



SISC HEALTH BENEFITS

Mt. San Antonio College (Mt. SAC)

- CLASSIFIED – (CSEA 262, CSEA 651 & Auxiliary)
 - MANAGEMENT & BOARD OF TRUSTEES

Open Enrollment - July 1st through August 6th, 2023



This Presentation is an Overview of Benefits

- This presentation is intended to provide you a summary of Open Enrollment benefit options for Classified and Management, including Board of Trustees.
- The plan contract, aka as EOC, should be consulted for a detailed description of coverage benefits and limitations. EOCs are available on your district website. Or You can reach out to customer service for your respective carrier.

Medical Plan Options



SISC

Self-Insured Schools of California
Schools Helping Schools

Active employees are given the choice between 6 types of medical plans for October 1, 2023 enrollment:



KAISER PERMANENTE

SISC Kaiser HMO Plans

1) \$0 co-pay Plan w/Rx \$5 (100 day) (CLS only) OR 2) \$15 co-pay Plan w/Rx \$5-20 (30 day)

blue  of california

SISC Blue Shield PPO

- 100-A \$10 co-pay w/Rx \$5-20
- 90-G \$20 co-pay w/Rx \$5-20
- 80-G \$20 co-pay w/Rx \$5-20 (MGT only)

SISC Blue Shield HMO

- Premier 10/0 (Full Network) w/Rx \$5-20
- Premier 10/0 (TRIO Network) w/Rx \$5-20

Co-insurance terms to remember:

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- **Co-pay** – A flat dollar amount paid for an office visit, specific service or prescription
- **Deductibles** – The amount a member must pay before the plan begins to pay a percentage of your service costs. This is waived for office visits.
- **Percent of coverage** – This determines what percent the member will pay after the deductible is satisfied (e.g. 90% coverage = 10% you pay)
- **Out-of-pocket expense/maximum** – Any payment made, whether a co-pay, deductible or percent of coverage, is an “out of pocket,” expense.”

Once your plan’s “out-of-pocket” expense is met, your plan covers you at 100% for the rest of the calendar year.

SISC Kaiser HMO



- **Kaiser HMO \$0 co-pay plan with Rx \$5 (100 day) –
CLASSIFIED ONLY**
 - \$0 Office visit, Urgent Care, Specialist co-pay
 - \$0 Outpatient Hospital or Surgery center co-pay
 - \$0 Physical or Occupational Therapy co-pay
 - \$50 Ambulance co-pay
 - \$100 Emergency room co-pay (waived if admitted)
 - \$0 Durable Medical Equipment (supplemental)
- Outpatient prescription drugs at Kaiser Pharmacy
 - \$5 generic; \$5 brand up to a 100-day supply
 - \$5 specialty up to a 30-day supply
 - Kaiser Mail Order available
- Access care at a Kaiser facility. No out-of-network benefits without approval from Kaiser

SISC Kaiser HMO



- **Kaiser HMO \$15 co-pay plan with Rx \$5-20 (30 day)**
 - \$15 Office visit, Urgent Care, Specialist co-pay
 - \$15 Outpatient Hospital or Surgery center co-pay
 - \$15 Physical or Occupational Therapy co-pay
 - \$50 Ambulance co-pay
 - \$100 Emergency room co-pay (waived if admitted)
 - \$0 Durable Medical Equipment (supplemental)
- Outpatient prescription drugs at Kaiser Pharmacy
 - \$5 generic; \$20 brand; \$20 specialty for a 30-day supply
 - \$10 generic; \$40 brand up to a 100-day supply
 - Kaiser Mail Order available
- Access care at a Kaiser facility. No out-of-network benefits without approval from Kaiser

More with SISC Kaiser HMO



- Includes Chiropractic and Acupuncture Rider
 - \$10 co-pay up to 30 combined visits per year
 - Self referral through American Specialty Health (ASH) Network
- Hearing Aid Benefit –
 - \$500 allowance per device; 1 device per ear; 2 devices per 36 months
- Includes SISC's Value Added Services:
 - Employee Assistance Program (EAP)
 - Expert Medical Opinion - Teladoc
- Members will maintain their same medical record number
- New ID cards will only be issued if you haven't received an ID card in the last 365-days and/or:
 - Name Change
 - Date of Birth
 - Gender
 - Request for Replacement
 - Medical Record Number Correction

All our PPO Plans are the same, except:

- **Percentage of coverage: 100% plans, 90% plans and 80% plans.**
- **Deductible Amounts**
- **Out-of-pocket Amounts**
- **Office Co-pay Amounts**
- **Rx Co-pays and Out-of-pocket maximums**

All benefits and services available to you are the same, including the provider network.

SISC Blue Shield PPO

- **100-A Plan \$10 co-pay with Rx \$5-20**
 - \$10 Office visit, Urgent Care, Specialist co-pay
 - \$0 Deductible
 - 100% coverage after deductible for in-network services
 - \$100 Emergency room co-pay (waived if admitted)
 - \$100 Ambulance co-pay (air and ground)
 - \$1,000 per individual up to \$3,000 per family Out-of-Pocket Maximum
- Outpatient prescriptions drug coverage through Navitus
 - \$5 generic/\$20 brand/\$20 specialty up to a 30-day supply – All pharmacies except Walgreens.
 - \$0 co-pay for generics at Costco (30 or 90-day supply)
 - \$50 brand copay for 90-day supply at Costco
 - Costco Mail Order up to a 90-day supply
 - Out-of-Pocket Maximum \$1,500 Individual/\$2,500 Family
- It is always the patient's responsibility to confirm benefits and if providers are in-network or contracting. Out-of-network benefits are limited or not covered at all

SISC Blue Shield PPO

- **90-G Plan \$20 co-pay with Rx \$5-20**
 - \$20 Office visit, Urgent Care, Specialist co-pay
 - \$500 per individual and \$1,000 family Deductible
 - 90% coverage after deductible for in-network services
 - \$100 Emergency room co-pay (waived if admitted)
 - \$100 Ambulance co-pay (air and ground)
 - \$1,000 per individual up to \$3,000 per family Out-of-Pocket Maximum
- Outpatient prescriptions drug coverage through Navitus
 - \$5 generic/\$20 brand/\$20 specialty up to a 30-day supply – All pharmacies except Walgreens.
 - \$0 co-pay for generics at Costco (30 or 90-day supply)
 - \$50 brand copay for 90-day supply at Costco
 - Costco Mail Order up to a 90-day supply
 - Out-of-Pocket Maximum \$1,500 Individual/\$2,500 Family
- It is always the patient's responsibility to confirm benefits and if providers are in-network or contracting. Out-of-network benefits are limited or not covered at all

SISC Blue Shield PPO

- **80-G Plan \$20 co-pay with Rx \$5-20 – MANAGEMENT ONLY**
 - \$20 Office visit, Urgent Care, Specialist co-pay
 - \$500 per individual and \$1,000 family Deductible
 - 80% coverage after deductible for in-network services
 - \$100 Emergency room co-pay (waived if admitted)
 - \$100 Ambulance co-pay (air and ground)
 - \$2,000 per individual up to \$4,000 per family Out-of-Pocket Maximum
- Outpatient prescriptions drug coverage through Navitus
 - \$5 generic/\$20 brand/\$20 specialty up to a 30-day supply – All pharmacies except Walgreens.
 - \$0 co-pay for generics at Costco (30 or 90-day supply)
 - \$50 brand copay for 90-day supply at Costco
 - Costco Mail Order up to a 90-day supply
 - Out-of-Pocket Maximum \$1,500 Individual/\$2,500 Family
- It is always the patient's responsibility to confirm benefits and if providers are in-network or contracting. Out-of-network benefits are limited or not covered at all

PPO - Member Tips

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- It is the member's responsibility to ensure a provider or facility is contracted with Blue Shield of CA or a "participating provider"
- Outpatient diagnostic x-ray/imaging, labs, durable medical equipment, orthotics, home health services, hospice, chiropractic, physical/occupational therapy, abortion services, family planning, and preventive health are not covered out-of-network (Non-Participating Providers).
- Surgery centers required for outpatient Arthroscopy, Cataract Surgery, Colonoscopy, Upper GI Endoscopy with/out Biopsy, for maximized coverage.
- Non-participating providers have the right to balance bill you
- Payments to non-participating providers do not accrue to out-of-pocket maximum.
- Not Sure? Call Blue Shield of CA's customer service number with the provider's tax ID number, name, address and telephone number to verify if in-network.

Ways To Save

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- ✓ Routine Preventive Care and Well Baby Care is covered at 100% in-network (Participating Provider).
- ✓ Use Urgent Care or MDLive for non-emergencies rather than the emergency room
- ✓ Talk to your doctor about using generics rather than brand
- ✓ 4th Quarter Deductible Carry-Over with PPO Plans
- ✓ The First 3 Primary Care Visits on PPO plans will be a \$0 Copay per member per calendar year

SISC Blue Shield HMO

- **Premier 10/0 (Full Network) Plan \$10 co-pay with Rx \$5-20**
 - \$10 Office visit, Urgent Care, Specialist co-pay
 - \$0 Copay per admission for Inpatient Hospital Stays
 - \$0 Lab, diagnostic X-Ray, Prosthetic Devices, Skilled nursing care (100-day limit), Hospice
 - \$0 Scans: CT/CAT, MRI, PET, etc., per test
 - \$0 Deductible
 - \$100 Emergency room co-pay (waived if admitted)
 - \$100 Ambulance co-pay (air and ground)
 - \$1,000 per individual up to \$2,000 per family Out-of-Pocket Maximum
- Outpatient prescriptions drug coverage through Navitus
 - \$5 generic/\$20 brand/\$20 specialty up to a 30-day supply – All pharmacies except Walgreens.
 - \$0 co-pay for generics at Costco (30 or 90-day supply)
 - \$50 brand copay for 90-day supply at Costco
 - Costco Mail Order up to a 90-day supply
 - Out-of-Pocket Maximum \$1,500 Individual/\$2,500 Family

SISC Blue Shield HMO

- **Premier 10/0 (TRIO Network) Plan \$10 co-pay with Rx \$5-20**
 - \$10 Office visit, Urgent Care, Specialist co-pay
 - \$0 Copay per admission for Inpatient Hospital Stays
 - \$0 Lab, diagnostic X-Ray, Prosthetic Devices, Skilled nursing care (100-day limit), Hospice
 - \$0 Scans: CT/CAT, MRI, PET, etc., per test
 - \$0 Deductible
 - \$100 Emergency room co-pay (waived if admitted)
 - \$100 Ambulance co-pay (air and ground)
 - \$1,000 per individual up to \$2,000 per family Out-of-Pocket Maximum
- Outpatient prescriptions drug coverage through Navitus
 - \$5 generic/\$20 brand/\$20 specialty up to a 30-day supply – All pharmacies except Walgreens.
 - \$0 co-pay for generics at Costco (30 or 90-day supply)
 - \$50 brand copay for 90-day supply at Costco
 - Costco Mail Order up to a 90-day supply
 - Out-of-Pocket Maximum \$1,500 Individual/\$2,500 Family

More SISC HMO plan information

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- **Includes Chiropractic and Acupuncture Rider**
 - \$10 co-pay up to 30 combined visits per year
 - Self referral through American Specialty Health (ASH) Network
- **Hearing Aid Benefit Rider** — 50% coverage per device; 1 device per ear, every 24months.
- It is always the patient's responsibility to obtain referrals from their HMO Primary Care Physician or Medical Group to ensure medical services are covered and that their providers are in-network or contracting.
- Make sure to check your new Blue Shield ID cards to ensure the Provider/Group you selected is accurate. If ID not correct, call Blue Shield's customer service number to request the change.
 - Please note: If Blue Shield states your doctor or medical group is not accepting new patients, let them know you are an existing patient.
- Benefit Summaries and Side-By-Side Comparisons are available through the District website, for further benefit details.

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When to call Blue Shield of CA:

- Received a bill or Explanation of Benefits (EOB)
- My claim was denied
- My doctor said I'm not covered. [*First call Blue Shield; then call your District if Blue Shield confirms you're not covered.*]
- I need a new ID Card
- Status of my prior authorization request

Answers can also be found on the Blue Shield/SISC Microsite and via your Blue Shield of CA phone app:

Register as a member at: www.blueshieldca.com/sisc

Finding a provider

- Blue Shield PPO & HMO Members:

<https://myoptions.blueshieldca.com/sisc/sisc/index#fad>

Access +HMO (Full Network)

Premier 10/0

Trio HMO (Trio)

Premier 10/0

PPO (Full Network)

100-A Plan \$20 co-pay with Rx \$5-20
 90-G Plan \$20 co-pay with Rx \$5-20
 80-G Plan \$20 co-pay with Rx \$5-20

Remember that all your Blue Shield plans are through SISC – Do not go to the general Blue Shield Website to search for doctors.

- Kaiser Permanente Members:

<https://healthy.kaiserpermanente.org/southern-california/doctors-locations#/search-form>

Keep in mind that Kaiser is Kaiser through SISC – You will use the same facilities and have access to the same doctors you have now.



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



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

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

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com and enter SISC



24/7 Virtual Primary Care Doctor

Eden Health

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

Anthem and Blue Shield PPO members

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



Personal Health Coaching

Vida Health

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

Anthem and Blue Shield members

Call 855-442-5885

Visit vida.com/sisc



24/7 Physician Access—Anytime, Anywhere

MDLive

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

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc



Free Generic Medications

Costco

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

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com



Benefits you didn't know you had:



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edenhealth +  SISC

Need a Primary Care Doctor?

Just ask Eden. You'll get connected to an entire health Care Team.

As part of your SISC PPO Medical Benefits, you have 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through one app. The answer to most of your health questions is now simple: "Just Ask Eden."

WE'RE HERE, 24/7/365



Diagnoses and
Treatments



Prescription Refills



Scheduled video visits or
live chat with a primary
care physician



Answers to follow
up care questions



Specialist Referrals



Mental Health
Support

IT'S NEVER BEEN EASIER TO STAY ON TOP OF YOUR HEALTH:

Confidential and never
shared with your employer

Available at no cost to
SISC Anthem and Blue
Shield PPO members*

Access for
dependents over 18

EDEN HEALTH

– NEW –

Effective 4/1/23

- Ongoing Virtual Care 24/7
- Mental Health Support
- Can fill prescriptions using Navitus Formulary
- Referrals within your network.

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

*per IRS regulations, SISC members enrolled on an HSA plan must meet deductible before accessing \$0 visits.



Benefits you didn't know you had:



- ❖ **MDLive PPO & HMO** – \$10 copay for virtual office visits, 24hrs/day, 7 days/week, for both medical and behavioral health visits
- ❖ **\$0 Most Generics at Costco** – Costco membership not required for pharmacy access; No applicable for Vivity HMO members
- ❖ **Teladoc** – Expert Medical 2nd Opinion - Free Service
- ❖ **Enhanced Cancer Benefit (PPO Only) – City of Hope** – Consult experts who can help you navigate the complex world of cancer treatment.
- ❖ **SISC Employee Assistance Program (EAP)** – Free Service
 - Free counseling
 - Consultation with an Attorney
 - Skill Builders
 - Resources for Managers and Supervisors
 - Six Free Face to Face Visits
 - Assistance with Financial Planning
 - ID Theft Recovery and Monitoring
- ❖ **VIDA Health – Digital Health Coaching** – One-on-one coaching, therapy, digital programs and other tools and resources via online or mobile access.

Benefits added through Blue Shield:

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- ❖ **Tivity Health** – Discounted Gym Network - \$25 Registration Fee and \$25 per month.
- ❖ **Solera4Me** – Diabetes Prevention Program
- ❖ **Carrum Health** – Hip and Knee replacement and certain spine surgeries for no out-of-pocket costs, when using Carrum Health
- ❖ **Wellness Discount Programs** –
 - Alternative Care Discounts – Chiropractic, Acupuncture & Massage Services
 - Health & Wellness Products – Get up to 50% discounts on popular health & fitness products.
- ❖ **Quitnet** – Smoking Cessation Program – Free of Cost
- ❖ **EPIC Hearing** – Hearing Aid Discounts
- ❖ **Discount Vision Program** – In addition to VSP, you get discounted exams & supplies such as contacts and glasses.

Other Noteworthy Items

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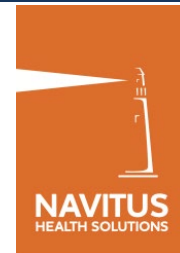
- Primary vs Secondary Insurance
 - Subscriber enrollment is primary
 - Dependent enrollment is secondary
 - For children, parent's month of birth (first in calendar year is primary)
- Coordination of Benefits (COB)
 - All SISC plans have COB on medical, dental and vision plans. You must check your secondary plans COB rules. SISC does not have COB on prescription drug plans.

Navitus Health Solutions



- **Navitus manages the pharmacy benefits for the PPO & HMO Blue Shield plans**
 - **Covered drugs on the formulary are evaluated by Navitus pharmacists and physicians based on:**
 1. Therapeutic value
 2. Effectiveness and side effects
 3. Then cost
 - **Navitus adds new coverage limitations or removes certain medications from coverage; therefore, the formulary can change on a monthly basis if/when:**
 - New drugs are approved by the FDA, including specialty, brand and generic drugs
 - Existing drugs are discontinued by the FDA
 - Existing drugs are reclassified as “over-the-counter” medications, etc.

Please note: The above changes are never done without making sure that high quality, safe and effective alternatives are available.
- **Members should register with [Navitus.com](https://www.navitus.com) to view the most up-to-date formulary.**
- **Some covered medications require step-therapy or prior authorization and some therapeutic classes of medication use preferred medications.**
 - **Every case has individual medical needs and it's those needs that determine approval of specific prescriptions.**
- **The network includes most independent pharmacies and all major chain pharmacies except Walgreens.**



Filling Prescriptions with Navitus

- **Members should use their SISC Blue Shield ID card – it includes the pharmacy information (Bin, PCN and group number).**
- **Filling a retail prescription at your local pharmacy**
 - If you have a current prescription on file you **will not** need a new prescription unless yours has expired. Show your ID card for claim processing and let them know you have a new pharmacy benefit manager, if filling a prescription for the first time.
- **Filling a Mail Order prescription to be delivered to your home**
 - You **will** need to obtain a new prescription from your doctor and submit with a Costco Mail Order form
- **Navitus Health Solutions (Rx)**
 - 866-333-2757 (on back of ID card, pharmacy services)
 - www.navitus.com (register as a member)
 - Review formulary, medication history, what's my copay, mail order form, specialty pharmacy info, prescription benefits

Call your District **ONLY** after
you've called Navitus for
assistance with no results.



Dental options through Delta Dental

- PPO \$1,500 with \$2,000 Orthodontic Benefit
- PPO Incentive Unlimited with \$2,000 Orthodontic Benefit
- ✓ Both plans have 100% Dental Accident Benefits with a separate \$1,000 maximum per person per calendar year.

PPO \$1,500 with \$2,000 Orthodontic

- **Maximum Benefit per year** – \$1,500 per person in-network; \$1,000 per person out-of-network
- **Diagnostic & Preventive Services (D&P)** – Exams, two cleanings/year, and x-rays
- **Basic Services** – Fillings, simple tooth extractions, sealants, Endodontics (Root Canals), Periodontics (gum treatment), Oral Surgery, Major Services (Crowns, inlays, onlays and cast restorations) – All covered 100% in-network; 50% out-of-network
- **Prosthodontics** – Bridges, dentures, implants (60% in-network; 50% out-of-network); implants have \$2,000 annual max in-network; \$1,000 max out-of-network
- **Orthodontics** – Separate \$2,000 lifetime maximum per person

PPO Incentive Unlimited with \$2,000 Orthodontic

**SISC**

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- **Maximum Benefit per year** – Unlimited per person both in and out-of-network
- **Diagnostic & Preventive Services (D&P)** – Exams, two cleanings/year, and x-rays
- **Basic Services** – Fillings, simple tooth extractions, sealants, Endodontics (Root Canals), Periodontics (gum treatment), Oral Surgery, Major Services (Crowns, inlays, onlays and cast restorations) – All covered 70-100% in and out of network
- **Prosthodontics** – Bridges, dentures, implants (60% in-network; 50% out-of-network); implants have \$2000 annual max, both in and out-of-network.
- **Orthodontics** – Separate \$2,000 lifetime maximum per person

SmileWay Wellness Benefits

Expanded list of qualifying medical conditions

Original Conditions

- ✓ Diabetes
- ✓ Heart disease
- ✓ HIV/AIDS
- ✓ Rheumatoid arthritis
- ✓ Stroke

New Conditions

- ✓ Chronic kidney disease
- ✓ Sjogren's Syndrome
- ✓ Lupus
- ✓ Parkinson's Disease
- ✓ Amyotrophic Lateral Sclerosis (ALS)
- ✓ Huntington's Disease
- ✓ Opioid Misuse and Addiction
- ✓ Cancer
- ✓ Joint replacement

What are the additional benefits? When members opt in, they will receive these added benefits per calendar or contract year.

100% coverage	Deep cleaning below the gum line One periodontal scaling and root planing procedure per quadrant (D4341 or D4342)
Four of the following (any combination) per calendar or contract year	
100% coverage	Teeth cleaning – adult or child Prophylaxis (D1110 or D1120)
	Treatment for inflammation or infection Periodontal maintenance procedure (D4910)
	Plaque removal Scaling in presence of moderate or severe gingival inflammation (D4346)

We make it easy

For members to enroll in SmileWay

1. Members should log in to their online account.
2. Select **SmileWay Wellness Benefits** on the left navigation area.
3. Select **Opt-In** next to the qualifying member's name.
4. Complete the opt-in form and complete the physician's information.
5. Select **Opt-In** button to finish enrolling.
6. Benefits will go into effect after 24 hours.

The image displays three overlapping screenshots of the Delta Dental member portal. The top screenshot shows the 'SmileWay® Wellness Benefits' page, which lists qualifying conditions and included benefits. The middle screenshot shows the 'Members' list with names like Samantha Ortega, Humberto Ortega, and Hector Ortega, each with an 'Opt in' button. The bottom screenshot shows the 'Opt in to SmileWay® Wellness Benefits' form, which includes a dropdown for selecting a primary condition, a checkbox for certifying the condition, and fields for the physician's name and phone number.

Delta Dental SmileWay® Wellness Benefits

Home | My dental care | Claims & visits | Find a dentist | Plan ahead for a visit | Benefits & coverage | Plan summary | Benefits details | Benefits usage | Plan documents | SmileWay Wellness Benefits

What conditions qualify?

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington's disease
- Joint replacement
- Kidney disease (chronic)
- Lupus
- Opioid misuse and addiction
- Parkinson's disease
- Rheumatoid arthritis
- Splanter's syndrome
- Stroke

What benefits are included?

When you opt in to SmileWay Wellness Benefits, the following teeth and gum procedures are covered at 100% each calendar or contract year:

Deep cleaning below the gum line
D4341 (4+ teeth) or D4342 (1-3 teeth) — One periodontal scaling and root planing procedure

Teeth cleaning — adult or child
D110 — Prophylaxis — adult or D120 — Prophylaxis — child

Treatment for inflammation or infection
D4910 — Periodontal maintenance

Plaque removal
D4546 — Scaling in presence of moderate or severe gingival inflammation

Members

If you or your dependents are eligible to opt in to SmileWay Wellness Benefits, you can begin using your additional benefits 24 hours after opting in.

Samantha Ortega **Opt in**

Humberto Ortega **Opt in**

Hector Ortega **Opted in** **Opt out** **Update**

Sofia Ortega

Delta Dental SmileWay® Wellness Benefits

Home | My dental care | Claims & visits | Find a dentist | Plan ahead for a visit | Benefits & coverage | Plan summary | Benefits details | Benefits usage | Plan documents | SmileWay Wellness Benefits

Opt in to SmileWay® Wellness Benefits

Selected member <Samantha Ortega>

Indicate <Samantha Ortega>'s primary condition (select one):

Primary condition:
Please select a condition

☐ I certify that <Samantha Ortega> has the condition indicated and is eligible for this program. I acknowledge that Delta Dental may verify this information.

Physician's details

Name of physician
Physician name

Phone number of physician
###-###-####

Cancel **Opt in**

Vision plan through VSP



Signature C - \$0 Copay Plan

WellVision Exam — Every Calendar Year

Frames — Every Calendar Year; \$150 allowance (including at Costco, Sam's Club, etc.) for a wide selection of frames; \$170 for featured frame brands

Lenses — Every Calendar Year; single, lined bifocal and lined trifocal lenses; polycarbonate lenses for dependent children

Contacts (instead of glasses) — Every Calendar Year; \$150 allowance for contacts and exam (fitting and evaluation)

Retinal Screening — No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Discounts — Glasses and Sunglasses, frame brands, and Laser Vision Correction

General New Enrollment Information

**SISC**Self-Insured Schools of California
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- Blue Shield members will receive new ID cards and Kaiser members may/may not receive new ID cards; existing Kaiser members will retain their medical record number.
- **Blue Shield** will provide new ID cards with new group number and pharmacy information for subscriber and spouse (if applicable).
 - Individual dependent ID cards can be ordered by calling the customer service number on your ID card.
 - Be sure to share your new card information when accessing medical services and filling Rx
 - When refilling a prescription for the first time, make sure to mention that your pharmacy benefit manager has changed.
- **Kaiser** will only provide new ID cards IF the member has not received a card in the last 365 days and/or:
 - Name Change
 - Date of Birth
 - Gender
 - Request for Replacement
 - Medical Record Number Correction
- If you have questions regarding benefits or claims, please contact the customer service numbers on your ID cards
- If they are not able to answer your questions or provide information that is unclear, please reach out to your District.

Member Resources



Blue Shield of CA PPO & HMO - Member Services aka: Shield Concierge (benefit information and claims)

- 855-599-2657 – Customer Service (on back of ID card);
- <http://www.blueshieldca.com/sisc> (register as a member)
- Blue Shield Mobile App
- Access EOBs, find providers, contact Blue Shield of CA

Navitus Health Solutions (Rx)

- 866-333-2757 (on back of ID card, pharmacy services)
- www.navitus.com (register as a member)
- Review formulary, medication history, what's my copay, mail order form, specialty pharmacy info, prescription benefits

Kaiser Permanente

- 800-464-4000
- www.kp.org/sisc/

Call your District ONLY after you've called the carriers for assistance.

What do I need to do?

1 You Must Complete Enrollment process by August 6, 2023

- Schedule an appointment to meet virtually with an American Fidelity Benefit Advisor @ <https://benefits.americanfidelity.com/mt-san-antonio-college> or call (800) 365-9180

2 Be prepared to provide the required dependent eligible documents to Human Resources.

3 If you have any questions, contact Benefits at Hrbenefits@mtsac.edu

**SISC**Self-Insured Schools of California
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Questions



Thank you!