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Know Your Benefits!

At Evergreen School District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health is the reason Evergreen School District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we’ve made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid. They are located on the EESD website under “Employee Resources” and “Human Resources” tabs.

The benefits in this summary are effective:

October 1, 2019 - September 30, 2020
Who Can You Cover?

WHO IS ELIGIBLE?

In order to comply with the Affordable Care Act (ACA), Evergreen School District determines your eligibility for medical coverage based on the number of hours you work each month. You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Domestic partners that fall under AB205 must register with the State of California and provide a copy of their Registration. Only opposite sex ages 18-61 are eligible to do the SISC Domestic Partner Affidavit.
- Your children (including your domestic partner’s children):
  - Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
  - A child(ren) to which you have legal guardianship of through the court under the age of 18.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Evergreen School District cannot also be covered as a dependent.
- Employees who work fewer than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new employees begins on the first (1st) of the next month after hire date. New employees can opt of our insurance if they have coverage elsewhere. Open enrollment for current employees is generally held in May. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event. Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election.

Life events include (but are not limited to):
- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce
- Adult dependent not enrolled as full-time student
- Foster Children (foster children are not eligible under SISC medical plans).
- You have 30 days from the qualifying event to make your change
Kaiser HMO Medical Plan

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Kaiser HMO is available to all Certificated, Management and Classified Employees.

<table>
<thead>
<tr>
<th></th>
<th>Kaiser HMO $10 (SISC)</th>
<th>Active and Early Retirees</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$0 per individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 family limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td>$1,500 per individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,000 family limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Max</strong></td>
<td>Unlimited</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Provider</strong></td>
<td>$10 copay then plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$10 copay then plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>$10 per visit: up to 30 visits per calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lab and X-ray</strong></td>
<td>Plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>Plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$10 copay then plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$10 copay then plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$100 copay then plan pays 100% (copay waived if admitted)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

<table>
<thead>
<tr>
<th></th>
<th>Kaiser HMO $10 (SISC)</th>
<th>Active and Early Retirees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay then plan pays 100%</td>
<td></td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$10 copay then plan pays 100%</td>
<td></td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Supply Limit</td>
<td>100 days</td>
<td></td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay then plan pays 100%</td>
<td></td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$10 copay then plan pays 100%</td>
<td></td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Supply Limit</td>
<td>100 days</td>
<td></td>
</tr>
</tbody>
</table>
Kaiser Resources

GET THE RIGHT CARE AT THE RIGHT TIME

With many convenient care options, getting care when you need it, where you need it is easier than ever.

WE’RE ONLINE
Download the free Kaiser Permanente app from the App Store® or Google Play®. Register at kp.org/registernow to:
- See your health record
- Schedule appointments
- Refill or order new prescriptions

PRIMARY CARE
Your primary care provider is your main source for care.
- Routine care
- Follow-up care
- Preventive screenings
- Same-day appointments may be available

VIDEO AND TELEPHONE VISITS
Virtual care options are available for some health concerns. You may be able to see a doctor using your computer or mobile device for:
- Pinkeye
- Minor rashes
- Urinary tract infections

URGENT CARE
When you need to be seen today, get prompt care for nonemergencies, such as:
- Allergies
- Colds and flu
- Cuts, burns, and sprains

24-HOUR ADVICE NURSE
Give us a call. Our advice nurses are here to help answer your questions 24 hours a day, 7 days a week.
All areas..........................1-800-813-2000
TTY......................................711
Language interpretation services..............................................1-800-324-8010

EMERGENCY CARE
Get care for life-threatening or limb-threatening medical or psychiatric conditions, such as:
- Major injuries
- Sudden onset of severe pain
- Severe or persistent bleeding
If you believe you have an emergency medical condition, call 911 or go to the nearest hospital.
Find an acupuncturist, chiropractor, or massage therapist

Get 25% off contracted provider's standard fees when you make an appointment through the ChooseHealthy program. You don’t need a referral from your doctor, and you can see a contracted provider as many times as you want. Here’s how:

1. Choose a contracted provider at kp.org/choosehealthy. Select your area, then click the “ChooseHealthy” link. To search the provider directory, click the “Find a Provider” tab at the upper left. Or call ChooseHealthy at 1-877-335-2746 to check your options.

2. To make an appointment, just contact the ChooseHealthy contracted provider you’d like to see. Be sure to bring your Kaiser Permanente ID card to your appointment.

Join Active&Fit Direct™ – and get moving

The Active&Fit Direct program offers access to fitness center memberships for just $25 a month, plus a $25 enrollment fee.* Choose from more than 9,000 participating fitness centers and instructor-led classes nationwide and start exercising today. Here’s how:

1. Find a participating fitness center near you at kp.org/choosehealthy. Select your area, click the “ChooseHealthy” link, then click “Learn More” in the Active and Fit Center.

2. Click “Enroll Now” to create an account, pay your applicable fees, and join. Your credit card will be charged monthly by Active&Fit Direct and you can cancel any time after the first 3 months on kp.org/choosehealthy.

For more information about ChooseHealthy® offerings:

Call 1-877-335-2746, Monday through Friday from 5 a.m. to 6 p.m. Pacific time

Visit kp.org/choosehealthy.
Blue Shield PPO Medical Plan

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Blue Shield Medical PPO is available to Certificated, Management and Classified Employees.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$0 per individual</td>
<td>$0 per individual</td>
</tr>
<tr>
<td></td>
<td>$0 family limit</td>
<td>$0 family limit</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td>$1,000 per individual</td>
<td>$1,000 per individual</td>
</tr>
<tr>
<td></td>
<td>$3,000 family limit</td>
<td>$3,000 family limit</td>
</tr>
<tr>
<td><strong>Lifetime Max</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Provider</td>
<td>$20 copay then plan pays 100%</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td>Specialist</td>
<td>$20 copay then plan pays 100%</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Plan pays 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>Plan pays 100% (up to 20 visits per year)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Lab and X-ray</strong></td>
<td>No charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100% (non-emergencies: up to $600 per day)</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100% (up to $350 per day)</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$20 copay then plan pays 100%</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$100 copay then plan pays 100% (copay waived if admitted)</td>
<td>$100 copay then plan pays 100% (copay waived if admitted)</td>
</tr>
</tbody>
</table>
UNDERSTANDING YOUR PHARMACY BENEFITS
Members who take stabilized doses of covered long-term maintenance medications — like those used to treat an ongoing condition such as high blood pressure or high cholesterol — can save money by ordering them through Navitus’ mail service partner, Costco Pharmacy, instead of using a retail pharmacy.

| Blue Shield  
| 100-A 20 (SISC)  
| Active and Retirees |
|---|---|---|---|
| **In-Network** | **Out-Of-Network** |
| **Annual Out-of-Pocket Limit** | $1,500 Individual |
| | $2,500 Family |
| Pharmacy |  |
| Generic | $5 copay then plan pays 100% |
| Preferred Brand | $20 copay then plan pays 100% |
| Non-preferred Brand | Not covered |
| Supply Limit | 30 days |
| Mail Order |  |
| Generic | Plan pays 100% |
| Preferred Brand | $50 copay then plan pays 100% |
| Non-preferred Brand | Not covered |
| Supply Limit | 90 days |

WITH THE COSTCO HOME DELIVERY PHARMACY:
- Get your generic medication with a $0 co-payment (excluding some narcotic pain medications and some cough medications).
- You get up to a 90-day supply delivered directly to you — with free standard shipping.
- You can easily order refills online, over the phone or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.

Please contact Costco Home Delivery Pharmacy at pharmacy.costco.com. You may also call 1-800-607-6861 for home delivery forms and instructions. Please note that some pharmacies, such as Walgreens®, may not be in your plan. Log into the member home page at navitus.com to find pharmacies that are in your plan.
Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Blue Shield Anchor Bronze plan is available to Certified Employees and Substitute Teachers only.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue Shield</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2-Tier Anchor Bronze (SISC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Classified Actives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$5,000 per individual</td>
<td>$5,000 per individual</td>
</tr>
<tr>
<td></td>
<td>$10,000 family limit</td>
<td>$10,000 family limit</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td>$6,350 per individual</td>
<td>$6,350 per individual</td>
</tr>
<tr>
<td></td>
<td>$12,700 family limit</td>
<td>$12,700 family limit</td>
</tr>
<tr>
<td><strong>Lifetime Max</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Provider</strong></td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 50% after deductible</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 50% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Plan pays 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>Plan pays 70% (up to 20 visits per calendar year)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Lab and X-ray</strong></td>
<td>Plan pays 70%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>Plan pays 70% after deductible</td>
<td>Plan pay 50% after deductible up to $600 max per day</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Plan pays 70% after deductible</td>
<td>Plan pay 50% after deductible up to $350 max per day</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 50% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$100 copay then plan pays 70% (waived if admitted)</td>
<td>$100 copay then plan pays 70% (waived if admitted)</td>
</tr>
</tbody>
</table>
# Blue Shield Anchor Bronze Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-Pocket Limit</strong></td>
<td>$6,350 (including the medical deductible)</td>
<td>$6,350</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$9 per prescription (after deductible has been met)</td>
<td>$9 per prescription</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$35 per prescription (after deductible has been met)</td>
<td>$35 per prescription</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Supply Limit</td>
<td>30 days</td>
<td>30 days</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$18 per prescription (after deductible has been met)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$90 per prescription (after deductible has been met)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Supply Limit</td>
<td>90 days</td>
<td>90 days</td>
</tr>
</tbody>
</table>

**WITH THE COSTCO HOME DELIVERY PHARMACY:**

- Get your generic medication with a $0 co-payment (excluding some narcotic pain medications and some cough medications).
- You get up to a 90-day supply delivered directly to you — with free standard shipping.
- You can easily order refills online, over the phone or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.

Please contact Costco Home Delivery Pharmacy at pharmacy.costco.com. You may also call 1-800-607-6861 for home delivery forms and instructions. Please note that some pharmacies, such as Walgreens®, may not be in your plan. Log into the member home page at navitus.com to find pharmacies that are in your plan.

You do not have to be a Costco member to use their pharmacy. Just tell the associate at the front door you are going to their pharmacy.
Blue Shield Resources

Fitness Your Way

Get healthy and feel good on your own terms with Fitness Your Way™. The program offers you the flexibility to work out at any network fitness location on a budget that you can live with. Fitness Your Way is available to Blue Shield of California members through Tivity Health™. It’s a flexible, affordable, and accessible way to adopt a healthy lifestyle and remain committed to it. You and your dependents who are age 18 and older are eligible.

Meet your goals

View your gym visits online to keep on track and stay motivated.

On your time

Network includes more than 800 fitness locations in California and over 10,000 nationally.
- Finding locations is quick and easy; visit fitnessyourway.tivityhealth.com/bsc.
- Visit any participating location – anywhere – as often as you like.

On your budget

$25 initiation (one-time fee) and $25 per month, per person.*

Enroll today in Fitness Your Way

1. Go to fitnessyourway.tivityhealth.com/bsc.
2. Click Enroll.
3. Complete the five easy steps to enrollment.

Or you can enroll over the phone at (833) 283-8387, Monday through Friday, 5 a.m. to 5 p.m. Pacific time.

Wellvolution

Tivity Health
Getting Care When You Need It Now

WHEN TO USE THE ER
The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE
Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

WHEN YOU NEED CARE NOW
What do you do when you need care right away, but it’s not an emergency?

Kaiser Permanente Plan Participants
• Call Kaiser’s 24/7 NurseLine at 800-464-4000
• Find an urgent care center by visiting kp.org/SISC

Blue Shield Medical Plan Participants
• Find an urgent care center by visiting blueshield.com/ca/SISC or call 800-657-6169
• Or Download the MDLive app

PREVENTIVE OR DIAGNOSTIC?
Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.
Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.
Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

SISC Expert Medical Opinion Program
Our Expert Medical Opinion program provides medical second opinions from nationally recognized experts specializing in your area of need, with no required travel. This program is fully sponsored by SISC and available at no cost to eligible employees and covered dependents.

Use this program when you or a loved one:
• Have been recommended for surgery or another form of medical treatment.
• Have received a new diagnosis or experienced a change in condition.
• Have an existing condition and are not getting better. Getting started is completely confidential and only takes a few minutes. Call 1-855-201-9925 or visit advance-medical.net/sisc to learn more.
Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Evergreen School District gives you a choice of dental plans.

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental (ACSIG)</th>
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<tbody>
<tr>
<td></td>
<td>DPPO Plan</td>
</tr>
<tr>
<td></td>
<td><strong>In-Network</strong></td>
</tr>
<tr>
<td>Calendar Year</td>
<td>$20 per individual</td>
</tr>
<tr>
<td>Deductible</td>
<td>$60 per family</td>
</tr>
<tr>
<td>Annual Plan Maximum</td>
<td>$2,200 per individual</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
</tr>
<tr>
<td>Diagnostic and</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Root Canals</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>Plan pays 60% after deductible</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Plan pays 60%</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$2,000</td>
</tr>
<tr>
<td>Dependent Children</td>
<td>Covered up to age 26</td>
</tr>
<tr>
<td>Covered up to age</td>
<td>Covered up to age 26</td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>
Delta Dental Resources
DELTA DENTAL MOBILE APP

USING THE APP WITHOUT LOGGING IN
Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in.

LOGGING IN TO VIEW BENEFITS
Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven’t registered, there is a link on the home screen to register for an account. If you’ve forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

SECURELY ACCESS YOUR BENEFITS
You must enter your user name and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link on the Login page of the app.

ONLINE SERVICES - WWW.DELTADENTALINS.COM

- Printable ID cards
- Secure login for benefits and eligibility lookup
- Claims status available to enrollees & dentists
- Dentist directory with maps & driving directions
- Extensive dental health section
- Enrollee section in Spanish
- SmileKids – an interactive site for children
- Fee Finder
- Explanation of Benefits – use it!
- Articles and Quizzes on Oral Health Dental Wire Newsletter

IMPORTANT TIPS

- Pre-Treatment estimate - Make sure you always get one so you know how much you will be paying BEFORE you get to your appointment!
- If you are having extensive dental work done
- Ensuring that a procedure is covered
- To see if you will exceed your maximum
- If you need to plan your payment in advance
- If you would like an advance breakdown of the charges and coverage
**MetLife DHMO Dental Plan**

**Specialty Care Information:** During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider for endodontics, oral surgery, or periodontics; no referral or preauthorization from SafeGuard is required.

Prior authorization from SafeGuard is required for referrals to participating orthodontists and pediatric specialists. Your selected general dentist will submit all required documentation to SafeGuard and SafeGuard will advise you of the name, address and telephone number of a SafeGuard contracted orthodontist or pediatric specialist in your area.

<table>
<thead>
<tr>
<th>MetLife DHMO Plan</th>
<th>In-Network</th>
</tr>
</thead>
</table>
| **Calendar Year Deductible** | $0 per individual  
$0 per family |
| **Annual Plan Maximum** | Unlimited |
| **Waiting Period** |  |
| **Diagnostic and Preventive** | $0 copay then 100% |
| **Basic Services** |  |
| Fillings | $0 copay then 100% |
| Root Canals | $0 copay then 100% |
| Periodontics | $0 copay then 100% |
| **Major Services** | $0 copay then 100% |
| **Orthodontic Services** |  |
| Orthodontia | Not covered |
| Lifetime Maximum | Not covered |
| Dependent Children | Not covered |
| Full-time Students | Not covered |
Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a voluntary vision plan through Vision Service Plan.

<table>
<thead>
<tr>
<th></th>
<th>VSP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Examination</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>$10 copay then plan pays 100%</td>
</tr>
<tr>
<td>Frequency</td>
<td>1 x every 12 months from last date of service</td>
</tr>
<tr>
<td>Materials</td>
<td>$25 copay then plan pays 100%</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td></td>
</tr>
<tr>
<td>Single Vision Lens</td>
<td>Plan pays 100% of basic lens (materials copay applies)</td>
</tr>
<tr>
<td>Bifocal Lens</td>
<td>Plan pays 100% of basic lens (materials copay applies)</td>
</tr>
<tr>
<td>Trifocal Lens</td>
<td>Plan pays 100% of basic lens (materials copay applies)</td>
</tr>
<tr>
<td>Frequency</td>
<td>1 x every 12 months from last date of service</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Reimbursed up to $180, balance plus a plan pays 20% discount from the remaining</td>
</tr>
<tr>
<td>Frequency</td>
<td>1 x every 12 months from last date of service</td>
</tr>
<tr>
<td>Contacts (Elective)</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Reimbursed up to $130 (copay waived; instead of eyeglasses)</td>
</tr>
<tr>
<td>Frequency</td>
<td>1 x every 12 months from last date of service</td>
</tr>
</tbody>
</table>
THE ULTIMATE PROVIDER PLAYLIST

The right song can set the mood, and the right vision provider can set the tone for a great eye care experience. With VSP®, your employees have the freedom to choose a provider they can really groove with.

MORE CHOICES. MORE FREEDOM.

VSP NETWORK PROVIDERS

84K ACCESS POINTS

When it comes to choices, VSP has your employees and their eyes covered with a huge network of independent doctors, popular retailers, and an online option.

Independent Doctors

- 91% offer early morning, evening, and weekend appointments.
- 24-hour access to emergency care.
- Eye Health Management Program®.
- VSP Premier Program gives members the most out of their eye care experience at one location.

Retail Chains

For employees who prefer their favorite retailer, our network includes tons of participating retail chains, including:

Costco Optical

PEARL CO VISION

Visionworks

Buy Online, Anytime!

Want even more options? You got it! Your employees can shop the latest designer glasses and name brand contacts online at Eyeconic.com® with their VSP benefits.

Effortless Out-of-network Shopping.

Saying, “I have VSP,” is all it takes to shop out-of-network. We’ll do the rest!

Enjoy the sweet song of employee satisfaction with true freedom of choice from VSP.
VSP Vision Care members can save up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too.

Hearing loss is growing in the workplace.

Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. Unfortunately, of the over 38 million people who need hearing aids, only one in five has them. And the high cost of hearing aids is a major factor keeping people from addressing their hearing loss.

96% of customers surveyed would recommend TruHearing to their friends and family. *

More Than Just Great Pricing

TruHearing also provides members with:

• Three provider visits for fitting and adjustments
• A 45-day trial
• Three-year manufacturer warranty for repairs and one-time loss and damage replacement
• 48 free batteries per hearing aid

Plus, members get:

• Access to a national network of more than 3,800 hearing healthcare providers
• Straight-forward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
• Deep discounts on batteries shipped directly to their door

Best of all, if your organization already offers a hearing aid benefit, members can combine it with TruHearing prices to reduce their out-of-pocket expense even more!

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or, call 877.396.7194 with questions.

*Based on a 2013 satisfaction study of VSP members.

The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranty regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is solely responsible for the products or services offered by them. Savings based on a survey of national average retail hearing aid prices compared to average TruHearing pricing. Actual customer savings will vary. Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service. Not available in the state of Washington.

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SISC – Advanced Medical
A second opinion service, available to Blue Shield Medical Plan Participants

Make decisions with confidence.

With Advance Medical, the world’s leading doctors consult on your condition so you can make the best possible choices for your health.

This is healthcare made simple!

1. REACH OUT
   Call, email or logon. You will work with a doctor who will guide you through the process from start to finish. Because we are available whenever you are, you can reach out when it is convenient for you.

2. WE COLLECT YOUR RECORDS
   Once you sign the consent form, we collect your records and place them in your secure, private account.

3. EXPERT HELP
   We select doctors based on your medical questions who reviews your medical records, verify a diagnosis and treatment plan and even find you a new specialist.

4. GET ANSWERS
   Advance Medical compiles a report with specific answers to all your medical questions and concerns. Your Advance Medical doctor will review your report with you to make sure you have an understanding of the recommendations to help you move forward.

5. YOU DECIDE
   You now have expert recommendations based on your specific concerns so you can make the medical decisions that are best for you!

Confirming a diagnosis and treatment may help you:
- Feel confident in your diagnosis
- Prevent a needless surgery
- Avoid missed work time
- Save out-of-pocket costs on unnecessary care
- Verify prescription appropriateness
- Experience better health
- Find peace of mind

Advance Medical is 100% confidential and made available to you at no cost by your company.

Learn more by asking your HR department or visiting advance-medical.net
SISC – MDLIVE
Available to Blue Shield Medical Plan Participants

Welcome to MDLIVE!
You’re eligible, so activate your account today.

- Consult with a board-certified doctor by phone, secure video, or MDLIVE App—anytime, from anywhere. Licensed behavioral health professionals also available by appointment via secure video.

- Average wait time is less than 10 minutes to see a state-licensed, board-certified physician averaging 15 years of practice experience.

- Your covered family members are also eligible, and we have pediatricians available 24/7.

Non-emergency conditions we treat:

General Conditions - $5 copay
- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever*
- Headache
- Insect bites
- Nausea / Vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems / UTI*
- Vaginitis
- And more

Behavioral Health - $5 copay
- Addictions
- Bipolar disorders
- Child and adolescent issues
- Depression
- Eating disorders
- Gay, Lesbian, Bisexual, Transgender issues
- Grief and loss
- Life changes
- Men’s issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma and PTSD
- Women’s issues
- And more

*prescriptions can be sent to your local pharmacy if required for medical conditions. Anthem and BlueShield FMO and HMO members are eligible for MDLIVE services.
Anthem and BlueShield HSA members will pay the entire cost of the visit until their plan deductible has been satisfied.

ACTIVATE your account online or by phone.
MDLIVE.com/SISC
+1 800-657-6169

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SISC – MDLIVE, continued
Available to Blue Shield Medical Plan Participants

Welcome to MDLIVE Behavioral Health!

Managing stress or life changes can be overwhelming but it’s easier than ever to get help right in the comfort of your own home. Visit a counselor or psychiatrist by phone, secure video, or MDLIVE App.

Talk to a licensed counselor or psychiatrist from your home, office, or on the go!

Affordable, confidential online therapy for a variety of counseling needs.

The MDLIVE app helps you stay connected with appointment reminders, important notifications and secure messaging.

Your COPAY is just
Your copay for medical and behavioral health consultations is $5
*MDLIVE is not available to Kaiser members

Your doctor will send prescriptions (if medically necessary) to your nearest pharmacy.

We can help you address:

- Addictions
- Bipolar Disorders
- Child and Adolescent Issues
- Depression
- Eating Disorders
- Grief and Loss
- Life Changes
- Men’s Issues
- Panic Disorders
- Parenting Issues
- Postpartum Depression
- Relationship and Marriage Issues
- Stress
- Trauma and PTSD
- Women’s Issues
- And more

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

MDLIVE.com/sisc
1-800-657-6169
SISC - Carrum Health
Available to Blue Shield Medical Plan Participants

Need surgery? Get the care you deserve with your new Carrum Health benefit!

- Personalized “Concierge” support for PPO Plan members
- Access to top-quality surgeons at Scripps
- No medical bills! Co-insurance and deductibles are waived*
- Travel expenses are covered

Eligible procedures include:
- Knee Replacement
- Hip Replacement
- Spinal Fusion

Contact us at:
1-888-855-7806

*Due to IRS regulations, on HSA plans the deductible applies but coinsurance is waived
SISC – Employee Assistance Program
Available to both Kaiser and Blue Shield Medical Plan Participants

Employee Assistance Program

Have questions about home, work or family?
Maybe you’re a few months behind on bills and want to get back on track. Or you’re new to town and looking for a daycare center. Whatever your concern, a call to the Employee Assistance Program (EAP) can help you through it.

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

How we can help
When you or a household member contacts us, we’ll work with you to figure out the next steps. If you need counseling, we can arrange several free visits with a licensed professional. If you have money or legal questions, we can put you in touch with a financial advisor or a lawyer.
If online help is more your style, visit anthemEAP.com. You’ll find articles, checklists, quizzes and other helpful tools. You can browse resources, attend a webinar or take an online class—right at your own desk. Here are just some of the topics covered:

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

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

Have there been a few bumps in the road?
EAP can help smooth it out. Call 800-999-7222 or go to anthemEAP.com and enter SISC.
SISC – Solera4me
Available to Blue Shield Medical Plan Participants

Diabetes Prevention Program

Did you know that one in three people are at risk for developing type 2 diabetes? With the Diabetes Prevention Program, you can learn more about wellness, make changes to start losing weight and reduce your risk of developing type 2 diabetes.

Within just a few weeks, this new Wellvolution® program can help you form healthy habits that last a lifetime.

When you enroll, you get to choose the type of support you prefer, whether it’s in-person, online or even through a smartphone app.

Are you at risk for diabetes or prediabetes?

More than 86 million Americans have prediabetes – and most don’t even know it. Prediabetes means that blood sugar levels are higher than normal, but not high enough yet to be classified as type 2 diabetes.

There are certain factors that can increase the risk of developing diabetes or prediabetes:

• **Weight**: Having a body mass index (BMI) over 25
• **Age**: Being age 40 or older
• **Family history**: Having a parent or sibling with diabetes
• **Ethnicity**: Being of Hispanic or African American origin
• **Activity level**: Having a more sedentary lifestyle

Start the journey to a healthier you with a one-minute quiz

Make lasting lifestyle changes with the new Diabetes Prevention Program. Simply take a short quiz to find your risk level. If you qualify, you’re ready to begin!

Ready to take the first step? Visit [www.solera4me.com/shield](http://www.solera4me.com/shield).
SISC – solera4me, continued
Available to Blue Shield Medical Plan Participants

Helpful tools and features
Most participants lose 5% to 7% of their total body weight during the program through healthier eating and more physical activity.

This type of weight loss results in a 58% risk reduction in developing diabetes, according to the Centers for Disease Control and Prevention.

To help you reach your goal, the Diabetes Prevention Program typically offers:
- Access to a personal health coach
- Easy-to-understand tips
- Tools like wireless scales or activity trackers

Support that’s right for you
Blue Shield offers the Diabetes Prevention Program with Solera Health. Solera provides many different program options to choose from.

In-person
Provides support within a small group setting, including in-person access to a health coach.

Online
Provides digital access to a health coach and peer support from other program members.

Smartphone
Offers an all-mobile experience with real-time, in-app support and guidance.

See if you qualify
The Diabetes Prevention Program is available as a year-long covered benefit to eligible Blue Shield members, at no additional cost.

It only takes a minute to see if you’re eligible to take part in the program.

2. Answer a handful of questions.
3. Discover your risk for diabetes.
4. Select the program you prefer.
5. Start the path to a healthier you!

Programs you can select may include:
- Weight Watchers
- Healthslate®
- Jenny Craig
- Noom®
- RetrofitSM
- Skinny Gene Project
- And more

More ways to kick-start your health
The Diabetes Prevention Program is part of Wellvolution, the simplest way to work wellness into your day.

With a range of different offerings, Wellvolution can help you learn about your health and help you improve your well-being. Visit mywellvolution.com for more information.
MEET BEN-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips - your smartphone. Ben-IQ is available for Android and iPhone. Simply download Ben-IQ and enter the Employer Key:

- Key: EESD

Take a tour of Ben-IQ and review plan summaries, and important contacts like our nurse line and EAP. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members and caregivers too. For technical assistance, email beniq@alliant.com or call 888-778-4567

USING BEN-IQ:
Open the app any time you need benefits plan information, like:

- Plan summaries
- The estimated cost of a procedure
- Your stored plan ID cards
- Your nurse line number
- Your insurance company's phone number
- Definitions of healthcare terms
- How do I log in
- Wellness tips
- Access to helpful videos

Q: How do I get Ben-IQ?
A: If you have an iPhone or Android phone, it's as easy as 1-2-3.
   1. If you have an iPhone, go to the Apple App Store; if you have an Android phone, visit Google Play
   2. Search for “Ben-IQ”
   3. Download and install the app
   It’s free—just read and agree to the Terms & Conditions, and you’re all set.

Q: How do I log in to Ben-IQ?
A: Log is using the Key: EESD

Q: How do I use Ben-IQ?
A: Anytime you need plan information. Ben-IQ's got a wealth of information right at your fingertips.

Q: Will Ben-IQ work on my iPad?
A: Yes! Although Ben-IQ is optimized for the iPhone, it also works on your iPad. You do NOT need to have an iPhone to download and use the iOS version of Ben-IQ. To download it to your iPad, type “Ben-IQ” in the App Store search box. On the top of the search results screen, tap the “iPad Only” menu and change it to “iPhone only”. When you run the app, you’ll notice that it’s formatted to fit an iPhone screen. But you may tap the “2x” button to enlarge the view.
# Plan Contacts

If you need to reach our plan providers, here is their contact information:

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Policy Number</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser</td>
<td>992</td>
<td>(800) 464-4000</td>
<td>kp.org/sisc</td>
</tr>
<tr>
<td>Blue Shield</td>
<td>992</td>
<td>(855) 256-9404</td>
<td>bluesshieldca.com/sisc</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>2573</td>
<td>(800) 765-6003</td>
<td>deltadentalins.com</td>
</tr>
<tr>
<td>MetLife</td>
<td>5753753</td>
<td>(800) 638-5433</td>
<td>metlife.com</td>
</tr>
<tr>
<td>VSP</td>
<td>30067717</td>
<td>(800) 877-7195</td>
<td>vsp.com</td>
</tr>
<tr>
<td>Navitus Health Solutions</td>
<td>N/A</td>
<td>(800) 607-6861</td>
<td>Navitus.com</td>
</tr>
<tr>
<td>AnthemEAP</td>
<td>N/A</td>
<td>(800) 999-7222</td>
<td>AntehmEAP.com</td>
</tr>
</tbody>
</table>
Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if you understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in a calendar year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the calendar year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.
Annual and Medicare Part D Notices

Important Notice from Evergreen School District About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Evergreen School District and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Evergreen School District has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, Evergreen School District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under health plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Evergreen School District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Evergreen School District and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**
Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Evergreen School District changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](http://medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](http://socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

---

Date: July 1, 2019  
Name of Entity/Sender: Evergreen School District  
Contact-Position/Office: Carole Schmitt  
Address: 3188 Quimby Road, San Jose, CA  
Phone Number: (408) 270-6816
Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Newborns’ & Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Evergreen School District health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Evergreen School District health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.
If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Evergreen School District health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

**Availability of Privacy Practices Notice**

We maintain the HIPAA Notice of Privacy Practices for Evergreen School District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the Human Resources Department.

**Notice of Choice of Providers**

Your health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your health plan directly. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the health plan.

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP
office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2019. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
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| Website: http://myalhipp.com/  
Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/  
Phone: 1-877-357-3268 |

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<tr>
<th>ALASKA – Medicaid</th>
<th>GEORGIA – Medicaid</th>
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| The AK Health Insurance Premium Payment Program  
Website: http://myakhipp.com/  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507 |

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<tr>
<th>ARKANSAS – Medicaid</th>
<th>INDIANA – Medicaid</th>
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| Website: http://myarhipp.com/  
Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64  
Website: http://www.in.gov/fssa/hip/  
Phone: 1-877-438-4479  
All other Medicaid  
Website: http://www.indianamedicaid.com  
Phone 1-800-403-0864 |
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<tr>
<th>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
<th>IOWA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
<td>Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></td>
</tr>
<tr>
<td>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</td>
<td>Phone: 1-888-346-9562</td>
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<tr>
<td>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus</td>
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<tr>
<th>KANSAS – Medicaid</th>
<th>NEW HAMPSHIRE – Medicaid</th>
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<tr>
<td>Phone: 1-785-296-3512</td>
<td>Phone: 603-271-5218</td>
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<tr>
<th>KENTUCKY – Medicaid</th>
<th>NEW JERSEY – Medicaid and CHIP</th>
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<tbody>
<tr>
<td>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
</tr>
<tr>
<td>Phone: 1-800-635-2570</td>
<td>Medicaid Phone: 609-631-2392</td>
</tr>
<tr>
<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>CHIP Phone: 1-800-701-0710</td>
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<tr>
<th>LOUISIANA – Medicaid</th>
<th>NEW YORK – Medicaid</th>
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<tr>
<td>Website: <a href="http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331">http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
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<tr>
<td>Phone: 1-888-695-2447</td>
<td>Phone: 1-800-541-2831</td>
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<tr>
<th>MAINE – Medicaid</th>
<th>NORTH CAROLINA – Medicaid</th>
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<tr>
<td>Phone: 1-800-442-6003</td>
<td>Phone: 919-855-4100</td>
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<tr>
<td>TTY: Maine relay 711</td>
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<tr>
<th>MASSACHUSETTS – Medicaid and CHIP</th>
<th>NORTH DAKOTA – Medicaid</th>
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<tr>
<td>Phone: 1-800-862-4840</td>
<td>Phone: 1-844-854-4825</td>
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<tr>
<th>MINNESOTA – Medicaid</th>
<th>OKLAHOMA – Medicaid and CHIP</th>
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<tr>
<td>Phone: 1-800-657-3739</td>
<td>Phone: 1-888-365-3742</td>
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<tr>
<th>MISSOURI – Medicaid</th>
<th>OREGON – Medicaid</th>
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<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Phone</th>
</tr>
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<tbody>
<tr>
<td>MONTANA</td>
<td><a href="http://mhd.participants/pages/hipp.htm">http://mhd.participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
<td></td>
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<tr>
<td>NEBRASKA</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>(855) 632-7633</td>
<td></td>
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<tr>
<td>RHODE ISLAND</td>
<td><a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a></td>
<td>855-697-4347</td>
<td></td>
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<tr>
<td>NEVADA</td>
<td><a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a></td>
<td>1-800-992-0900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
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<tr>
<td>SOUTH DAKOTA</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
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</table>
To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.