanente HMO	www.kp.org/sisc	800-464-4000
Navitus (Customer Service & Mail Order)	www.navitus.com	866-333-2757
Delta Dental Plan	www.deltadentalins.com	866-499-3001
David Koop, Delta Dental Plan	Dkoop@delta.org	
EYEMED	www.eyemed.com	866-800-5457
Teladoc Medical Experts	www.teladoc.com/sisc	800-835-2362
Anthem Companion Care Retiree Plan		800-825-5541
Kaiser Senior Advantage Retiree Plan		800-443-0815
MDLive	www.mdlive.com/sisc	800-657-6169
Tangee Franco, American Fidelity	Tangee.Franco@americanfidelity.com	800-365-8306
Misha Bothe, American Fidelity	Misha.Bothe@americanfidelity.com	800 365-8306
Jorge Valencia, Legal Shield	valencia@legalshieldassociate.com	707-393-0856
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Charlynn Harless, Legacy Enterprises	charless@legacyconsult.com	209-200-3535

To Order New Identification Cards (ID Cards) See Applicable Plan's Website Above



Updated: July 22, 2024

Active Employees & Medicare

All employees and their dependents, even those employees and dependents age 65 and older, will be covered under the district's plan with primary coverage. Primary coverage means that the district's medical plan pays claims first.

A dependent that is receiving social security benefits and covered under their spouse's district's coverage is not required to enroll in Medicare Part A if the spouse is still an active employee of the district, because the district's plan is primary.

All American citizens that have paid into Social Security for 40 or more quarters are eligible for Medicare Part A premium free. Meaning they are eligible for Part A at no cost.

All American citizens enrolling in Medicare Part B & Part D, must pay a premium for Part B & D coverage. The amount of the premium is means tested, meaning that the amount of each American citizen's premium is based on the individual's annual income.

Three months prior to your 65th birthday active employees and their dependents should meet with a Social Security retirement planner to ensure that when they do retire, they will not experience a delay in receiving their social security benefits and Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse is still employed and covered under the district's medical plan so you are not required to enroll in Medicare Part A, B or D. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty for not enrolling in Medicare when you are first eligible.

Retiree & Medicare

Now that you are retired you will be eligible for Medicare and depending on your agreement with the district you may also be eligible to continue coverage under the district's medical plan with coverage that will supplement Medicare. This means that Medicare will pay your claims first; and then the district's coverage will pay the benefits applicable to the medical plan under which you are enrolled, less the amount Medicare paid.

If you are eligible to continue under the district's medical plan, the district will continue to contribute to the cost of the premium up to the district's contribution cap. As was the case when you were an active employee, if the district's contribution does not cover the entire premium you will be required to pay the district for the difference.

If you are not eligible to remain under the district's plan, you are eligible to enroll in a similar SISC medical plan under the San Joaquin County Schools self-pay retiree plan (RSEMP). Under the RSEMP you will be responsible for paying 100% of the premium.



Updated: July 22, 2024

There cannot be a lapse of coverage between your active enrollment and your enrollment as a retiree. For example, if you lose your coverage as an active employee or district paid retiree on September 30 you must enroll as a retiree or (RSEMP) self-pay retiree effective October 1.

Retiree Mandatory Medicare Enrollment

SISC Retiree PPO Medical Plans

If you or your dependent are eligible to enroll in **Medicare Part A** and you are retired, you are **required** to enroll in Medicare Part A. If you do not enroll in Medicare Part A when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2024 the penalty for not enrolling in **Medicare Part A is \$650 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Part B** and you are retired, you are **required** to enroll in Medicare Part B. If you do not enroll in Medicare Part B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2024 the penalty for not enrolling in **Medicare Part B is \$650 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B** and you are retired, you are **required** to enroll in Medicare Parts A & B. If you do not enroll in Medicare Parts A & B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2024 the penalty for not enrolling in **Medicare Parts A & B is \$1,300 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B**, and you are retired, you are **required** to enroll in **Medicare Part D** if you wish to enroll in a SISC medical plan.

SISC Retiree Kaiser Medical Plans

Kaiser's Senior Advantage Plan is a Medicare Risk plan. This means that you sign a form transferring the cost for all your medical treatment from Medicare to Kaiser.

Kaiser also requires that Medicare eligible employees enroll in Medicare.

Medicare Insurance Coverage

Generally, you are eligible for Medicare benefits if you have worked for at least 10 years in Medicare-covered employment and are 65 years old and a citizen or permanent resident of the United States.

You may qualify for Medicare coverage if you are younger than 65 with a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Approximately three months prior to your 65th birthday you will receive information on your upcoming Medicare eligibility directly from Medicare by regular mail. We encourage you to **read this information carefully.**



Updated: July 22, 2024

Medicare ~ Parts A & B

Medicare has three parts - levels of coverage:

- ✚ Part A ~ Hospital insurance covers inpatient care in hospitals, including critical access hospitals and skilled nursing facilities, hospice, and some home health care (but not for custodial or long-term care).
- ✚ Part B ~ Medical insurance covers doctors, outpatient hospital care and other medical services.
- ✚ Part D ~ Prescription Drug coverage.

Medicare Enrollment

You may not be required to pay for Medicare Part A (premium-free) if you paid enough Medicare taxes while you were working. You may be eligible for premium-free Medicare Part A if:

- ✚ You are under age 65, disabled, and have received benefits from Social Security or the Railroad Retirement Board for at least 24 months based on that disability.
- ✚ You are age 65 or over and have worked at least 10 years under Medicare-covered employment.
- ✚ You are eligible for Medicare because of End-Stage Renal Disease.

If you or your spouse worked less than 10 years in Medicare-covered employment you may still be eligible to enroll in Medicare. You will have to meet certain requirements and pay a premium; your premium amount will depend on how many years you worked. Medicare premiums are subject to change on January 1 each year.

To be eligible for Medicare you must be age 65 or older, a resident of the U.S., and either:

- ✚ A U.S. Citizen, or
- ✚ An alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you meets all other requirements, and

For more information about enrolling in Medicare, you should contact the Social Security Administration at (800) 772-1213.

There are three separate opportunities to enroll in Medicare: the Initial Enrollment Period, the General Enrollment Period, and the Special Enrollment Period.

✚ Initial Enrollment Period

The initial enrollment period for Medicare is a seven-month period that begins three months before the month you turn age 65 and ends three months after you turn age 65.

If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, the initial enrollment period generally begins three months before the 25th month of entitlement.



Updated: July 22, 2024

If you are not already getting benefits from Social Security or the Railroad Retirement Board and you are turning age 65 in the next three months, you can sign up for Medicare when you apply for retirement benefits.

If you do not sign up for Medicare Part B during your initial enrollment period you may have to pay extra for Medicare Part B premium. The cost of Medicare Part B will go up 10% for each full 12-month period that you were eligible for Medicare Part B but did not enroll. You will have to pay this penalty (called a premium surcharge) as long as you have Medicare Part B.

If you do not sign up for Medicare Part B when you are first eligible during the initial enrollment period, you may be able to sign up during two other enrollment periods:

General Enrollment Period

This period runs from January 1 through March 31 of each year. During this time, you can sign up for Medicare Part B at the local Social Security office. If you get benefits from the Railroad Retirement Board, you should call the local RRB office or (800) 808-0772.

Special Enrollment Period

The special enrollment period is available if you are eligible for Medicare based on age 65 or disability but waited to enroll in Medicare Part B because you were working and had group health plan coverage through the district.

CalSTRS

(800) 228-5453 ~ CalSTRS Medicare Premium Payment Program
www.calstrs.com

If you retired prior to January 1, 2001, you are eligible for CALSTRS Medicare Premium Payment Program.

The California State Teachers Retirement System (STRS) offers financial assistance for members that are at least 65 and are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program pays the Medicare Part A premium if the retiree did not pay into Medicare and now is required to pay a monthly premium.

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A without paying a premium and meet the eligibility requirements.

This benefit is not available to your spouse or beneficiary(ies). Federal regulations require that you also enroll in Medicare Part B. You will have to pay the Medicare Part B premium.



Updated: July 22, 2024

As a convenience, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- ✚ Be a retired or disabled CalSTRS member receiving a monthly benefit
- ✚ Age 65 or older
- ✚ Not eligible for premium-free Medicare Part A
- ✚ Enrolled in Medicare Part A and Medicare Part B