




2023-2024



RETIREE BENEFITS GUIDE

CERTIFICATED , CONFIDENTIAL , MANAGEMENT, ERIIP RETIREES





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, basic life insurance, wellness programs, voluntary plans at a discount, and retirement benefits to help meet the diverse needs of our Retirees and families.

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

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

Risk Management Department

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What makes you an eligible retiree for District-Paid benefits at time of Retirement

Also known as the Early Retirement Incentive Program (ERIP)

CERTIFICATED

Certificated: *(for full description please refer to the PSTA CBA 2022-2025)*

- Bargaining Unit Members shall receive District-Paid Health and Welfare Benefits as negotiated for bargaining unit member until age sixty-five (65) or five (5) years, whichever occurs first
- All teachers eligible to retire within STRS or PERS
- Placed in salary Column 3 and above, Step 14 and above
- Have a minimum of 10 years of service in the District in a position requiring certification
- Retire from the District
- Employee has proposed the retirement voluntarily

CONFIDENTIAL/MANAGEMENT

Confidential/Management: *(for full description please refer to the AR 4317.1 Management Supervisory and Confidential Personnel)*

For those employees who become a Management/Confidential employee PRIOR to January 1, 2013:

- Retiree shall receive upon retirement, the current District-Paid medical, dental, vision and basic life insurance benefits for (10) ten years regardless of the age
- Employees must have served in the District in a regular permanent position for consecutively **7 years** or more, prior to retirement
- Retire within STRS or PERS
- Retire from the District

For those employees who become a Management/Confidential employee on or AFTER January 1, 2013:

- Retiree shall receive upon retirement, the current District-Paid medical, dental, vision and basic life insurance benefits until age 65 or for ten (10) years, whichever comes first
- Employees must have served in the District in a regular permanent position for **10 years** or more, prior to retirement
- Retiree must be at least 55 years of age
- Retire within STRS or PERS
- Retire from the District

Plan Years

- Medical, Dental and Vision: 10/01/2023 to 09/30/2024
- MetLife Basic Term Life Insurance Benefits: 10/01/2023 to 09/30/2024

When You May Enroll

Eligible District Paid Retirees may enroll at the time of Retirement

Documents Required to Enroll Dependent(s)

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) • SISC Affidavit of Marriage to be completed only if you do not file taxes jointly • For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted.
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB-205 Compliant) • SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate [to include full name of child, child's date of birth and parent(s) name] • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship

Changes to Enrollment and/or Qualifying Life Event

Changes: Each year there will be an annual open enrollment period where you can make new benefit selections for the following plan year. Once you make your benefit selections, you cannot change plans; however you may add or remove a dependent if you experience a qualifying life event.

Life Event: Please contact the Benefits Department **within 30 days from the qualifying life event date** to complete the appropriate selection forms. If you do not update your coverage **within 30 days**, you must wait until the next annual open enrollment period.

MEDICARE INFORMATION

It is the Retiree's responsibility to submit a copy of the Medicare Card to the Benefits Department (both for Retiree and Dependent turning age 65). If proof of your Medicare Card is not provided, the following illustrates the surcharge that will be applied to the monthly premium of the Retiree. The surcharge will be applied the first of the month in which the member turns age 65 until the Medicare card is produced.

2023-2024 SURCHARGE

Missing Part A	\$625
Missing Part B	\$625
Missing Part A & B	\$1,250

Initial Medicare Enrollment Period

- **Strongly Recommend contacting Social Security 3 months PRIOR** to your 65th birthday to enroll in Medicare
- AFTER age 65, contact Social Security **3 months PRIOR** to your retirement date to enroll in Medicare
- If you have deferred Medicare Part B for some reason and now need to enroll, contact Social Security

MEDICARE COVERAGE

General Medicare Enrollment Period

- If you don't sign up for Part A and Part B when you're first eligible, age 65 or at retirement, you will have the opportunity to enroll between January 1 and March 31 each year, for a July 1 effective date
- Active employee **working at age 65 and older**, SISC does not require Medicare until employee retires = group plan is primary
- Early Retiree **under age 65** (even if spouse is over 65) = group plan is primary
- Retiree **over age 65** or with Medicare = Medicare is primary = group plan is secondary

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:	Early Retiree Under 65	Retiree Medicare A&B
Kaiser HMO Medical Plan	●	
Kaiser Senior Advantage HMO Medical Plan		●

HMO Medical Plans – Blue Shield

With the Blue Shield of California Health Maintenance Organization Access+ (HMO) plans, you will be required to select a Primary Care Physician (PCP) within the Blue Shield Access+ 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. You can receive referrals from your PCP or self-refer to specialists within your PCP’s medical group for a higher copay using the Access+ feature of the plan.

TRIO HMO

Trio HMO is a limited HMO network where Blue Shield and their best medical groups form an organization designed to lower costs and improve the patient experience. The plan offers Shield’s Concierge personalized service to help you with everything from benefits questions to scheduling doctor’s appointments.

All HMO plan options offer prescription drug benefits through **Navitus-Health Solutions**. 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**. **IMPORTANT:** Walgreens is excluded from SISC Pharmacy Network.

Finding a Blue Shield HMO Medical Provider: www.blueshieldca.com or call (855) 256-9404 *Refer to the Access+ HMO network when prompted.*

Blue Shield HMO 10 plan options available:	Early Retiree Under 65	Retiree Medicare A&B
Blue Shield Trio HMO 10 Medical Plan (Limited Network)	●	
Blue Shield HMO 10 Medical Plan (Full Network)	●	

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-Health Solutions**. 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**. **IMPORTANT:** Walgreens is excluded from SISC Pharmacy Network.

Finding a Blue Shield PPO Medical Provider: www.blueshieldca.com or call (855) 256-9404. *Refer to the PPO network when prompted.*

Blue Shield PPO plan options available:	Early Retiree Under 65	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.		
Blue Shield PPO Medical Plan 100-B	●	
Blue Shield PPO Medical Plan 80-G	●	
Blue Shield PPO Medical Plan 100-A		●


 New
Trio HMO

MEDICAL PLAN FEATURES			
Medical Plan Features	Kaiser HMO	Kaiser Senior Advantage HMO Medicare Plan	Blue Shield HMO 10 Trio Network or Full Network
Plan Options Available To:	Early Retiree Under 65 OR Over 65	Retiree Medicare A&B	Early Retiree Under 65
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual)	None	None	None
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay	\$10 copay / \$10 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,000 / \$2,000
Inpatient Hospitalization	No cost	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$50 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$15 copay	\$10 copay
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost	\$10 copay / No cost
Chiropractic Copay/Visits per Year	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

ALL BLUE SHIELD HMO & PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS (NOT FOR KAISER MEMEBERS)

Prescription Drugs Plan Features	Kaiser HMO	Kaiser Senior Advantage HMO Medicare Plan	Blue Shield HMO 10 Trio Network or Full Network
Out-of-Pocket Max - Individual / Family	Included in Medical	Included in Medical	\$1,500 / \$2,500
Retail Pharmacy— 30 Day Supply - Generic/Brand	\$5/\$20	100 Days \$10/\$20	Network \$7/\$25 Costco \$0/\$20
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$10/\$40 61-100 Days	\$10/\$20 100 Days	\$0/\$60 90 Days

This summary is for comparison purposes only. Please refer to the PSUSD Website for detailed plan summaries.

MEDICAL PLAN FEATURES			
Medical Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 100-A	Blue Shield PPO 80-G
Plan Options Available To:	Early Retiree Under 65	Retiree Medicare A&B	Early Retiree Under 65
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family - Individual HSA coverage - Family HSA coverage	\$100 / \$300 n/a n/a	\$0 / \$0 n/a n/a	\$500 / \$1,000 n/a n/a
Co-Insurance (After Deductible)	0%	0%	80%
Office Visit Copay Primary Physician / Specialist	\$20 copay / \$20 copay	\$0 copay / \$0 copay	\$30 copay / \$30 copay
Out-of-Pocket Maximum - Individual - Family	\$1,000 \$3,000	\$1,000 \$3,000	\$2,000 \$4,000
Inpatient Hospitalization	Ded, 0%	Ded, 0%	Ded, 20%
Outpatient Diagnostic Test	Ded, 0%	Ded, 0%	Ded, 20%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%
Urgent Care Copay	\$20 copay	\$0 copay	\$30 copay
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$20 copay / Ded, 0%	\$0 copay / Ded, 0%	\$30 copay / Ded, 20%
Chiropractic	Ded, 0% Limits apply	Ded, 0% Limits apply	Ded, 20% Limits apply

ALL BLUE SHIELD HMO & PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS (NOT FOR KAISER MEMEBERS)			
Prescription Drugs Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 100-A	Blue Shield PPO 80-G
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail —30 Days Supply Generic/Brand	Network \$7/\$25 Costco \$0/\$25	Network \$0/\$25	Network \$7/\$25 Costco \$0/\$25
Mail Order—90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60	\$0/\$60

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. You have two PPO plans to choose from:

- **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, and 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		50% with \$1,500 Lifetime Max	

Finding a DeltaCare USA 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.

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 for exam & glasses	\$45 Allowance
Lenses (Every 12 Months)		
- Single Vision	100%	\$45 Allowance
- Bifocal	100%	\$65 Allowance
- Trifocal	100%	\$85 Allowance
Frames (Every 24 Months)		
- Wide Selection	\$120 Allowance	\$47 Allowance
- Featured Brands	\$140 Allowance	
- Costco® Frame	\$65 Allowance	
- Additional Savings	20% savings over your Allowance	
Contact Lenses (Every 12 Months)	(in lieu of frames/lenses)	
- Cosmetic/Elective	\$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.

District-Paid Basic Term Life and AD&D Insurance

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

The following are the amounts of coverage for the **Retiree (ERIP)**, spouse and dependent children:

RETIREE	Basic Term Life
ERIP Certificated:	\$ 50,000
ERIP Confidential/Management:	\$ 150,000
Retiree’s Spouse/Dependent Children:	\$ 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.

SISC Medical Plan - Monthly Rates (under 65)

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Retiree and Dependents under 65 (UUU) also includes (MUU) and (UMU)			
BS PPO 100-B	\$902.00	\$1,760.00	\$2,469.00
BS PPO 80-G	\$746.00	\$1,449.00	\$2,026.00
BS HMO 10 (Trio Network)	\$739.00	\$1,434.00	\$2,004.00
BS HMO 10 (Full Network)	\$804.00	\$1,563.00	\$2,189.00
Kaiser HMO	\$727.00	\$1,417.00	\$1,984.00
Kaiser HMO (Under & Over)	\$188.00	\$915.00	\$1,482.00

SISC Medical Plan - Monthly Rates (over 65)

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Retiree and Dependents over 65			
BS PPO 100-A	\$596.00	\$1,192.00	\$1,578.00
Kaiser Senior Advantage	\$188.00	\$376.00	\$961.00

DeltaCare DHMO Dental Plan - Monthly Rates

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
DeltaCare USA DHMO	\$ 20.56	\$ 33.95	\$ 50.17

Delta Dental PPO Plan - Monthly Rates**

	Retiree Only	Cost to ADD 1 Dependent	Cost to ADD 2 or more Dependents
Delta Dental PPO	\$ 48.59	\$ 59.63	\$ 110.82
Delta Dental PPO Incentive	\$ 53.85	\$ 66.04	\$ 122.77

**Retiree is responsible for the full amount of Dependent's PPO/Incentive dental plan.

Vision Services Plan - Monthly Rates

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Vision Services Plan (VSP)	\$ 10.56	\$ 21.12	\$ 31.15

The PSUSD 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) ¹		
Fiscal Year	MGMT/CONF	Certificated
2013/2014	\$1,104.17	\$1,167.33
2014/2015	\$1,104.17	\$1,167.33
2015/2016	\$1,145.83	\$1,167.33
2016/2017	\$1,175.00	\$1,188.17
2017/2018	\$1,175.00	\$1,188.17
2018/2019	\$1,196.83	\$1,210.00
2019/2020	\$1,238.08	\$1,251.25
2020/2021	\$1,238.08	\$1,251.25
2021/2022	\$1,285.42	\$1,272.25
2022/2023	\$1,385.17	\$1,393.33
2023/2024	\$1,522.25	\$1,535.42

Plan Year 10/1/2023- 9/30/2024	Your NEW ERIP Enrollment Plan Information	Calculate Monthly Rate
Monthly Medical Rate		+
Monthly DHMO Dental Rate		+
or		
Monthly RETIREE ONLY PPO/Incentive Dental Rate		+
Monthly Vision Rate		+
Sub-Total Monthly Cost		=
District Contribution ¹		-
¹ Based on your year of retirement		
Retiree Monthly Payment		=
Monthly PPO Dental Rate for DEPENDENT(S)**		+
<i>Retiree is responsible for the full amount of Dependent's PPO/Incentive dental plan.</i>		
** Refer to page 4 for definition of a dependent.		

Total Monthly Cost		=
Your Current Enrollment Plan Information	Your Benefit Eligibility Dates	
Example	PPO 100-B	End Date of Active Benefits
Medical Plan		ERIP Start Date
Dental Plan		ERIP End Date
Vision Plan		

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 also receive a discount on fees should you retain the attorney. Online resources include free legal forms and a full library of articles.
- **Daily Living Resources/Dependent Care:** 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 assess your risk level and then identify steps to resolve potential identity theft. All services provided are free of charge. Specialists will work with you to restore your financial identity to its pre-theft status.
- **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 Program:** LivingFree is a free, 1-session, 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.



Additional Health Benefits Offered Through SISC

In addition to your medical coverage, you also receive the following benefits when you enroll in any Palm Springs Unified School District medical plan (through SISC):

Telemedicine Benefits



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

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call (800) 464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit>, click Join your visit and log in
- There is no copay for phone or video visits

Blue Shield Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- Your copay is **\$10** for all your visits.
- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at (888) 632-2738, visit mdlive.com/sisc or download the app from the App Store or Google Play

Common Conditions Treated by MDLIVE			
General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

Nurse Support

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

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

Kaiser: Advice Nurse

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

Blue Shield: 24-Hour Nurse Helpline

Call (800) 700-9184 to speak to a registered nurse or to access the Blue Shield AudioHealth Library

Additional Health Benefits Offered Through SISC



Expert Second Opinions

Teladoc Medical Experts

- A free, 100% confidential benefit available to all Palm Springs Unified School District health plan members
- Get answers to health care questions and second opinions from world-leading experts.
- Access benefits at (855) 380-7828 or visit teladoc.com/sisc



Fitness and Health Lifestyle



Discounted Gym Memberships

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

Kaiser Members

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

Blue Shield PPO and HMO Members—TIVITY

- 1) Visit: bsca.fitnessyourway.tivityhealth.com
- 2) Click “Enroll” - Complete the five easy steps to enrollment
- 3) OR Call (833) 283-8387

This program gives you the flexibility to work out at any participating fitness location. Cost is only \$25 a month per person

Additional Health Benefits: Kaiser Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Kaiser plan.



Healthy Lifestyle Programs

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



Healthy Lifestyle Programs for Chronic Conditions

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

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



Wellness Coaching

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

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier

Call (866) 862-4295 to get started.



ChooseHealthy Discounts

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
- When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
- To get started, go to kp.org/choosehealthy or call (877) 335-2746.



Additional Health Benefits: Blue Shield Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Blue Shield plan.



24/7 Virtual Primary Care Doctor—*Eden Health* (Blue Shield PPO members)

- Virtually connect with a primary care physician to manage all your physical and mental health care needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.
- To access your benefit, visit mavenclinic.com/join.sisc



Personal Health Coaching—*Vida Health*

- Get one-on-one health coaching, therapy, chronic condition management, health trackers and other and resources online or via phone.
- Blue Shield plan members have access to Vida Digital Coaching, a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions; simply call 855-442-5885 or visit vida.com/sisc



Free Generic Medications—*Costco*

- Blue Shield plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer)
- 90-day supplies of free generic medications are available through the Costco mail order program; Costco membership is not required
- To access your benefit, call (800) 774-2678 or visit Costco.com



Physical Therapy for Back or Joint Pain—*Hinge Health* (Blue Shield PPO members)

- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.
- To access your benefit, call (855) 902-2777 or visit hingehealth.com/sisc



24/7 Access to Virtual Maternity & Postpartum Support—*Maven* (Blue Shield PPO members)

- Consult with a care advocate who connect you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- To access your benefit, visit mavenclinic.com/join.sisc.



No Cost Hip, Knee, and Spine Surgical Benefit—*Carrum Health* (Blue Shield PPO members)

- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health
- All medical bills, including deductibles, coinsurance and even travel expenses are covered
- To learn more, call Carrum Health at (888) 855-7806 or visit carrumhealth.com/sisc.



Enhanced Cancer Benefit—*Contigo Health* (Blue Shield PPO members)

- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge.
- To access, call (877) 220-3556 or go to contigohealth.com/sisc

Enrollment Guide At A Glance (psusd1.ease.com)



1. Log in to Ease by clicking on the link you receive in your email from Risk Management. For Optimal performance it is recommended that you use Chrome  or Firefox  as your browser.

2. Click Start Enrollment to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment. Click Continue to proceed to the next section.

4. Verify your personal information is correct and enter your dependent information .

5. If requested during the enrollment process, provide any emergency contacts or Medicare status.

6. Please select your benefit by selecting Enrolled or Waived for each plan. Click Continue to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. Sign form

8. Before you review your forms

Create your signature
Start typing your full name or it appears below.

Your Name Here

type your name.

THEN

Sign your signature

Create your signature
Some carriers require a hand-drawn signature. Please draw your signature in the box below.

[Handwritten Signature]

and follow the prompts to finish.

9. If you have any questions, contact Risk Management.

- To UPLOAD Supporting Documents, Select:
- VIEW PROFILE, then select
 - DOCUMENTS, then click ACTIONS
 - Click ADD DOCUMENT, then click BROWSE FILES to find & upload supporting documentation.
 - To add additional documents, please repeat the process
 - You can also drag the document from your desktop
 - Please enter the DISPLAY NAME using your LAST NAME, FIRST NAME and the DESCRIPTION of the document ex, TAX RETURN or BIRTH CERTIFICATE

The Affordable Care Act and You

Beginning December 31, 2018, the Affordable Care Act (ACA) required nearly every American to be enrolled in medical coverage or pay a penalty. Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the current tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

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

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

For More Information, go to www.healthcare.gov

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District has posted all federally required annual notices on our district website for you to download and read at your convenience, go to www.psusd.us/benefits.

Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices



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 Risk Management/Benefits Department.

	Phone	Website
Health Benefits		
SISC (Self-Insured Schools of California)	(661) 636-4410	www.sisc.kern.org
Kaiser Permanente ASH (Chiropractic if enrolled in the Kaiser Plan)	(800) 464-4000 (800) 678-9133	www.kp.org www.ashlink.com/ash/kp
Blue Shield Blue Shield Customer Service and/or I.D. Cards MD Live (24/7 Physician Line) Blue Shield HMO/PPO Chiropractic & Acupuncture	(855) 256-9404 (800) 657-6169 (855) 256-9404	www.blueshieldca.com/sisc www.mdlive.com/sisc www.blueshieldca.com/sisc
Navitus Health Solutions (Rx)	(866) 333-2757	www.navitus.com
Teladoc Medical Experts	(855) 380-7828	www.teladoc.com/sisc
DeltaCare USA DHMO Delta Dental PPOs	(800) 422-4234 (866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Employee Support Benefits		
Anthem BC Employee Assistance Program (SISC)	(800) 999-7222	www.anthemeap.com
Other Resources/ Vendors		
CalPERS (Retirement) CalSTRS (Retirement) American Fidelity Products—Jason Czajkowski	(888) 225-7377 (800) 228-5453 (619) 665-0890	www.calpers.ca.gov calstrs.com

Questions About Your Benefits?

Contact Risk Management/Benefits at: **(760) 883-2715** or riskmanagement@psusd.us

Renee Brunelle	Esmeralda Alvarez	Marlyne Velazquez	Monni Villela	Tami Garcia	Jesse Sotelo
Director of Risk Management	Benefits Specialist	Benefits Specialist	Benefits Specialist	Benefits & Work Comp. Specialist	Risk Management Program Analyst
Ext. 4805376	Ext. 4805377	Ext. 4805378	Ext. 4805380	Ext. 4805379	Ext. 4805381
rbrunelle@psusd.us	ealvarez2@psusd.us	mvelazquez@psusd.us	mmunozvillela@psusd.us	tgarcia@psusd.us	jsotelo@psusd.us

View more Benefits information at www.psusd.us/benefits



150 District Center Drive. Palm Springs, CA 92264
Telephone: (760) 883-2700
www.psusd.us



2211 Michelson Drive, Suite 1200
Irvine, CA 92612
Telephone: (949) 833-2983
Fax: (949) 833-9549
www.burnhambenefits.com

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.