



2016 – 2017 Health Benefits Renewal

We are public school employees. Just like you.

Self-Insured Schools of California (SISC) was established in 1979. We operate as a public school Joint Powers Authority (JPA) administered by the Kern County Superintendent of Schools. Our staff members are certificated and classified public school employees covered under the same benefit programs as our membership. This gives us a unique and personal perspective into how best to serve our members.

Unlike some pools, SISC is subject to the Brown Act. We are a transparent operation. All of our board meetings are open to the public and our financial statements are a matter of public record. Representatives from district unions attend our board meetings on a regular basis.

SISC is run in the best interests of our membership. We do not receive sales commissions. Our focus is on the value we provide to our members—not perks, politics or a profit margin.

SCHOOLS HELPING SCHOOLS

Joining together with other schools provides SISC members with the most stable long-term insurance solutions available. Our 35-year commitment to providing access to quality health care at affordable rates has helped our program grow into the largest public school pool in the United States.

“Our SISC account manager is very personable and a great listener. She has always been there for me.”

— Susan, Member, California School Employees Association

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Dear Members,

If it's springtime, then it's time for us to meet with our members to review our renewals and go over changes that will be taking place in the coming months.

SISC is a public entity staffed by certificated and classified public school employees. We understand and support the needs of our members. The October 1st renewals are delivered by region in March and early April in order to provide you with adequate time to prepare for the coming year.

SISC is the largest public school pool in the United States. We continue to run well and are able to deliver another stable renewal with no surprises.

We are always analyzing our costs and looking for areas where wasteful spending may be occurring. When we find problems, we work with our carriers to implement changes to ensure the problems don't continue. Last year we made plan changes to eliminate fraud and waste and also promote the use of high quality, high value providers.

This year we have only minimal changes to the plan designs, however; we are excited about introducing a new benefit that will continue to promote high quality healthcare for our members. After a lengthy evaluation process we determined that an organization called Grand Rounds could provide our members with valuable new services.

Grand Rounds will provide our members with:

- **Access to second opinions from world-class physicians**
- **Assistance in scheduling office visits with high quality providers**

These new services will be available to all members enrolled in our PPO, HMO and Kaiser Plans effective April 1st.

More details about this new benefit will be shared at our renewal meetings.

We appreciate your membership in SISC and thank you for making our motto "Schools Helping Schools" a reality.

Sincerely,

A handwritten signature in black ink, appearing to read 'John O. Stenerson', is written in a cursive style.

John O. Stenerson
Deputy Executive Officer

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New Program Features

GRAND ROUNDS - SISC is introducing a **NEW benefit effective April 1, 2016** for members enrolled in any SISC PPO, HMO, or Kaiser medical plan. The benefit consists of two major components:

GRAND ROUNDS OPINIONS – A written second opinion delivered from a world-leading expert specializing in the area of need. Members should use Grand Rounds when they:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find themselves confronting a complex medical condition
- Would like their medications or treatment plan reviewed
- Are scheduled for surgery or major procedure

GRAND ROUNDS VISITS – An in-person office visit with a highly-ranked physician in the patient's insurance network. Members and their covered dependents should use Grand Rounds when they:

- Want to see a physician in-person, within their insurance network
- Recently moved and need to find new doctors
- Are looking for new doctors for their children
- Need to see a new type of specialist

2016-2017 Medical and Pharmacy Renewals

The cost of delivering medical care is unique to various areas throughout the state. SISC provides regional rating adjustments to account for those differences. Your district's renewal Rates at a Glance will be posted to HealthX once available. Medical plan rate grid options are provided with renewal and may be requested through your Account Management Team. The following recap provides some background.

Hospital costs are soaring



Over the past two years, the average inpatient cost per day has increased 22.6%. The average outpatient cost has gone up 17.1%.



Fortunately, during this same time period, inpatient utilization has been going down. Due to fewer hospital admissions and shorter hospital stays we have seen a 17% reduction in days of care. This has helped mitigate soaring costs.

Our concern is for the future. If costs continue to soar without further decreases in utilization, then the total cost of care will rise at a significantly higher rate than the past couple of years.

Catastrophic Claims

A very small number of members who experience catastrophic medical problems account for a significant portion of the program's cost. Following are results for the past year:

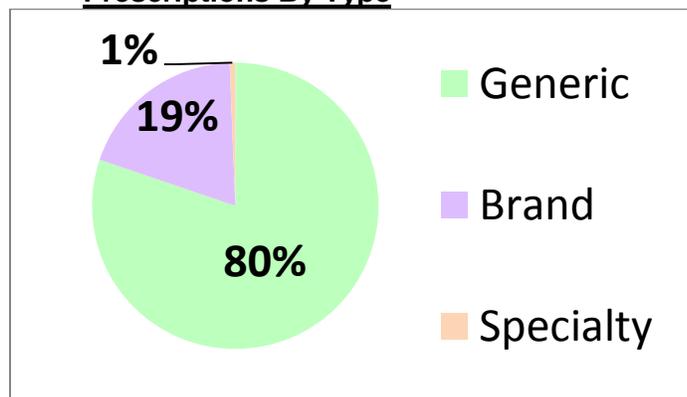
| Annual Claims Paid | # of members | % of membership | Annual Cost | % of Annual Cost | Average Annual Cost |
|--------------------|--------------|-----------------|---------------|------------------|---------------------|
| > \$150,000 | 575 | 0.3% | \$178,323,636 | 23.0% | \$310,128 |
| < \$150,000 | 203,246 | 99.7% | \$598,561,448 | 77.0% | \$2,945 |

Pharmacy Program Overview

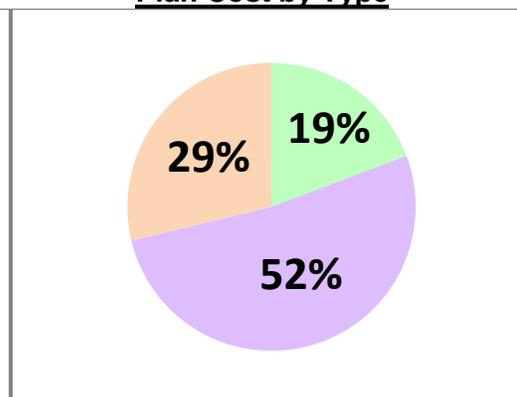
Last year:

- 203,821 SISC members were covered.
- Over 2,320,000 million prescriptions were filled.
 - An average of 11.4 prescriptions / member / year.
- The total plan paid amount was almost \$200,000,000.
 - Almost \$1,000 / member / year.

Prescriptions By Type



Plan Cost by Type



Specialty Medications

Specialty medications have become a vital part of the treatment for chronic illnesses and complex diseases such as multiple sclerosis, rheumatoid arthritis and cancer. These medications tend to be high-cost injectable, infused or inhaled medications that generally require special handling.

In an effort to ensure they are used appropriately and to limit waste, they may be subject to special rules such as quantity limits, prior authorization and/or step therapy. Some medications involve special delivery and instructions that few pharmacies can provide. These medications require personalized coordination between the member, the prescriber and pharmacy.

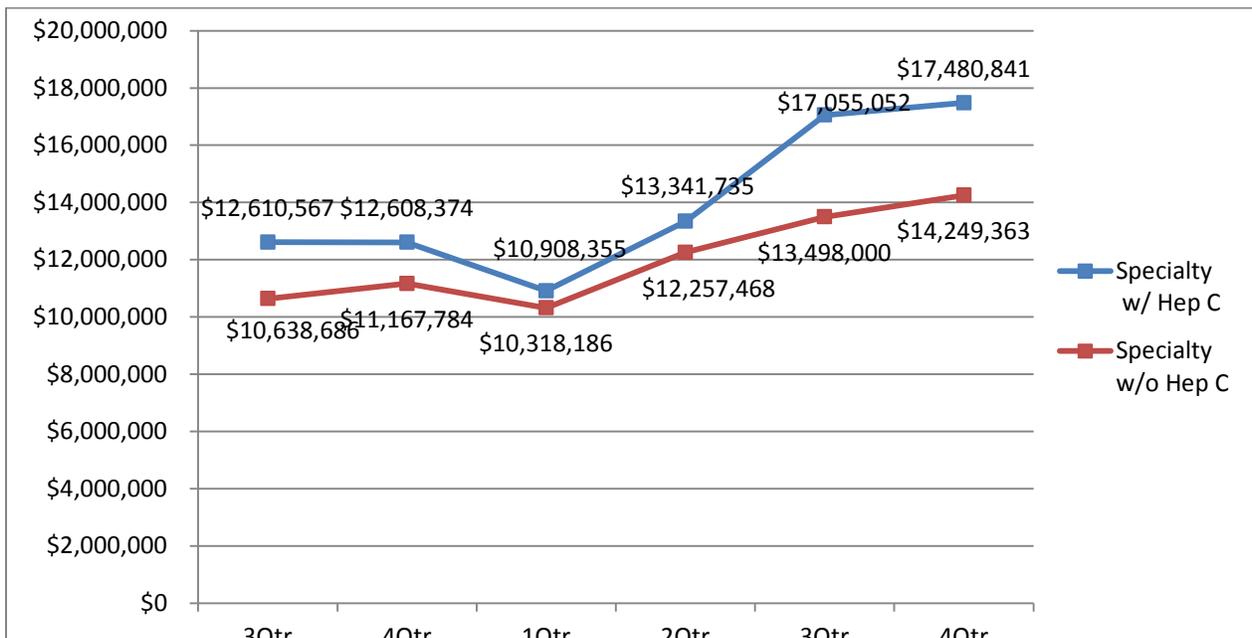
Navitus Specialty helps patients stay on track with treatment while offering personalized support, free delivery and refill reminders.

2015 Average Total Cost Per Prescription



2014-2015 Hepatitis C Treatment

In an 18 month period, the new Hep C therapies (Sovaldi, Olysio, Harvoni) accounted for a total plan cost of over \$11.8 million.



It is the district's responsibility to notify affected employees and retirees of any benefit plan changes. SISC plans are subject to mid-year compliance changes.

SISC PPO Plan Changes

- Anthem and Blue Shield HSA Plans
 - HSA plans A & B - Effective 10/1/2016, pharmacy copays after deductible will change from \$7-\$25 to \$9-\$35.
 - HSA plan A - The family Out of Pocket (OOP) Maximum on this plan is reducing from \$6,850 to \$6,550 retroactive to 1/1/2016.

SISC HMO Plan Changes

Anthem HMO Value 30/40/500 3-day Plan -The Out of Pocket (OOP) maximums are reducing from \$3,000/\$6,000 to \$2,500/\$5,000

Blue Shield HMO - Effective 10/1/2016, MD Live will be available to all Blue Shield HMO members.

SISC Kaiser Plan Changes

Kaiser HSA B – Effective 10/1/2016, individuals enrolled on a family plan will now be subject to the \$3,000 individual deductible rather than the \$6,000 family deductible.

Delta Dental Plans

Rates and plan benefits will not be changing for the basic dental plans. Orthodontic plan offerings will remain the same but will have a reduction in rates.

Dental and orthodontic plans and rates are included in the 2016-2017 SISC Health Benefits Manual.

Vision Service Plan (VSP)

Rates will NOT be changing for VSP. The following benefit enhancements will be added effective October 1, 2016:

- VSP Frame Allowance will be increased from \$130 to \$150.
- Diabetic Eyecare Program Plus - This program is being added to all VSP plans with no impact to the rates. It provides supplemental eyecare for patients with diabetic eye disease, glaucoma, or macular degeneration. Coverage includes glaucoma testing, fundus photography, retinol screening, visual field exams, and medical exams for a \$20 co-pay per visit.

Vision plans and rates are included in the 2016-2017 SISC Health Benefits Manual.

Medical Eye Services (MES)

Rates will NOT be changing for MES. The MES Frame Allowance will be increased from \$130 to \$150. Vision plans and rates are included in the 2016-2017 SISC Health Benefits Manual.

Mutual of Omaha Life

Rates will NOT be changing on Basic or Voluntary Life.

Retirees 65+ Rates and Plans

Retiree PPO and HMO plans will have the same benefit changes as the active plans noted above.

The overall increase for retirees over age 65 will range between 8-14% depending on the combination Medical and Pharmacy plan benefits.

Medicare Parts A and B is required for all PPO and HMO enrollees. In order to avoid non-refundable premium surcharges, members must enroll when first eligible for Medicare and remain enrolled.

Individual Retiree Plans (IRP)

In addition to the PPO and HMO plans, SISC also offers Individual Retiree Plans. These IRP plans require continuous enrollment in Medicare Parts A and B. Members are automatically enrolled in Medicare Part D prescription drug coverage. Application must be received no less than 45 days in advance of the effective date.

Kaiser Permanente Senior Advantage Plan

- 2016-2017 single rates will be **\$329** for Northern California; **\$198** for Southern California.

Blue Shield 65 Plus HMO Advantage Plan

- 2016-2017 single rates will be **\$422** for Northern California; **\$245** for Southern California.

Companion Care-Medicare Supplemental Plan

- 2016-2017 single rates will be **\$419** for Northern and Southern California.

Retirees on IRPs will be allowed to elect District plans at subsequent enrollment periods with district approval.

Retiree Direct Bill Program

- SISC has a team dedicated to managing monthly billing for self-paid retirees enrolled on IRP plans. There is no charge for this service. Contact your SISC Account Management Team 90-days in advance to set up this program for your district.

2016-2017 SISC Health Benefits Manual Updates

The annual SISC Health Benefits Manual is the administrative resource for guidelines and procedures. This Manual is updated each year. **It is the district's responsibility to review the SISC Health Benefits Manual each year and administer the benefits accordingly.**

The 2016-2017 Health Benefits Manual will be made available on HealthX to authorized district staff by March 31, 2016.

Highlights of changes:

- **Board Member Enrollment** - Board Members receiving an annual compensation of \$400 or more are considered to have "active employment status" from the district supplying the health coverage. These Board Members should be enrolled as active employees and are subject to the SISC participation guidelines for active employees.

Board Members who are not receiving an annual compensation of at least \$400 are not considered to have "active employment status". These Board Members must be enrolled on a retiree group and be charged the appropriate rates for that group. Board Members enrolled on retiree groups are subject to the SISC retiree guidelines.

- **Dependent Eligibility Documentation Chart** - SISC is including a Dependent Documentation Chart to be used for new dependent enrollment. (Included)
- **Individual Retiree Plan (IRP)** - Retirees on IRPs will be allowed to elect District plans at subsequent enrollment periods with district approval.
- **Anchor Bronze** - When offering this plan to employees covered by a collective bargaining agreement (CBA) that requires Dental and/or Vision and/or Life, those employees should be included on those coverages.

Health Improvement Program Updates

SISC Health Smarts Program

- **Health Screening Events**

In 2015, SISC screened over 25,000 members at over 460 school sites. The "know your numbers" campaign provided employees with quick and easy access to important health statistics.

The 2016 Health Smarts program is currently underway. Participants walk away with test results for cholesterol, glucose, blood pressure, body mass index, and other vital health information. Participating members can earn up to \$30 and are entered in a raffle to win a \$500 prize.

It's not too late for those districts that have not yet participated. Please contact your SISC Account Management Team for information about holding an event at your district. There is a minimum participation requirement.

- **Flu Shot Clinics**

For the fifth consecutive year, SISC provided districts with the opportunity to hold onsite flu shot clinics. These voluntary events were offered at no cost to the district in an effort to provide employees with convenient access to the flu vaccine. In 2015, over 20,000 flu shots were administered at 400 school sites.

SISC will be notifying districts of the 2016 Flu Shot Program later this Summer.

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| <h2>SISC Program Features</h2> |
|--------------------------------|

NEW! Grand Rounds – Available April 1, 2016.

- Access to second opinions from world-class physicians
- Assistance in scheduling office visits with high quality providers

Employee Assistance Program (EAP) is included on all medical plans offered. EAP resources include workshops on wellness and other topics, management resources, and in-person counseling for employee and household members at no charge to member or district.

MDLive provides members with on-demand access to board-certified physicians by phone, online video or secure e-mail for a \$5.00 co-pay. This feature is available to SISC PPO and HMO members. This program does not apply to Kaiser members.

Costco \$0 co-pay for generics – allows 30 or 90-day supplies of most generics for a \$0 co-pay at Costco Pharmacies and through Costco Mail Order on most SISC pharmacy plans. This feature is not available on the HSA, Kaiser, Minimum Value, Two-Tier Anchor Bronze or Individual Retiree Plans (IRPs).

Note: The program features listed above do not apply to IRP plans.

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| <h2>HealthX – Secure Web Portal</h2> |
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HealthX has been enhanced to provide a more user friendly tool for multiple resources accessed by our member districts. The content that was previously available on the SISC website has been moved to HealthX. The following items are now available on HealthX. (The documents will be posted as the documents become available.)

- Health Benefits Manual
- Benefit Summaries
- Benefit Booklets
- Summary of Benefits and Coverage (SBC) – All SISC plan options available
- Plan Comparison Tool
- NEW! SISC Health Memos
- NEW! Forms and Notices
- NEW! Additional Resources

Important Reminders

DUE DATES

Benefit Modifications

Requests for October 1st benefit modifications are due to SISC by **August 1, 2016**. Changes must be submitted on a Notification of Plan Changes Form found on HealthX under the Forms section. The Notification of Plan Changes Form needs to be submitted by email or fax to the Account Management Team as instructed on the form.

All requests for changes received after August 1st will be delayed to a later date. SISC allows plan modifications for an employee group once per contract year. Effective dates other than October 1 will require a 75-day advance notice for districts to be in compliance with notification requirements of the Affordable Care Act (ACA).

NOTE: Benefit modifications with a rate structure change are due to SISC by **June 1, 2016**.

Open Enrollment

Open Enrollment Activity is due to SISC by September 1, 2016.

It is recommended that the school districts hold their open enrollment period prior to the end of the school year or in August to meet the activity submission deadline. Otherwise, enrollment changes may not be updated in the carrier systems when benefits become effective.

NOTE: It is the district's responsibility to notify affected employees and retirees of any benefit plan changes. This information should be included in the notification of the district's designated Open Enrollment period.

SISC Retroactivity Guideline

It is the district's responsibility to reconcile the monthly billing statements and report changes to SISC within the retroactivity guideline. Please review monthly to ensure your activity submissions have been processed as requested.

Appendix

Included in this package

- SISC 2016-2017 Medical Plan Options
- SISC 2016-2017 Prescription Drug Benefit Options
- Dependent Eligibility Documentation Chart



Appendix

| PPO PLANS | PPO 100% | PPO 90% | PPO 80% |
|---|----------------------|----------------------|----------------------|
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | See PPO Options page | See PPO Options page | See PPO Options page |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | See PPO Options page | See PPO Options page | See PPO Options page |

PROFESSIONAL SERVICES

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| Office Visit co-pay | See PPO Options page | See PPO Options page | See PPO Options page |
| Urgent Care co-pay | See PPO Options page | See PPO Options page | See PPO Options page |
| Specialists/Consultants co-pay | See PPO Options page | See PPO Options page | See PPO Options page |
| Prenatal, postnatal office visit co-pay | See PPO Options page | See PPO Options page | See PPO Options page |
| Scans: CT, CAT, MRI, PET etc. | 0% | 10% | 20% |
| Diagnostic X-ray & Laboratory Procedures | 0% | 10% | 20% |
| Infertility (diagnosis/treatment of causes of infertility) | Not covered | Not covered | Not covered |
| Preventive Care Services (includes physical exams & screenings) | 0%, Deductible Waived | 0%, Deductible Waived | 0%, Deductible Waived |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | |
|---|--------------------|---------------------|---------------------|
| Emergency Room visit co-pay (waived if admitted) | 0% \$100 co-pay | 10% \$100 co-pay | 20% \$100 co-pay |
| Inpatient Hospital co-pay (preauthorization required) | 0% | 10% | 20% |
| Outpatient Hospital co-pay | 0% | 10% | 20% |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | 0% | 10% | 20% |
| Surgery, Outpatient (performed in a Hospital) | 0% | 10% | 20% |

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

| | | | |
|---|--|--|--|
| INPATIENT CARE: Facility based care (preauthorization required) | 0% | 10% | 20% |
| OUTPATIENT CARE: Facility based care (preauthorization required) | Deductible waived office visit co-pay applies | Deductible waived office visit co-pay applies | Deductible waived office visit co-pay applies |

OTHER SERVICES

| | | | |
|--|----|-----|-----|
| Acupuncture - Limits apply | 0% | 10% | 20% |
| Ambulance (Ground or Air) | 0% | 10% | 20% |
| Chiropractic - Limits apply | 0% | 10% | 20% |
| Durable Medical Equipment (DME) | 0% | 10% | 20% |
| Physical and Occupational Therapy - Limits apply | 0% | 10% | 20% |

PRESCRIPTION DRUG PLANS

| | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Generic co-pay/days supply | See Prescription Drug Plan Chart | See Prescription Drug Plan Chart | See Prescription Drug Plan Chart |
| Brand co-pay/days supply | See Prescription Drug Plan Chart | See Prescription Drug Plan Chart | See Prescription Drug Plan Chart |
| Mail Order (Generic-Brand co-pay/days supply) | See Prescription Drug Plan Chart | See Prescription Drug Plan Chart | See Prescription Drug Plan Chart |

NOTATIONS:

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

OOP maximum on Anthem and Blue Shield plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Minimum Value Plans, Health Savings Account Plans and Kaiser HMO or HDHP OOP maximum does include prescription drug co-pays.

Coinurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31) with the exception of any Health Savings Account (HSA) plan or Kaiser HDHP plans

The district may not partially pay reimburse or otherwise reduce the member's OOP responsibility unless they contribute to a Health Savings Account (HSA) for the employee.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

PPO Options
Calendar Year Deductibles, Out-of-Pocket Maximum (OOP) and Co-pays

| 100% Plans | 100-A \$10 | 100-A \$20 | 100-B \$20 | 100-C \$20 |
|------------------------------|-------------------|-------------------|-------------------|-------------------|
| Individual/Family Deductible | \$0/\$0 | \$0/\$0 | \$100/\$300 | \$200/\$400 |
| Individual/Family OOP Max | \$1,000/\$3,000 | \$1,000/\$3,000 | \$1,000/\$3,000 | \$1,000/\$3,000 |
| Office Visit Copay | \$10 | \$20 | \$20 | \$20 |

| 100% Plans | 100-D \$20 | 100-G \$30 |
|------------------------------|-------------------|-------------------|
| Individual/Family Deductible | \$300/\$600 | \$500/\$1,000 |
| Individual/Family OOP Max | \$1,000/\$3,000 | \$1,000/\$3,000 |
| Office Visit Copay | \$20 | \$30 |

| 90% Plans | 90-A \$20 | 90-C \$30 | 90-G \$20 |
|------------------------------|------------------|------------------|------------------|
| Individual/Family Deductible | \$100/\$300 | \$200/\$500 | \$500/\$1,000 |
| Individual/Family OOP Max | \$1,000/\$3,000 | \$1,000/\$3,000 | \$1,000/\$3,000 |
| Office Visit Copay | \$20 | \$30 | \$20 |

| 80% Plans | 80-C \$20 | 80-E \$20 | 80-G \$20 | 80-G \$30 |
|------------------------------|------------------|------------------|------------------|------------------|
| Individual/Family Deductible | \$200/\$500 | \$300/\$600 | \$500/\$1,000 | \$500/\$1,000 |
| Individual/Family OOP Max | \$1,000/\$3,000 | \$1,000/\$3,000 | \$2,000/\$4,000 | \$2,000/\$4,000 |
| Office Visit Copay | \$20 | \$20 | \$20 | \$30 |

| 80% Plans | 80-J \$30 | 80-K \$30 | 80-L \$30 | 80-M \$40 |
|------------------------------|------------------|------------------|------------------|------------------|
| Individual/Family Deductible | \$750/\$1,500 | \$1,000/\$2,000 | \$2,000/\$4,000 | \$3,000/\$6,000 |
| Individual/Family OOP Max | \$3,000/\$6,000 | \$3,000/\$6,000 | \$4,000/\$8,000 | \$4,000/\$8,000 |
| Office Visit Copay | \$30 | \$30 | \$30 | \$40 |

NOTATIONS:

Calendar Year Out-of-Pocket Maximums includes plan co-pays, deductible and co-insurance for in-network and emergency service.

Medical OOP Maximums shown are for medical plans only. See Prescription Drug page for applicable pharmacy OOP Maximums.

| PPO PLANS | HSA-A PLAN | HSA-B PLAN | MINIMUM VALUE | ANCHOR BRONZE |
|--|--------------------|--------------------|--------------------|--------------------|
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$1,500/\$3,000 | \$3,000/\$5,200 | \$5,000/\$10,000 | \$5,000/\$10,000 |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | \$3,425/\$6,550 | \$5,000/\$10,000 | \$6,350/\$12,700 | \$6,350/\$12,700 |

PROFESSIONAL SERVICES

| | | | | |
|---|----------------|----------------|-------------------------------------|-------------------------------------|
| Office Visit co-pay | 10% | 10% | \$60 visits 1-3, then 30% after ded | \$60 visits 1-3, then 30% after ded |
| Urgent Care co-pay | 10% | 10% | \$60 visits 1-3, then 30% after ded | \$60 visits 1-3, then 30% after ded |
| Specialists/Consultants co-pay | 10% | 10% | \$60 visits 1-3, then 30% after ded | \$60 visits 1-3, then 30% after ded |
| Prenatal, postnatal office visit co-pay | 10% | 10% | \$60 visits 1-3, then 30% after ded | \$60 visits 1-3, then 30% after ded |
| Scans: CT, CAT, MRI, PET etc. | 10% | 10% | 30% | 30% |
| Diagnostic X-ray & Laboratory Procedures | 10% | 10% | 30% | 30% |
| Infertility (diagnosis/treatment of causes of infertility) | Not covered | Not covered | Not covered | Not covered |
| Preventive Care Services (includes physical exams & screenings) | 0%, Ded Waived | 0%, Ded Waived | 0%, Ded Waived | 0%, Ded Waived |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | | |
|---|---------------------|---------------------|---------------------|---------------------|
| Emergency Room visit co-pay (waived if admitted) | 10% \$100 co-pay | 10% \$100 co-pay | 30% \$100 co-pay | 30% \$100 co-pay |
| Inpatient Hospital co-pay (preauthorization required) | 10% | 10% | 30% | 30% |
| Outpatient Hospital co-pay | 10% | 10% | 30% | 30% |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | 10% | 10% | 30% | 30% |
| Surgery, Outpatient (performed in a Hospital) | 10% | 10% | 30% | 30% |

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

| | | | | |
|---|-----|-----|-----|-----|
| INPATIENT CARE: Facility based care (preauthorization required) | 10% | 10% | 30% | 30% |
| OUTPATIENT CARE: Facility based care (preauthorization required) | 10% | 10% | 30% | 30% |

OTHER SERVICES

| | | | | |
|--|-----|-----|-----|-----|
| Acupuncture - Limits apply | 10% | 10% | 30% | 30% |
| Ambulance (Ground or Air) | 10% | 10% | 30% | 30% |
| Chiropractic - Limits apply | 10% | 10% | 30% | 30% |
| Durable Medical Equipment (DME) | 10% | 10% | 30% | 30% |
| Physical and Occupational Therapy - Limits apply | 10% | 10% | 30% | 30% |

PRESCRIPTION DRUG PLANS

| | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Generic co-pay/days supply | After deductible, \$9/ 30-day |
| Brand co-pay/days supply | After deductible, \$35/30-day | After deductible, \$35/30-day | After deductible, \$35/30-day | After deductible, \$35/30-day |
| Mail Order (Generic-Brand co-pay/days supply) | After deductible, \$18-90/90-day | After deductible, \$18-90/90-day | After deductible, \$18-90/90-day | After deductible, \$18-90/90-day |

NOTATIONS:

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

OOP maximum on Anthem and Blue Shield plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Minimum Value Plans, Health Savings Account Plans and Kaiser HMO or HDHP OOP maximum does include prescription drug co-pays.

Coinurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31) with the exception of any Health Savings Account (HSA) plan or Kaiser HDHP plans

The district may not partially pay reimburse or otherwise reduce the member's OOP responsibility unless they contribute to a Health Savings Account (HSA) for the employee.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

| ANTHEM HMO PLANS | Anthem Premier HMO 10 | Anthem Premier HMO 20 | Anthem Classic HMO 20/40/250 Admit | Anthem Value HMO 30/40/500/3 day |
|--|------------------------------|------------------------------|---|---|
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | \$1,000/\$2,000 | \$1,500/\$3,000 | \$2,000/\$4,000 | \$2,500/\$5,000 |

PROFESSIONAL SERVICES

| | | | | |
|---|----------------|----------------|----------------|----------------|
| Office Visit co-pay | \$10 | \$20 | \$20 | \$30 |
| Urgent Care co-pay | \$10 | \$20 | \$20 | \$30 |
| Specialists/Consultants co-pay | \$10 | \$20 | \$40 | \$40 |
| Prenatal, postnatal office visit co-pay | \$10 | \$20 | \$20 | \$30 |
| Scans: CT, CAT, MRI, PET etc. | \$100 per test | \$100 per test | \$100 per test | \$100 per test |
| Diagnostic X-ray & Laboratory Procedures | \$0 | \$0 | \$0 | \$0 |
| Infertility (diagnosis/treatment of causes of infertility) | 50% | 50% | 50% | 50% |
| Preventive Care Services (includes physical exams & screenings) | \$0 | \$0 | \$0 | \$0 |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | | |
|---|-------|-------------|-------------|------------------------|
| Emergency Room visit co-pay (waived if admitted) | \$100 | \$100 | \$100 | \$150 |
| Inpatient Hospital co-pay (preauthorization required) | \$0 | \$200/admit | \$250/admit | \$500/day 3 day max |
| Outpatient Hospital co-pay | \$0 | \$100/admit | \$125/admit | \$250/admit |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | \$0 | \$100 | \$125/admit | \$250/admit |
| Surgery, Outpatient (performed in a Hospital) | \$0 | \$100 | \$125/admit | \$250/admit |

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

| | | | | |
|---|-----|-------|-------------|------------------------|
| INPATIENT CARE: Facility based care (preauthorization required) | \$0 | \$200 | \$250/admit | \$500/day 3 day max |
| OUTPATIENT CARE: Facility based care (preauthorization required) | \$0 | \$0 | \$0 | \$0 |

OTHER SERVICES

| | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Acupuncture - Limits apply | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro |
| Ambulance (Ground or Air) | \$100 | \$100 | \$100 | \$100 |
| Chiropractic - Limits apply | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu |
| Durable Medical Equipment (DME) | 20% | 20% | 20% | 50% |
| Physical and Occupational Therapy - Limits apply | \$10 | \$20 | \$40 | \$40 |

PRESCRIPTION DRUG PLANS

| | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Generic co-pay/days supply | See Prescription Drug Plan Chart |
| Brand co-pay/days supply | See Prescription Drug Plan Chart |
| Mail Order (Generic-Brand co-pay/days supply) | See Prescription Drug Plan Chart |

NOTATIONS:

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

OOP maximum on Anthem and Blue Shield plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Minimum Value Plans, Health Savings Account Plans and Kaiser HMO or HDHP OOP maximum does include prescription drug co-pays.

Coinurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31) with the exception of any Health Savings Account (HSA) plan or Kaiser HDHP plans

The district may not partially pay reimburse or otherwise reduce the member's OOP responsibility unless they contribute to a Health Savings Account (HSA) for the employee.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

| BLUE SHIELD HMO PLANS | Blue Shield HMO 10-0 | Blue Shield HMO 20-250 | Blue Shield HMO 25-500 | Blue Shield HMO 30-20% Zero Facility |
|---|---------------------------------|-----------------------------------|-----------------------------------|---|
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | \$1,000/\$2,000 | \$1,500/\$3,000 | \$2,000/\$4,000 | \$1,500/\$3,000 |

PROFESSIONAL SERVICES

| | | | | |
|---|------|------|------|------|
| Office Visit co-pay | \$10 | \$20 | \$25 | \$30 |
| Urgent Care co-pay | \$10 | \$20 | \$25 | \$30 |
| Specialists/Consultants co-pay | \$10 | \$20 | \$25 | \$30 |
| Prenatal, postnatal office visit co-pay | \$0 | \$0 | \$0 | \$30 |
| Scans: CT, CAT, MRI, PET etc. | \$0 | \$0 | \$0 | \$0 |
| Diagnostic X-ray & Laboratory Procedures | \$0 | \$0 | \$0 | \$0 |
| Infertility (diagnosis/treatment of causes of infertility) | 50% | 50% | 50% | 50% |
| Preventive Care Services (includes physical exams & screenings) | \$0 | \$0 | \$0 | \$0 |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | | |
|---|-------|-------------|-------------|-------|
| Emergency Room visit co-pay (waived if admitted) | \$100 | \$100 | \$100 | \$150 |
| Inpatient Hospital co-pay (preauthorization required) | \$0 | \$250/admit | \$500/admit | 20% |
| Outpatient Hospital co-pay | \$0 | \$250/admit | \$500/admit | \$0 |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | \$0 | \$100 | \$150 | \$0 |
| Surgery, Outpatient (performed in a Hospital) | \$0 | \$150 | \$300 | \$0 |

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

| | | | | |
|---|------|-------------|-------------|------|
| INPATIENT CARE: Facility based care (preauthorization required) | \$0 | \$250/admit | \$500/admit | 20% |
| OUTPATIENT CARE: Facility based care (preauthorization required) | \$10 | \$20 | \$25 | \$30 |

OTHER SERVICES

| | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Acupuncture - Limits apply | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro |
| Ambulance (Ground or Air) | \$100 | \$100 | \$100 | \$100 |
| Chiropractic - Limits apply | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu |
| Durable Medical Equipment (DME) | 20% | 20% | 20% | 20% |
| Physical and Occupational Therapy - Limits apply | \$10 | \$20 | \$25 | \$30 |

PRESCRIPTION DRUG PLANS

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Generic co-pay/days supply | See Prescription Drug Plan Chart |
| Brand co-pay/days supply | See Prescription Drug Plan Chart |
| Mail Order (Generic-Brand co-pay/days supply) | See Prescription Drug Plan Chart |

NOTATIONS:

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OOP maximum on Anthem and Blue Shield plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Minimum Value Plans, Health Savings Account Plans and Kaiser HMO or HDHP OOP maximum does include prescription drug co-pays.

Coinsurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31) with the exception of any Health Savings Account (HSA) plan or Kaiser HDHP plans

The district may not partially pay reimburse or otherwise reduce the member's OOP responsibility unless they contribute to a Health Savings Account (HSA) for the employee.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

| KAISER PERMANENTE HMO PLANS | Kaiser Traditional HMO \$10/\$10 | Kaiser Traditional HMO \$20/\$10-\$20 | Kaiser Traditional HMO \$30/\$10-\$30 | Kaiser Deductible HMO \$500 Hospital ONLY | Kaiser Deductible HMO \$1,000 Hospital ONLY |
|------------------------------------|---|--|--|--|--|
|------------------------------------|---|--|--|--|--|

| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| Individual/Family Deductibles | \$0 | \$0 | \$0 | \$500/\$1,000 | \$1,000/\$2,000 |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | \$1,500/\$3,000 | \$1,500/\$3,000 | \$1,500/\$3,000 | \$3,000/\$6,000 | \$3,000/\$6,000 |

PROFESSIONAL SERVICES

| | | | | | |
|---|------|------|------|-----------------|-----------------|
| Office Visit co-pay | \$10 | \$20 | \$30 | \$20 | \$20 |
| Urgent Care co-pay | \$10 | \$20 | \$30 | \$20 | \$20 |
| Specialists/Consultants co-pay | \$10 | \$20 | \$30 | \$20 | \$20 |
| Prenatal, postnatal office visit co-pay | \$0 | \$0 | \$0 | \$0 | \$0 |
| Scans: CT, CAT, MRI, PET etc. | \$0 | \$0 | \$0 | \$50 | \$50 |
| Diagnostic X-ray & Laboratory Procedures | \$0 | \$0 | \$0 | \$10 | \$10 |
| Infertility (diagnosis/treatment of causes of infertility) | 50% | 50% | 50% | 50% | 50% |
| Preventive Care Services (includes physical exams & screenings) | \$0 | \$0 | \$0 | \$0, Ded Waived | \$0, Ded Waived |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | | | |
|---|-------|-------|-------|-----|-----|
| Emergency Room visit co-pay (waived if admitted) | \$100 | \$100 | \$100 | 10% | 20% |
| Inpatient Hospital co-pay (preauthorization required) | \$0 | \$0 | \$0 | 10% | 20% |
| Outpatient Hospital co-pay | \$10 | \$20 | \$30 | 10% | 20% |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | \$10 | \$20 | \$30 | 10% | 20% |
| Surgery, Outpatient (performed in a Hospital) | \$10 | \$20 | \$30 | 10% | 20% |

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

| | | | | | |
|---|------|------|------|-----------------|-----------------|
| INPATIENT CARE: Facility based care (preauthorization required) | \$0 | \$0 | \$0 | 10% (after ded) | 20% (after ded) |
| OUTPATIENT CARE: Facility based care (preauthorization required) | \$10 | \$20 | \$30 | 10% (after ded) | 20% (after ded) |

OTHER SERVICES

| | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|
| Acupuncture - Limits apply | \$10/30 visits |
| Ambulance (Ground or Air) | \$50 | \$50 | \$50 | \$150 | \$150 |
| Chiropractic - Limits apply | \$10/30 visits |
| Durable Medical Equipment (DME) | 100% | 100% | 100% | 20% | 20% |
| Physical and Occupational Therapy - Limits apply | \$10 | \$20 | \$30 | \$20 | \$20 |

PRESCRIPTION DRUG PLANS

| | | | | | |
|---|--------------|-----------------|-----------------|----------------|----------------|
| Generic co-pay/days supply | \$10/100-day | \$10/100-day | \$10/100-day | \$10/30-day | \$10/30-day |
| Brand co-pay/days supply | \$10/100-day | \$20/100-day | \$30/100-day | \$30/30-day | \$30/30-day |
| Mail Order (Generic-Brand co-pay/days supply) | \$10/100-day | \$10-20/100-day | \$10-30/100-day | \$10-30/30-day | \$10-30/30-day |

NOTATIONS:

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Minimum Value Plans, Health Savings Account Plans and Kaiser HMO or HDHP OOP maximum does include prescription drug co-pays.

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For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

| KAISER PERMANENTE HMO PLANS | HSA-A KAISER | HSA-B KAISER |
|---|--------------------|--------------------|
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays | Member Pays |
| Individual/Family Deductibles | \$1,500/\$3,000 | \$3,000/\$6,000 |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | \$3,000/\$6,000 | \$5,950/\$11,900 |

PROFESSIONAL SERVICES

| | | |
|---|----------------|----------------|
| Office Visit co-pay | 10% | 20% |
| Urgent Care co-pay | 10% | 20% |
| Specialists/Consultants co-pay | 10% | 20% |
| Prenatal, postnatal office visit co-pay | \$0 | \$0 |
| Scans: CT, CAT, MRI, PET etc. | 10% | 20% |
| Diagnostic X-ray & Laboratory Procedures | 10% | 20% |
| Infertility (diagnosis/treatment of causes of infertility) | Not covered | Not covered |
| Preventive Care Services (includes physical exams & screenings) | 0%, Ded Waived | 0%, Ded Waived |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | |
|---|-----|-----|
| Emergency Room visit co-pay (waived if admitted) | 10% | 20% |
| Inpatient Hospital co-pay (preauthorization required) | 10% | 20% |
| Outpatient Hospital co-pay | 10% | 20% |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | 10% | 20% |
| Surgery, Outpatient (performed in a Hospital) | 10% | 20% |

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

| | | |
|---|----------------------|----------------------|
| INPATIENT CARE: Facility based care (preauthorization required) | 10% after deductible | 20% after deductible |
| OUTPATIENT CARE: Facility based care (preauthorization required) | 10% after deductible | 20% after deductible |

OTHER SERVICES

| | | |
|--|---------------------------------|---------------------------------|
| Acupuncture - Limits apply | Limited coverage, if authorized | Limited coverage, if authorized |
| Ambulance (Ground or Air) | 10% | 20% |
| Chiropractic - Limits apply | Not covered | Not covered |
| Durable Medical Equipment (DME) | 10% | 20% |
| Physical and Occupational Therapy - Limits apply | 10% | 20% |

PRESCRIPTION DRUG PLANS

| | | |
|---|---|---|
| Generic co-pay/days supply | After deductible, \$10 / 30-day | After deductible, \$10 / 30-day |
| Brand co-pay/days supply | After deductible, \$30 / 30-day | After deductible, \$30 / 30-day |
| Mail Order (Generic-Brand co-pay/days supply) | After deductible, \$20 - \$60 / 100-day | After deductible, \$20 - \$60 / 100-day |

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Minimum Value Plans, Health Savings Account Plans and Kaiser HMO or HDHP OOP maximum does include prescription drug co-pays.

Coinsurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31) with the exception of any Health Savings Account (HSA) plan or Kaiser HDHP plans

The district may not partially pay reimburse or otherwise reduce the member's OOP responsibility unless they contribute to a Health Savings Account (HSA) for the employee.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

Prescription Drug Plans 2016-17

>> Free Generic Drugs at Costco as well as through Mail Order <<
(80% of prescriptions are filled with Generic Drugs)

Costco Pharmacies are open to non-members.

PLAN

| | | 5-20 | | | | |
|-----------------------|--|-------------------------------------|-------------|-------------|-------------|---------|
| | | Walk-in | | | Mail | |
| | | Network | Costco | | Costco | Navitus |
| Days Supply | | 30 | 30 | 90 | 90 | 30 |
| Generic | | \$5 | Free | Free | Free | |
| Brand | | \$20 | \$20 | \$50 | \$50 | |
| Specialty ‡ | | | | | | \$20 |
| Out-of-Pocket Maximum | | \$1,500 Individual / \$2,500 Family | | | | |

PLAN

| | | 7-25 | | | | |
|-----------------------|--|-------------------------------------|-------------|-------------|-------------|---------|
| | | Walk-in | | | Mail | |
| | | Network | Costco | | Costco | Navitus |
| Days Supply | | 30 | 30 | 90 | 90 | 30 |
| Generic | | \$7 | Free | Free | Free | |
| Brand | | \$25 | \$25 | \$60 | \$60 | |
| Specialty ‡ | | | | | | \$25 |
| Out-of-Pocket Maximum | | \$1,500 Individual / \$2,500 Family | | | | |

| | | 9-35 | | | | |
|-----------------------|--|-------------------------------------|-------------|-------------|-------------|---------|
| | | Walk-in | | | Mail | |
| | | Network | Costco | | Costco | Navitus |
| Days Supply | | 30 | 30 | 90 | 90 | 30 |
| Generic | | \$9 | Free | Free | Free | |
| Brand | | \$35 | \$35 | \$90 | \$90 | |
| Specialty ‡ | | | | | | \$35 |
| Out-of-Pocket Maximum | | \$2,500 Individual / \$3,500 Family | | | | |

PLAN

| | | 200/10-35 | | | | |
|-----------------------------|--|-------------------------------------|-------------|-------------|-------------|---------|
| | | Walk-in | | | Mail | |
| | | Network | Costco | | Costco | Navitus |
| Days Supply | | 30 | 30 | 90 | 90 | 30 |
| Brand/Specialty Deductible* | | \$200 Individual / \$500 Family | | | | |
| Generic | | \$10 | Free | Free | Free | |
| Brand | | \$35 | \$35 | \$90 | \$90 | |
| Specialty ‡ | | | | | | \$35 |
| Out-of-Pocket Maximum | | \$2,500 Individual / \$3,500 Family | | | | |

| | | 200/15-50 | | | | |
|-----------------------------|--|-------------------------------------|------------|-------------|-------------|---------|
| | | Walk-in | | | Mail | |
| | | Network | Costco | | Costco | Navitus |
| Days Supply | | 30 | 30 | 90 | 90 | 30 |
| Brand/Specialty Deductible* | | \$200 Individual / \$500 Family | | | | |
| Generic | | \$15 | \$5 | \$15 | \$15 | |
| Brand | | \$50 | \$50 | \$135 | \$135 | |
| Specialty ‡ | | | | | | \$50 |
| Out-of-Pocket Maximum | | \$2,500 Individual / \$3,500 Family | | | | |

*Rx plans on this page with a deductible include fourth quarter carryover. Once the deductible has been satisfied, the member will be responsible for the brand name co-pay.

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

>> Free Generic Drugs at Costco as well as through Mail Order <<

The \$200/\$15-\$50 Rx Plan features reduced generic copays at Costco (not free).

Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.

Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.

Generic Co-Pays for Lancets and Syringes.

Generic Co-Pays for Test Strips manufactured by Abbott (Freestyle) and Lifescan (One Touch)

Diabetic supplies are only available as brand prescriptions and not generic. However, the SISC pharmacy plans charge the generic co-pay for Lancets and Syringes. In addition, SISC pharmacy plans charge the generic co-pay on Test Strips manufactured by Abbott (Freestyle) and Lifescan (One touch). The brand co-pay is charged for all test strips from other manufacturers.

The group plan benefits must be communicated without modification to the members. A district may not partially pay, reimburse or otherwise reduce the member's responsibility for deductibles, copays, coinsurance, etc.

Dependent Eligibility Documentation Chart

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

| DEPENDENT TYPE | REQUIRED DOCUMENTATION |
|---|---|
| Spouse | <ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out) • Marriage Certificate for newly married couple where tax return is not available |
| Domestic Partner | <ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California • SISC Affidavit of Domestic Partnership (when applicable) |
| Children, Stepchildren, and/or Adopted Children up to age 26 | <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Legal Adoption Documentation |
| Guardianship up to age 18 | <ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship |
| Disabled Dependents over age 26 | <p><i>Anthem Blue Cross (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form <p><i>Blue Shield (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Declaration of Disability for Overage Dependent Child <p><i>Kaiser (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available) |