

OVER 65 RETIREE BENEFITS GUIDE

October 2018 - September 2019
FOR MANAGEMENT AND CONFIDENTIAL

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What Makes You An Eligible Retiree-**MANAGEMENT/CONFIDENTIAL**

- Minimum of 7 years of service
- 10 years of benefits regardless of age from date of retirement
- Retired from CalPERS/STRS



Dear Valued Retiree,

Palm Springs Unified School District is committed to providing comprehensive benefit package options to our retirees at an affordable cost. This includes health, dental, vision, life insurance, wellness programs, voluntary plans at a discount, and retirement benefits to help meet the diverse needs of our retirees and families.

As an retiree you have the opportunity to decide what plans are most suitable to meet your needs now and in the future.

Please review this Guide carefully, choose your benefits and enroll yourself and eligible dependents.

The Benefits Department

Palm Springs Unified School District Risk Management Office

Renee Brunelle, Director of Risk Management
(760) 883-2715 | rbrunelle@psusd.us

Marlyne Velazquez, Benefits Specialist (A-L)
(760) 883-2715 | mvelazquez@psusd.us

Jennifer O. Rangel, Benefits Specialist (M-Z)
(760) 883-2715 | jrangel@psusd.us

Visit our Website at:
<https://www.psusd.us/benefits>

ENROLLMENT INFORMATION

Effective Dates / Plan Years

- Medical, Dental and Vision : 10/01/2018 to 09/30/2019
- MetLife Basic Term Life Insurance Benefits:
10/01/2018 to 09/31/2019

Who May Enroll

All eligible retirees, may participate in Palm Springs Unified School District's benefits program. Your eligible dependents include:

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

When You May Enroll

Eligible District Paid Retirees may enroll at the following times:

- Each year, during annual open enrollment
- At the time of retirement

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

ENROLLMENT INFORMATION

Documents Needed For “NEW” Retirees

If you have (and are continuing) Medical coverage or if you are planning to enroll in Medical insurance, you must provide a certified certificates for your dependents to SISC (prior years federal tax form that shows the couple was married, birth certificate, court adoption papers, court ordered legal guardianship papers, state registration for domestic partnerships). When completing the enrollment process, you will need to provide copies to the Benefits Department before your benefits will be approved. If you are unable to locate these certificates, please order now to avoid the rush:

- www.usbirthcertificate.net
- www.vitalcheck.com
- www.sos.ca.gov/dpregistry

Changes to Enrollment

Each year, there will be an annual open enrollment period where you can make new benefit elections for the following plan year. Once you make your benefit elections, you cannot change plans; however you may add or remove a dependent if you experience a qualifying event. Examples of qualifying life events include, but are not limited to the following:

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

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

ANNUAL NOTICES

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

Annual notices include:

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

RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Benefits Department.

Medical - Kaiser Permanente	
Member Services	(800) 464-4000
Kaiser Permanente Website	www.kp.org
Kaiser Chiropractic/Acupuncture provided by American Specialty Health (ASH)	(800) 678-9133 www.ashlink.com/ash/kp
Medical - Blue Shield	
Customer Service and/or I.D. cards	(855) 256-9404 www.blueshieldca.com/sisc
Navitus Prescription Drugs	(866) 333-2757 www.navitus.com
Medical Second Opinion	(855) 201-9925 www.advance-medical.net/sisc
24/7 Physician Line	(888) 632-2738 www.mdlive.com/ca/sisc
Blue Shield HMO/PPO Chiropractic and Acupuncture	(855) 256-9404 www.blueshieldca.com/sisc
Blue Shield 65 Plus HMO Medicare Advantage	(800) 776-4466
Companion Care	(800) 825-5541
Dental - DeltaCare USA DHMO	
Member Services	(800) 422-4234
DeltaCare Dental Website	www.deltadentalins.com
Dental - Delta Dental PPO	
Member Services	(866) 499-3001
Delta Dental Website	www.deltadentalins.com
Vision - VSP Vision	
Member Services	(800) 877-7195
VSP Vision Website	www.vsp.com
Employee Assistance Program - Anthem Blue Cross (SISC)	
Counselor Services	(800) 999-7222
EAP Website	www.anthemep.com Program Name: SISC
Other Resources / Vendors	
CalPERS	(888) 225-7377
CalStrs	(800) 228-5453
Benjamin R. Anglin (Medicare Expert).....	(760) 851-5212 jamin396@icloud.com
SISC DIRECT BILL RETIREES—Shondra Goss	(661) 636-4651 shgoss@kern.org

MEDICAL INSURANCE

HMO Medical Plans – Kaiser Permanente

With the Kaiser Permanente Health Maintenance Organization (HMO) plans, services must be obtained at a Kaiser facility, except in the case of emergency. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility. In addition, Kaiser offers online tools so you can email your doctor’s office, make appointments, refill prescriptions, and more.

Finding a Kaiser Permanente Medical Provider:

Go to www.kaiserpermanente.org or call (800) 464-4000

Kaiser HMO plan options available:	Retiree Medicare A&B
Kaiser Senior Advantage HMO Medicare Plan	●

HMO Medical Plan – Blue Shield

With the Blue Shield 65 Plus HMO Medicare Advantage Plan, you will be required to select a Primary Care Physician (PCP) within the Blue Shield HMO network. Your PCP will coordinate all of your medical care. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

The Blue Shield 65 Plus HMO Medicare Advantage plan option offer prescription drug benefits through Blue Shield. For prescription information and potential costs, please call Blue Shield at (800) 776-4466.

Finding a Blue Shield HMO Medical Provider:

Go to www.blueshieldca.com or call (888) 235-1765 (Refer to the Blue Shield 65 Plus HMO network when prompted)

Blue Shield HMO plan options available:	Retiree Medicare A&B
Blue Shield 65 Plus HMO Medicare Advantage Plan	●

PPO Medical Plans – Blue Shield

The Blue Shield of California Preferred Provider Organization (PPO) plans allow you to direct your own care. Please visit providers in the Blue Shield of California PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

All PPO plan options offer prescription drug benefits through Navitus. For prescription information and potential costs, please call Navitus at (866) 333-2757. If you are a new member not yet in the system and want to find out if your medication is covered, they will ask for this code **RXPID7x25**.

Finding a Blue Shield PPO Medical Provider:

Go to www.blueshieldca.com or call (800) 442-7247. Refer to the PPO network when prompted

Blue Shield PPO plan options available:	Retiree Medicare A&B
Out-Of-Network: When using non-PPO Providers you may be responsible for paying additional non-participating charges. Pre-authorization is required where it applies.	
Companion Care Medicare Supplement Plan	●
Blue Shield PPO Medical Plan 100-A	●
Blue Shield PPO Medical Plan 100-G	●

MEDICAL INSURANCE SUMMARIES

MEDICAL PLAN FEATURES		
Medical Plan Features	Kaiser Senior Advantage HMO Medicare Plan	Blue Shield 65 Plus HMO Medicare Advantage Plan
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$10 copay / \$10 copay	\$20 copay / \$20 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,500 per individual
Inpatient Hospitalization	No cost	No cost
Outpatient Diagnostic Tests	No cost	\$20 copay
Emergency Services (Copay waived if admitted)	\$50 Copay	\$50 Copay
Urgent Care Copay	\$15 copay	\$20 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$10 copay / No cost	No cost for day 1-150 (member pays 100% of cost from day 151 and over/ \$20 copay)
Chiropractic Copay/Visits per Year	\$10 copay / 30 visits combined	\$20 copay (subject to medical necessity)

PRESCRIPTION DRUGS PLAN FEATURES		
Prescription Drugs Plan Features	Kaiser Senior Advantage HMO Medicare Plan	Blue Shield 65 Plus HMO Medicare Advantage Plan
Out-of-Pocket Max - Individual / Family	Included in Medical	Included in Medical
Retail Pharmacy—30 Day Supply - Generic/Brand	100 Days \$10/\$20	\$10/\$30/\$50/20% up to \$100
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$10/\$20 100 Days	\$20/\$60/\$100/20% up to \$300 90 Days

This summary is for comparison purposes only. Please refer to the district website for detailed plan summaries.

MEDICAL INSURANCE SUMMARIES

MEDICAL PLAN FEATURES		
Medical Plan Features	Blue Shield PPO 100-A	Blue Shield PPO 100-G
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual) - Individual / Family	\$0 / \$0	\$500 / \$1,000
Co-Insurance (After Deductible)	0%	0%
Office Visit Copay Primary Physician / Specialist	\$0 copay / \$0 copay	\$20 copay / \$20 copay
Out-of-Pocket Maximum - Individual - Family	\$1,000 \$3,000	\$1,000 \$3,000
Inpatient Hospitalization	Ded, 0%	Ded, 0%
Outpatient Diagnostic Test	Ded, 0%	Ded, 0%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 0%
Urgent Care Copay	\$0 copay	\$20 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$0 copay / Ded, 0%	\$20 copay / Ded, 0%
Chiropractic	Ded, 0%	Ded, 0%
	Limits apply	Limits apply

ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

Prescription Drugs Plan Features	Blue Shield PPO 100-A	Blue Shield PPO 100-G
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail — 30 Days Supply Generic/Brand	Network \$0/\$25	Network \$0/\$25
Mail Order— 90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60

MEDICAL INSURANCE SUMMARIES

MEDICAL PLAN FEATURE		
Services	Companion Care Medicare Supplement	
Provider Network: Physicians who accept Medicare Assignment	MEDICARE 2018 Benefits	COMPANION CARE Based on 2018 Medicare Benefits
Inpatient Hospital (PART A)	Pays all but first \$1340 for 1st 60 days Pays all but \$335 a day for the 61st—90th day Pays all but \$670 a day Lifetime Reserve for 91st to 150th day Pays nothing after Lifetime Reserve is used (refer to EOC)	Pays \$1340 Pays \$335 a day Pays \$670 a day Pays 100% after Medicare and Lifetime Reserve are exhausted up to 365 days per lifetime
Skilled Nursing Facilities (Must be approved by Medicare)	Pays 100% for 1st 20 days Pays all but \$167.50 a day for 21st to 100th day Pays nothing after 100th day	Pays nothing Pays \$167.50 a day for 21st to 100th day Pays nothing after 100th day
Deductible (Part B)	\$183 Part B deductible per year	Pays \$183
Basis of Payment (Part B)	80% Medicare approved (MA) charges after Part B deductible	Pays 20% MA charges Including 100% of Medicare Part B deductible
Medical Services (Part B) Doctor, X-ray, Appliances & Ambulance Lab	80% MA charges 100% MA charges	Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount	Pays 20% MA charges up to the Medicare annual benefit amount (PT & ST Combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthesiologist and in hospital visits for medically necessary services for 90 days of treatment per lifetime. For details call customer services at 1-800-825-5541

Prescription Drugs Plan Features	
Medicare Part D Prescription Drug Plan through Navitus Health Solutions	
Retail Pharmacy Mail Order	\$9 Generic copay/ \$35 Brand copay— 30 day supply \$18 Generic copay / \$90 Brand copay—90 day supply
Due to Medicare restrictions the following programs are not available with Companion Care: \$0 generic copay at Costco % Diabetic Supplies for Generic co=pay	Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Med D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 1-866-270-3877 or TTY users please call 711

DENTAL INSURANCE

DeltaCare USA DHMO Dental Plan

With the Dental Health Maintenance Organization (DHMO) plan through DeltaCare USA, it is required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. This will show the copays that apply to all of the dental services that are covered under this plan.

PPO Dental Plans

With the Delta Dental Preferred Provider Organization (PPO) Dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist. However, you will be responsible for the difference between the covered amount and the actual charges.

PPO plan options available:

- **Delta Dental PPO**
- **Delta Dental PPO Incentive:** In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

You do not need a dental ID card. When you visit the dentist you will need to provide the following information:

- Your name
- Your date of birth
- Your social security number (or enrollee ID number)

Plan Features	DeltaCare USA DHMO	Delta Dental PPO		Delta Dental PPO Incentive	
	Network	Network	Non-Network	Network	Non-Network
Calendar Year Maximum Benefit	Unlimited	\$2,000	\$2,000	\$2,700	\$2,500
Deductible (Annual) - Individual - Family	None None	None None	None None	None None	None None
Preventive (Plan Pays) Cleanings	See Copay Schedule	100% 2 Per Year	100% 2 Per Year	70% - 100% 2 Per Year	70% - 100% 2 Per Year
Basic (Plan Pays)	See Copay Schedule	90%	80%	70% - 100%	70% - 100%
Major (Plan Pays)	See Copay Schedule	60%	50%	70% - 100%	70% - 100%
Prosthodontics	See Copay Schedule	60%	50%	50%	50%
Orthodontia (Child(ren) / Adults)	Your cost: \$1,700 / \$1,900	50% with \$1,500 Lifetime Max		Not Covered	



Finding a DeltaCare DHMO Dental Provider:

Go to www.deltadentalins.com/enrollees or call (800) 422-4234. Under Find a dentist, select DeltaCare USA as your network.

Finding a Delta Dental PPO Provider:

Go to www.deltadentalins.com or call (866) 499-3001. Refer to the Premier or PPO network when prompted.

VISION INSURANCE

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

Plan Features	VSP Vision PPO	
	VSP Providers	Non VSP Providers
WellVision Exam (Every 12 months)	\$15 Copay	\$45 Allowance
Lenses (Every 12 Months) - Single Vision, Bifocal, Trifocal	Combined with exam	\$45 Allowance \$65 Allowance \$85 Allowance
Frames (Every 24 Months)	\$120 allowance (wide selection) \$140 allowance (featured brands) 20% savings over your allowance \$65 Costco-frame allowance	\$47 Allowance
Contact Lenses (Every 12 Months) - Cosmetic/Elective	(in lieu of frames/lenses)	
	\$105 Allowance	\$105 Allowance



Finding a VSP Vision Provider:

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

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) through **Anthem Blue Cross** provides employees and their family members with free confidential assistance to help with personal or professional problems that may interfere with family or work responsibilities and obligations.

Services include:

- **Face-to-Face Counseling Sessions:** Employees and their family members can receive up to 6 visits for each personal situation, as needed.
- **Legal Assistance:** You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms and a full library of articles.
- **Dependent Care and Daily Living Resources:** Specialists refer employees to options and provide support, guidance, and informational materials to empower them to make informed choices about child care, elder care and assistance with other daily life issues
- **Identity Recovery:** Specialists are available 24/7 to access your risk level and then identify steps to resolve potential identity theft. All services provided free of charge. Specialists will work with you to restore your financial identity to its pre-theft status.
- **Work/Life Services:** Specialists refer employees to options and provide support, guidance, and informational materials to empower them to make informed choices about child care, elder care and assistance with other daily life issues
- **Website Access:** Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.
- **Tobacco Cessation (Online and Coaching):** online program—LivingFree is a free 1– sessions, online training program which will help you learn how to break the tobacco habit.



Accessing the EAP:

To access EAP benefits, go to www.anthemEAP.com and enter SISC or you may call (800) 999-7222 to be immediately connected to an EAP counselor.

BASIC TERM LIFE AND AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are in our Early Retirement Incentive Program (ERIP) with the District. Palm Springs Unified School District pays in full for District Basic Term Life Insurance and AD&D Insurance, offered through MetLife.

The following are the amounts of coverage for the employee, spouse and dependent children:

	Basic Term Life	AD&D
Confidential/Management:	\$ 150,000	\$ 150,000
Spouse/Dependent Children:	\$ 1,500	\$ 1,500

Note:

Consider updating your beneficiary designation if you have experienced a life changing event such as marriage, divorce, birth of a child, etc.

2018-2019 RETIREE RATES (MGMT./CONF.)

SISC Medical Plan - Rates			
	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Retiree and Dependents over 65			
BS PPO 100-A	\$542.00	\$1,084.00	\$1,407.00
BS PPO 100-G	\$526.00	\$1,052.00	\$1,359.00
Companion Care	\$386.00	\$772.00	n/a
BS 65 Plus HMO	\$270.00	\$540.00	n/a
Kaiser Senior HMO	\$225.00	\$450.00	\$907.00

Delta Dental Plan - Rates			
	Retiree Only	Price to add 1 Dependent	Price to add 2 or more Dependents
DeltaCare DHMO	\$ 20.56	\$ 33.95	\$ 50.17
Delta Dental PPO	\$ 56.36	\$ 69.15	\$ 128.53
Delta Dental Incentive PPO	\$ 62.45	\$ 76.60	\$ 142.39

VSP Vision - Rates			
	Retiree Only	Retiree + 1 Dependent	Retiree + Family
VSP Vision	\$ 10.56	\$ 21.12	\$ 31.15

HOW TO CALCULATE PREMIUMS

The District contribution amount for your ERIP will be the same as the CAP amount you received on the fiscal year you retired

Monthly District Contribution (CAP)	
Fiscal Year	Mgmt/Conf
2006/2007	\$1,041.67
2007/2008	\$1,041.67
2008/2009	\$1,041.67
2009/2010	\$1,041.67
2010/2011	\$1,041.67
2011/2012	\$1,041.67
2012/2013	\$1,104.17
2013/2014	\$1,104.17
2014/2015	\$1,104.17
2015/2016	\$1,145.83
2016/2017	\$1,175.00
2017/2018	\$1,175.00
2018/2019	\$1,175.00

Calculate Monthly Rates		New Program Year 10/1/2018 - 9/30/2019
Medical Rate		_____
Retiree Dental Rate ONLY	+	_____
Vision Rate	+	_____
Sub-Total Monthly Cost	=	_____
District Contribution	-	_____
Retiree Monthly Payment	=	_____
Dental Rate for Dependent(s)	+	_____
<small>Retiree is responsible for the full amount of the Dependent's dental plan</small>		
Total Monthly Cost	=	_____

Your Enrollment Plan Information

Example _____ PPO 100-B

Medical Plan _____

Dental Plan _____

Vision Plan _____

Your Benefit Eligibility Dates

End Date of Active Benefits _____

ERIP Start Date _____

ERIP End Date _____

ACCESS DOCTORS ONLINE

BLUE SHIELD HMO & PPO - MDLIVE

Blue Shield's HMO and PPO plans includes MDLIVE, a 24/7/365 service where you have access to doctors and pediatricians to help you anytime, anywhere with your medical care. You can register by calling MDLIVE toll free at 888-632-2738 or going on the internet at www.mdlive.com/sisc. Be prepared to provide your name, the patient's name (if you are not calling for yourself), the last 4 digits of your Social Security Number, your date of birth, and the patient's phone number.

The MDLIVE logo consists of the word "MDLIVE" in white, bold, uppercase letters, set against a dark red, rounded rectangular background.

When to use MDLIVE:

- If you are considering the ER or urgent care center for non-emergency medical use.
- Your primary care doctor is not available.
- Traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescriptions or get refills.
- Note: Refer to your MDLIVE I.D. card for the name and contact information.

SISC Value-Added Services

Diabetes Prevention Program

SISC recently introduced new diabetes prevention benefit for Blue Shield HMO and PPO members. It's a 16-week, cutting edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. It's available at no cost to members that qualify.

Advanced Medical - Get Expert Medical Opinions

Advanced Medical provides members with access to the best health care possible by assisting patients with any and all healthcare questions. The benefit also provides access to medical opinions from world-leading experts without having to leave home. To access Advanced Medical services, call (855) 201-9925 or visit www.advance-medical.net/sisc

ONLINE BENEFITS ENROLLMENT



With the EaseCentral Online Enrollment System, you and your family can access your benefits information whenever you want, from home or any place where you have internet access. Use EaseCentral to view plan details, coverage amounts and costs.

URL: [PSUSD1.EASECENTRAL.COM](https://psusd1.easecentral.com)

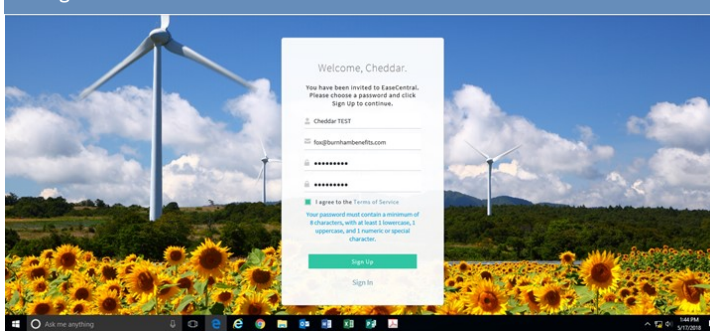


To Enroll or Make Changes to Your Benefits

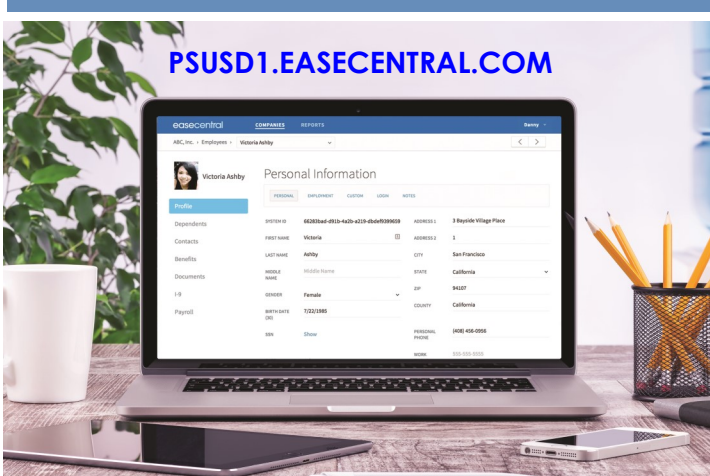
For optimal performance, it is recommended that you use Chrome or Firefox as your internet browser.

⇒ Log in to psusd1.easecentral.com

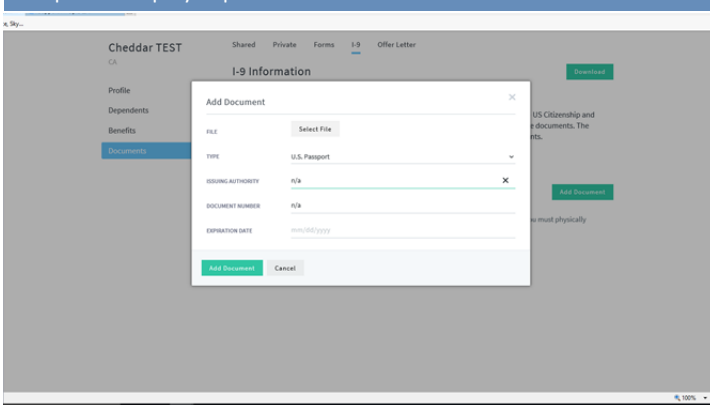
To login: Welcome Email



EaseCentral Profile Screen



To upload: Employee profile -> Documents -> I-9 -> Add Document



Steps to Enroll.

- URL: psusd1.easecentral.com.
- Username & Password: you will receive an email with your username and password.
- Click the “Get Started” button to start your enrollment.
- Follow enrollment wizard through each benefit coverage. Click NEXT to proceed to the next section.
- Verify your personal information and list missing dependent information.
- IMPORTANT: Employees enrolling their dependents in medical coverage will need to provide supporting documentation in order for them to be enrolled in the SISC Blue Shield and Kaiser medical plans. Reminder: be sure to add your SSN to each document before uploading in EaseCentral.**
- To upload supporting documents, select:
 - ⇒ **VIEW PROFILE**, then select
 - ⇒ **Documents**, and click **I-9** tab
 - ⇒ **Add Document**, then **Select FILE** to upload supporting documentation. Please refer to page 2 for acceptable documentation.
 - ⇒ **TYPE** -> select **U.S. Passport**, this will allow you to add all supporting documents at once. If you need to add additional documents, please select **U.S. PASSPORT** **again**.
 - ⇒ **ISSUING AUTHORITY** -> enter **PSUSD**
 - ⇒ **DOCUMENT NUMBER** -> enter **123**
- Make your benefit selections by selecting “Enroll” for the medical plan. Select “Enroll” to see plan options
- At the end, you will be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms. Mobile app or online ready.
- Review, electronically sign forms, click “Continue” and your enrollment is complete!

Horizontal lines for notes



The Affordable Care Act and You

The Affordable Care Act (ACA) has created new options for purchasing health insurance coverage through a Federal Health Insurance Marketplace.

Because Palm Springs Unified School District's medical plans are considered affordable and meet minimum value under Health Care Reform, eligible employees will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information, please visit www.healthcare.gov



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

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