



**10/01/2024 – 09/30/2025**

**EMPLOYEE BENEFITS**  
**Medical / Dental / Vision**

**MEDICAL: ANTHEM PPO Options:**

80-G/\$30 copay/ RX 200 deductible for Name & Specialty Drugs/10-35

80- J/\$30 copay/ RX 200 deductible for Name & Specialty Drugs /10-35

80-K/\$30 copay/ RX 200 deductible for Name & Specialty Drugs /10-35

80-L/\$30 copay/ RX 200 deductible for Name & Specialty Drugs /10-35

HSA 5000

**SIMNSA HMO Option:** Mexico coverage with US Emergency Services

**DENTAL: Delta Dental**

Plan 1 – PPO

Plan 2 – Incentive (Premier PPO)

**VISION: Eye Med**

**VALUE ADDED SERVICES:**

**EDEN HEALTH** – 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.

**MAVEN** – 24/7 Access to Virtual Maternity and Postpartum Support. Eligible Anthem PPO members are matched with a Care Advocate.

**HINGE HEALTH** – **Physical Therapy for Back or Joint Pain.** Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching personalized exercise therapy. Eligible Anthem PPO members are matched with a Care Advocate. **No longer available for HSA participants.**

**\$0- CO-PAY FOR THE FIRST THREE (3) VISITS TO A PRIMARY CARE PROVIDER EACH CALENDAR YEAR.**

**VIDA COACHING APPLICATION** – Vida will offer members access to virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions (Anthem PPO members only). **No longer available for HSA participants**  
[www.vida.com/sisc](http://www.vida.com/sisc)

**CONTIGO HEALTH ONCOLOGY CENTER OF EXCELENCE PROGRAM** – This enhanced benefit provides Anthem PPO members facing a cancer diagnosis with the opportunity to have an in-person comprehensive consultation at City of Hope at no cost (due to IRS rules, deductible applies to HSA plan). [sisc.contigohealth.com](http://sisc.contigohealth.com)

**ANTHEM SYDNEY – DIGITAL ID CARDS** – Anthem's new mobile application, Sydney, provides members access to a number of new features including a customer service chat function, access to claims, and digital ID cards

**AMBULATORY SERVICE CENTER** – **5 Procedures that must be performed in an Ambulatory Service Center:**

**Arthroscopy, Cataract Surgery, Colonoscopy, Upper GI Endoscopy with Biopsy & Upper GI Endoscopy without Biopsy**

**TELEDOC** - Advance Medical matches patients to the leading doctors on their specific conditions, who work with you to be sure of your diagnosis and recommend the best path for treatment. <https://www.teladoc.com/sisc>

**BLUE DISTICTION + PROGRAM** – Anthem Hip, Knee & Spine Surgeries Required Facility and surgeons (**only if Carrum is not elected**). <https://www.anthem.com/ca/sisc/find-care/>

**CARRUM (Scripps San Diego)** – **100% coverage** for Knee Replacement, Hip Replacement & Spine Surgery.

1-888-855-7806

**COSTCO FREE GENERIC MEDICATIONS** – Anthem PPO members get generic medications with a **\$0 co-payment** (excluding some narcotic pain medications and some cough medications) at a Costco pharmacy.

**EMPLOYEE ASSISTANCE PROGRAM (EAP)** – EAP is a service available to Anthem and Simnsa members and families at no cost. It's designed to help you with everyday problems and questions, big or small. [www.anthemead.com](http://www.anthemead.com)

**MD LIVE** – **Avoid the wait** 24/7 online doctor visit **\$10 co-pay (HSA participants must meet deductible)** for a general non-emergency condition and behavioral health. (**register in advance**). [www.mdlive.com/sisc](http://www.mdlive.com/sisc)

**LARK (Diabetic program)**– 16week program that can help you lose weight and adopt healthy habits and significantly reduce your risk of developing diabetes at **NO COST** to Anthem PPO members that qualify. [www.lark.com/anthembc](http://www.lark.com/anthembc)

**Imperial Unified School District**  
**2024- 2025 Plan Year Election Form**  
**October 1, 2024 - September 30, 2025**

Co-Insurance (after deductible)  
Individual / Family Deductible  
Out of Pocket Maximum  
Office Visit  
Hosp/Surg/XRay/Lab  
Emergency Room  
Prescription Plan  
Generic  
Brand Name  
Brand Name Deductible

<b>80 G</b> <b>Anthem PPO</b>	<b>80 J</b> <b>Anthem PPO</b>	<b>80 K</b> <b>Anthem PPO</b>	<b>80 L</b> <b>Anthem PPO</b>	<b>SIMNSA</b> <b>Mexico HMO</b>	<b>Minimum Value Plan</b> <b>HSA 5000</b>
<b>80%</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>	<b>100%</b>	<b>70%</b>
\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000	\$2,000 / \$4,000	None	\$5,000 / \$10,000
\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,350 / \$12,700
\$30	\$30	\$30	\$30	\$5	70% subject to deductible
80%	80%	80%	80%	100%	\$100 co-pay
\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$250	
\$10	\$10	\$10	\$10	\$5	\$9 *
\$35	\$35	\$35	\$35	\$5	\$35*
\$200	\$200	\$200	\$200	Not applicable	* Subject to deductible

Check your choice to the right and initial your selection.

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Please check one:

Single  
Two Party  
Family


**Delta Dental**  
**PPO**

**Delta Dental**  
**Incentive PPO**  
**w/orthodontia**

**Eye Med**  
**Vision Plan**

Check your choice to the right and initial your selection.

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Please check one:

Single  
Two Party  
Family


***You must complete and submit a change form to make a change to your dependent status.***

I understand that the only time I may change from one medical plan to another plan is during the district's designated open enrollment period for an effective date of 10/1/2024. If I gain or lose a dependent (i.e. marriage, divorce, birth or adoption), I can add or delete those dependents by completing and submitting a change form within 30 days of the event.

Signature

Print Name Clearly

Date

# Imperial Unified

10 Month Rates

2024-25 Renewal

		Single	Two Party	Family	
Anthem Blue Cross - PPO	80-G \$30; Rx 200/10-35	2024-2025	\$1,046.40	\$1,862.40	\$2,396.40
	80-J \$30; Rx 200/10-35	2024-2025	\$1,020.00	\$1,814.40	\$2,334.00
	80-K \$30; Rx 200/10-35	2024-2025	\$1,005.60	\$1,788.00	\$2,300.40
	80-L \$30; Rx 200/10-35	2024-2025	\$926.40	\$1,644.00	\$2,114.40
	HSA 5000	2024-2025	\$746.40	\$1,317.60	\$1,692.00
	SIMNSA	2024-2025	\$363.60	\$632.40	\$926.40
	\$5 OV, \$5 Rx				
	Delta Dental Plan 1 PPO	2024-2025	\$51.60	\$106.80	\$146.40
	Delta Dental Plan 2 Premier PPO	2024-2025	\$59.28	\$123.60	\$194.16
	EyeMed	2024-2025	\$6.72	\$13.44	\$20.16

\*Spouses/domestic partners not eligible

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## ENROLLMENT INSTRUCTIONS

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- 1) Indicate plan selection on form provided by district
- 2) Complete SISC Medical or Simnsa Medical, Dental and Vision enrollment forms.

### Dependent Eligibility Documentation Chart

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

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



**SISC III ENROLLMENT FORM (DO NOT use for Kaiser members, use Kaiser Permanente enrollment form for Kaiser members)**

(Type or print clearly in black ink)

**SECTION I: SELECTED COVERAGE – REQUIRED (DISTRICT USE ONLY)**

ENROLLMENT REASON:	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> OPEN ENROLLMENT	<input type="checkbox"/> EMPLOYEE STATUS CHANGE	<input type="checkbox"/> LOSS OF COVERAGE	<input type="checkbox"/> COBRA		
QUALIFYING DATE:	_____	EFFECTIVE DATE:	_____	HIRE DATE:	_____	DISTRICT APPROVED INITIALS:	_____
DISTRICT NAME (DO NOT ABBREVIATE)		EMPLOYEE GROUP (BARGAINING UNIT)		EMPLOYEE TYPE			
		<input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Management		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Variable/Temporary/Seasonal			
MEDICAL GROUP NO.	DELTA DENTAL GROUP NO.	VISION GROUP NO.	LIFE GROUP NO.				

**SECTION II: EMPLOYEE / APPLICANT INFORMATION – REQUIRED**

<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> LIFE	SOCIAL SECURITY NO.	LAST NAME (PRINT)		FIRST NAME (PRINT)		DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	STREET ADDRESS			CITY		STATE	ZIP
	TELEPHONE NO.	E-MAIL ADDRESS		IPA (HMO ONLY-REQUIRED)	PCP (HMO ONLY-REQUIRED)	CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<b>MEDICARE COVERAGE</b> If you are retired and entitled to Medicare and not enrolled, you may be subject to a premium surcharge.						
	ARE YOU RETIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU HAVE MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Copy of Medicare card required) TOTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO				DO ANY OF YOUR DEPENDENTS HAVE MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Copy of Medicare card required)		

**SECTION III: DEPENDENT INFORMATION** Proof of eligibility required (i.e. birth/marriage/domestic partner certificate)

<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER	LAST NAME (PRINT)		FIRST NAME (PRINT)		SOCIAL SECURITY NO.	
	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	TOTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA (HMO ONLY-REQUIRED)	PCP (HMO ONLY-REQUIRED)
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)		FIRST NAME (PRINT)		SOCIAL SECURITY NO.	
	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	TOTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA (HMO ONLY-REQUIRED)	PCP (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)		FIRST NAME (PRINT)		SOCIAL SECURITY NO.	
	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	TOTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA (HMO ONLY-REQUIRED)	PCP (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)		FIRST NAME (PRINT)		SOCIAL SECURITY NO.	
	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	TOTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA (HMO ONLY-REQUIRED)	PCP (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

- I understand it is my responsibility to notify my district once a dependent is no longer eligible due to divorce or over age children. If I fail to report loss of eligibility I may be financially liable to SISC if claims were paid on behalf of non-eligible individuals.
- DEDUCTION AUTHORIZATION:** If applicable, I authorize my school district to deduct from my wages the required contribution.
- NON-PARTICIPATING PROVIDER:** I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.
- HIV Testing Prohibited:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.
- EFFECTIVE DATE:** The effective date of coverage is subject to SISC III approval.
- Any complaints regarding the exemption due to the Knox-Keene Health Care Service Plan Act of 1975 may be directed to the Department of Managed Health Care of the State of California.

**SECTION IV: SIGNATURE OF UNDERSTANDING – APPLICANT MUST SIGN**

I have read and understood the provisions outlined on this form. All information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded. You are entitled to a copy of this signed authorization for your files. Additionally, any person who knowingly and with intent to injure, defraud, or deceive the district, SISC, or plan service provider, by filing a statement or claim containing false or misleading information may be guilty of a criminal act punishable under law. I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements.

**ARBITRATION AGREEMENT: I UNDERSTAND THAT ANY AND ALL DISPUTES BETWEEN MYSELF (AND/OR ANY ENROLLED FAMILY MEMBER) AND SISC III (INCLUDING CLAIMS ADMINISTRATOR OR AFFILIATE) INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF THE SMALL CLAIMS COURT, AND NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE MEMBER AND SISC III ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. SISC III AND THE MEMBER ALSO AGREE TO GIVE UP ANY RIGHT TO PURSUE ON A CLASS BASIS ANY CLAIM OR CONTROVERSY AGAINST THE OTHER. (FOR MORE INFORMATION REGARDING BINDING ARBITRATION, PLEASE REFER TO YOUR EVIDENCE OF COVERAGE BOOKLET.)**

Applicant Signature Required \_\_\_\_\_

Date \_\_\_\_\_

## SISC III MEMBERSHIP CHANGE FORM

PRINT CLEARLY IN BLACK OR BLUE INK

### SUBSCRIBER INFORMATION

NAME OF SUBSCRIBER LAST NAME (PRINT)	FIRST NAME (PRINT)	SOCIAL SECURITY NO.
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### DISTRICT USE ONLY (Required)

DISTRICT NAME (Do not abbreviate):
REQUESTED EFFECTIVE DATE:
MEDICAL GROUP NO.:
DISTRICT APPROVED: INITIALS: _____

### NAME CHANGE

<input type="checkbox"/> SUBSCRIBER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DOMESTIC PARTNER	<input type="checkbox"/> CHILD
OLD NAME(S):	LAST NAME (PRINT)	FIRST NAME (PRINT)	
NEW NAME(S):			

### SUBSCRIBER OLD ADDRESS

OLD ADDRESS
OLD CITY/STATE/ZIP
OLD PHONE NO.

### SUBSCRIBER NEW ADDRESS

NEW ADDRESS
NEW CITY/STATE/ZIP
NEW PHONE NO.

### SOCIAL SECURITY NO. AND DATE OF BIRTH CHANGES

<input type="checkbox"/> CHANGE SOCIAL SECURITY NO. FOR: _____	SSN FROM: _____	SSN TO: _____
<input type="checkbox"/> CHANGE DATE OF BIRTH FOR: _____	DOB FROM: _____	DOB TO: _____

### DEPENDENT CHANGES PROOF OF ELIGIBILITY REQUIRED (i.e.: BIRTH/MARRIAGE/DOMESTIC PARTNER CERTIFICATE)

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER	LAST NAME (PRINT)	FIRST NAME (PRINT)	MI	SOCIAL SECURITY NO.		
	<input type="checkbox"/> M <input type="checkbox"/> F	REASON FOR CHANGE:					
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	DATE OF BIRTH	AGE	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA CODE (HMO ONLY- REQUIRED)	PCP CODE (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)	FIRST NAME (PRINT)	MI	SOCIAL SECURITY NO.		
		REASON FOR CHANGE:					
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	DATE OF BIRTH	AGE	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA CODE (HMO ONLY- REQUIRED)	PCP CODE (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)	FIRST NAME (PRINT)	MI	SOCIAL SECURITY NO.		
		REASON FOR CHANGE:					
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	DATE OF BIRTH	AGE	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA CODE (HMO ONLY- REQUIRED)	PCP CODE (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)	FIRST NAME (PRINT)	MI	SOCIAL SECURITY NO.		
		REASON FOR CHANGE:					
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	DATE OF BIRTH	AGE	ELIGIBLE FOR OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN OTHER HEALTH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IPA CODE (HMO ONLY- REQUIRED)	PCP CODE (HMO ONLY-REQUIRED)	IS THIS YOUR CURRENT PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUBSCRIBER SIGNATURE	DATE
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MUST BE SUBMITTED WITHIN 30 DAYS OF QUALIFYING EVENT



# ENROLLMENT APPLICATION

COBRA ☐

MEDICAL PLAN ☐

MEDICAL AND DENTAL PLAN ☐

LAST NAME		FIRST NAME		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE (HOME OR CELL) (   )		DATE OF BIRTH MM/DD/YY /   /		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
NAME OF COMPANY WHERE YOU WORK (EMPLOYER)				LANGUAGE PREFERENCE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER	

**List Dependents:** Eligible dependents may include: Spouse, registered domestic partner and/or children under 26 years old.  
The Plan will request official and legal documentation such as: Birth Certificates, Marriage Certificate.

LAST NAME	FIRST NAME	DATE OF BIRTH MM / DD / YY	S . S . N SOCIAL SECURITY NUMBER	N/A	CHILDREN	SPOUSE	MEDICAL PLAN	MEDICAL AND DENTAL PLAN	DENTAL PLAN
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Upon applying for membership of Sistemas Medicos Nacionales, S.A. for me and eligible members of my family, I accept the following:**

1. All services should be provided solely by SIMNSA providers, except in case of an Emergency as defined in the Plan document.
2. We shall not lend our member cards to others; doing so may result in immediate cancellation of coverage and penalties.
3. I understand that SIMNSA will obtain medical information for people listed on this application in order to administer the Plan.
4. I certify that the information on this application is valid and correct and that I understand the benefits and rules of this health Plan.
5. This Plan uses binding arbitration to settle all disputes arising under this Agreement. It is understood that any dispute as to medical malpractice, that is, as to whether any medical services rendered in California under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. For any disputes arising from services rendered in Mexico, Mexico law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. For more information, please refer to your Evidence of Coverage.

**\*ADMINISTRATIVE USE ONLY\***

Effective Date: \_\_\_\_\_

☐ New Hire Hire Date: \_\_\_\_\_

☐ Re-Hire Re-Hire Date: \_\_\_\_\_

DATE

SIGNATURE

**Imperial Unified School District  
2024-2025 Plan Comparison & Summary**

	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	SIMNSA
	80-G \$30	80-J \$30	80-K \$30	80-L \$30	HSA 5000 Minimum Value	\$5 OV \$5 Rx
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
<b>Individual/Family Deductibles</b>	<b>\$500/\$1,000</b>	<b>\$750/\$1,500</b>	<b>\$1,000/\$2,000</b>	<b>\$2,000/\$4,000</b>	<b>\$5,000/\$10,000*</b>	<b>\$0</b>
<b>Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)</b>	<b>\$2,000/\$4,000</b>	<b>\$3,000/\$6,000</b>	<b>\$3,000/\$6,000</b>	<b>\$4,000/\$8,000</b>	<b>\$6,350/\$12,700*</b>	<b>\$6,350/\$12,700</b>

\*Includes Rx

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay	\$0 copay 1st 3 visits then \$30	\$0 copay 1st 3 visits then \$30	\$0 copay 1st 3 visits then \$30	\$0 copay 1st 3 visits then \$30	Deductible, then 30%	\$5
Urgent Care co-pay	\$30	\$30	\$30	\$30	30%	\$25
Specialists/Consultants co-pay	\$30	\$30	\$30	\$30	30%	\$5
Prenatal, postnatal office visit co-pay	\$30	\$30	\$30	\$30	30%	\$5
Scans: CT, CAT, MRI, PET etc.	20%	20%	20%	20%	30%	\$0
Diagnostic X-ray & Laboratory Procedures	20%	20%	20%	20%	30%	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	N/A
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (copay waived if admitted)	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$250
Inpatient Hospital (preauthorization required) - limits may apply	20%	20%	20%	20%	30%	\$0
Outpatient Hospital	20%	20%	20%	20%	30%	\$0
Surgery, Outpatient (performed in Surgery Center)	20%	20%	20%	20%	30%	\$0
Surgery, Outpatient (performed in a Hospital) - limits may apply	20%	20%	20%	20%	30%	\$0

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

INPATIENT: Facility Based Care (preauth required)	20%	20%	20%	20%	30%	\$0
OUTPATIENT: Facility Based Care (preauth required)	20%	20%	20%	20%	30%	\$5

**OTHER SERVICES**

Ambulance (Ground or Air)	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$0
Acupuncture - Limits apply-must use ASH Network	20%	20%	20%	20%	30%	\$10 Tijuana Network only
Chiropractic - Limits apply-must use ASH Network	20%	20%	20%	20%	30%	N/A
Durable Medical Equipment (DME)	20%	20%	20%	20%	30%	100%
Physical and Occupational Therapy - Limits apply	20%	20%	20%	20%	30%	\$10
Hearing Aids	20% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	No Coverage

**Imperial Unified School District  
2024-2025 Plan Comparison & Summary**

	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	SIMNSA
	80-G \$30	80-J \$30	80-K \$30	80-L \$30	HSA 5000 Minimum Value	\$5 OV \$5 Rx
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
<b>Individual/Family Deductibles</b>	<b>\$500/\$1,000</b>	<b>\$750/\$1,500</b>	<b>\$1,000/\$2,000</b>	<b>\$2,000/\$4,000</b>	<b>\$5,000/\$10,000*</b>	<b>\$0</b>
<b>Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)</b>	<b>\$2,000/\$4,000</b>	<b>\$3,000/\$6,000</b>	<b>\$3,000/\$6,000</b>	<b>\$4,000/\$8,000</b>	<b>\$6,350/\$12,700*</b>	<b>\$6,350/\$12,700</b>

<b>PHARMACY BENEFITS</b>	<b>200/10-35</b>	<b>200/10-35</b>	<b>200/10-35</b>	<b>200/10-35</b>	<b>HSA 5000 Minimum Value Rx</b>	<b>SIMNSA \$5 Rx</b>
<b>Pharmacy Benefit Manager</b>	<b>Navitus</b>	<b>Navitus</b>	<b>Navitus</b>	<b>Navitus</b>	<b>Navitus</b>	<b>SIMNSA</b>
<b>Individual/Family Brand &amp; Specialty Rx Deductibles</b>	<b>\$200/\$500</b>	<b>\$200/\$500</b>	<b>\$200/\$500</b>	<b>\$200/\$500</b>	<b>Included w/ Medical ded</b>	<b>none</b>
<b>Individual/Family Rx Out-of-Pocket (OOP) Max(includes Rx deductibles a</b>	<b>\$2,500/\$3,500</b>	<b>\$2,500/\$3,500</b>	<b>\$2,500/\$3,500</b>	<b>\$2,500/\$3,500</b>	<b>Included w/ Med OOP Max</b>	<b>Included w/ Med OOP Max</b>
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	\$5 up to 30 day supply
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	Deductible, then \$35	\$5 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	Not covered unless medically necessary and requested by a SIMNSA doctor (\$5 Copay if covered)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	Deductible, then \$0-\$90	Not covered
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	N/A

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.



Offered by



## SUMMARY of P-5-5

### BENEFITS AND SCHEDULE OF COPAYMENTS

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Annual Deductible:	<u>None</u>	Out of pocket maximum individual \$6,350
Pre-Existing Conditions:	<u>Covered</u>	Out of pocket maximum family \$12,700
Lifetime Maximum:	<u>None</u>	

#### TYPE OF SERVICE

#### PATIENT CO-PAY (U.S. DOLLARS)

##### **PHYSICIAN SERVICES**

Office Visits—IPA Facility  
Surgical Services  
Assistant Surgeon  
Anesthesiologist  
Annual Physical Examinations  
(After 90 days of Participation)

100% Covered After \$5 Copayment  
100% Covered, No Copayment  
100% Covered, No Copayment  
100% Covered, No Copayment  
100% Covered, No Copayment

##### **OUTPATIENT SERVICES**

Laboratory Services  
Radiology Services  
Home Health Care—If required, available  
for post-operative care only  
Speech, Physical and Occupational Therapy  
Prosthesis

100% Covered, No Copayment  
100% Covered, No Copayment  
100% Covered, No Copayment  
100% Covered After \$10.00 Copayment  
100% Covered, No Copayment

##### **HOSPITAL SERVICES**

Hospital Room and Board  
Intensive Care Unit  
Operating Room and Recovery  
Ancillary Services

100% Covered, No Copayment  
100% Covered, No Copayment  
100% Covered, No Copayment  
100% Covered, No Copayment

##### **URGENT CARE SERVICES i In Plan's Area**

Urgent Care Services

100% Covered After \$25 Copayment  
(Waived if Member is admitted)  
100% Covered, No Copayment

Supplies and Treatment Room

##### **Out-Of-Area**

Urgent Care Services

100% Covered After \$50 Copayment

##### **EMERGENCY SERVICES**

In and Out of Plan's Area

100% Covered After \$250.00 Copayment  
(Based on usual and customary charges)

**AMBULANCE SERVICE**

Ambulance Service

100% Covered, No Copayment

**PRESCRIPTION DRUGS ii**

Prescription Drugs

(including insulin, glucagon and prescription medications for treating diabetes)

100% Covered After \$5 Copayment

**DURABLE MEDICAL EQUIPMENT**

Durable Medical Equipment

(Including equipment and supplies for the management and treatment of diabetes)

100% Covered, No Copayment

**MENTAL HEALTH AND SUBSTANCE ABUSE iii**

(Outpatient)

(Inpatient)

100% Covered after \$5.00 Copayment

100% Covered, No Copayment

**MATERNITY CARE (At Participating Facility)**

Prenatal and Postnatal Visits

Delivery Including Cesarean Section

Newborn Including Well Baby Care

100% Covered After \$5.00 Copayment

100% Covered, No Copayment

100% Covered, No Copayment

**PREVENTIVE CARE SERVICES**

Pap Smears

Mammogram

Immunizations

Birth Control Methods

Testing and Treatment for Phenylketonuria

All Cancer Screening Tests consistent with professionally recognized standards of practice, including annual screening for cervical cancer and screening for prostate cancer and breast cancer, including mammograms.

100% Covered, No Copayment

100% Covered, No Copayment

100% Covered, No Copayment

100% Covered, No Copayment

100% Covered, No Copayment

100% Covered, No Copayment

**EYE CARE SERVICES**

Office Visits

Eye Examinations

Eye Surgery

100% Covered After \$5.00 Copayment

100% Covered After \$5.00 Copayment

100% Covered, No Copayment

**EXCLUSIONS AND LIMITATIONS**

Please refer to your Evidence of Coverage Booklet for an explanation of what is not covered under the plan.

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i For emergency services received outside the Plan's Network, the Member must notify the Plan within 48 hours after care is received, unless it is not reasonably possible to do so. The services will be reviewed retrospectively by the Plan to determine whether services are eligible for coverage.


ii Coverage is provided for drugs determined by the Participating Physician to be medically necessary. Drugs obtained at non-participating pharmacies are not covered unless medically necessary for a covered emergency.

iii For a listing of severe mental illnesses including serious emotional disturbances of a child and other benefit details, please refer to the Combined Evidence of Coverage/Disclosure Form or Group Contract.

# Imperial Unified School District

(Insight CA Network)

## SUMMARY OF BENEFITS

VISION CARE SERVICES	 IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>			
Exam	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>			
Fit and Follow-up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
<b>FRAME</b>			
Frame - Retail	\$0 copay; 20% off balance over \$200 allowance	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Frame - Wholesale*	Not covered	\$0 copay; 100% of balance over \$105 allowance	Up to \$105
<b>LENSES</b>			
Single Vision	\$0 copay	\$0 copay	Up to \$30
Bifocal	\$0 copay	\$0 copay	Up to \$50
Trifocal	\$0 copay	\$0 copay	Up to \$70
Lenticular	\$0 copay	\$0 copay	Up to \$70
Progressive - Standard	\$0 copay	\$0 copay	Up to \$50
Progressive - Premium	\$85 - 175 copay	\$85 - 175 copay	Up to \$50
<b>LENS OPTIONS</b>			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$15	\$15	Not covered
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
<b>CONTACT LENSES</b>			
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay	\$0 copay	Up to \$300
<b>OTHER</b>			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>	
Exam	Once every plan year	Once every plan year	
Lenses	Once every plan year	Once every plan year	
Frame	Once every 2 plan years	Once every 2 plan years	
Contact Lenses	Once every plan year	Once every plan year	

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

\*Available at wholesale providers, such as Costco Optical; discounts do not apply. View the provider locator to find wholesale providers. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.



# Savings plus convenience plus choice

PLUS Providers add another  
layer of coverage

## \$0

Exam copay

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more.

And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.

eye  
Med



## The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit [eyemed.com](http://eyemed.com).

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS®

PEARLE  
VISION  
EST. 1961

OPTICAL



Virtual Consult



## Delta Dental – Virtual Consult:

### Use your benefits to see a dentist online

A new virtual dentistry tool for members is here. Say hello to Delta Dental – Virtual Consult.

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available for free<sup>1</sup> with your existing Delta Dental PPO™ or Delta Dental Premier® plan<sup>2</sup>.


When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple. Even if you don't have a dentist that you see regularly, Virtual Consult makes urgent care, e-prescriptions and check-ins with Delta Dental dentists accessible from the comfort of your own home.

### Virtual Consult is great if you...

- Are experiencing an urgent dental issue
- Don't have a regular dentist
- Can't take time off work or have difficulty visiting the dentist's office
- Aren't feeling well or visiting the dentist's office isn't recommended



deltadentalins.com

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Virtual Consult



# What can I do with Virtual Consult?

## With Virtual Consult, you can:

- **Get urgent dental care** for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even **get e-prescriptions** for pain or infections sent directly to the pharmacy of your choice.
- **Have a live video consultation** with a Delta Dental dentist from the comfort of **your own home** or anywhere you have a camera and internet-equipped computer.
- **Get follow-up instructions sent to you** and visit summaries and histories **made available for your regular dentist**. Your medical information and visit history will also be stored in your secure profile for any future visits.

## Ready to get started?

Visit [deltadentalins.com/virtual-consult](https://deltadentalins.com/virtual-consult) for more information and to learn how to download and use Virtual Consult. For best results, please use Chrome as your browser and close any VPN or firewall connections before your appointments.


<sup>1</sup>Members who have 100% coverage for oral evaluations and who have not exceeded their frequency limitations for office visits or limited oral evaluations are eligible to use Virtual Consult. There are no additional costs to use the platform.

<sup>2</sup>Delta Dental PPO and Delta Dental Premier are open networks that allow you to visit any licensed dentist, either in the PPO network, where you will save the most on out-of-pocket costs, or the moderate cost Premier network. Outside the Delta Dental network, there are no cost protections. Members who visit a network dentist receive the advantages of no billing beyond the charges allowed by the plan and the submission of claims by dentists. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

© **Delta Dental**. Delta Dental of California, Mid-Atlantic states (Delta Dental of Delaware, Inc.; Delta Dental of the District of Columbia; Delta Dental of New York, Inc.; **Delta Dental of Pennsylvania** [and Maryland], Delta Dental of West Virginia, Inc.) and **Delta Dental Insurance Company**, together with our affiliate companies, represent one of the country's largest dental benefits delivery systems, administering benefits to 36 million people in 15 states plus the District of Columbia and Puerto Rico. All our companies are members, or affiliates of members, of **Delta Dental Plans Association**, the national network of 39 Delta Dental companies that together provide dental coverage to 80 million people in the U.S.



[deltadentalins.com](https://deltadentalins.com)

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#129611 (rev. 01/21)

# Keep Smiling

## Delta Dental PPO<sup>SM</sup>



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at [deltadentalins.com](https://deltadentalins.com). This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>4</sup> You can find this date by logging in to Online Services.

### Newly covered?

Visit [deltadentalins.com/welcome](https://deltadentalins.com/welcome).

## Save with a PPO dentist



PPO



NON-PPO

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**Plan Benefit Highlights for:** Imperial Unified School District

**Group No:** 07079 – 01206, 02206 & 09206

DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS

<b>Eligibility</b>	Primary enrollee, spouse (includes same-sex domestic partner only) and eligible dependent children to the end of the month dependent turns age 26		
<b>Deductibles</b>	<b>Delta Dental PPO dentists:</b> None <b>Non-Delta Dental PPO dentists:</b> \$25 per person / \$75 per family each calendar year		
Deductibles waived for Diagnostic & Preventive (D & P)?	<b>Delta Dental PPO dentists:</b> N/A <b>Non-Delta Dental PPO dentists:</b> No		
<b>Maximums</b>	<b>Delta Dental PPO dentists:</b> \$1,500 per person each calendar year <b>Non-Delta Dental PPO dentists:</b> \$1,000 per person each calendar year		
D & P counts toward maximum?	Yes		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	50 %
<b>Basic Services</b> Fillings and posterior composites	100 %	50 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	100 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	100 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	100 %	100 %
<b>Prosthodontics</b> Bridges, dentures and implants	50 %	50 %
<b>Dental Accident Benefits</b>	100 % (Separate \$1,000 maximum per person per calendar year)	

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental of California</b> 560 Mission St., Suite 1300 San Francisco, CA 94105	<b>Customer Service</b> 866-499-3001	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

<b>Plan Benefit Highlights for:</b>	<b>PPO Incentive (\$1,700/\$1,500) with Orthodontic</b>
<b>Group No:</b>	<b>Active and Cobra, Retirees(exclude orthodontic)</b>
<b>Network:</b>	<b>PPO/Premier</b> *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and 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%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age <b>26</b>	
<b>Deductibles</b>	N/A	
Deductibles waived for D & P?	N/A	
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>\$1,700*</b> per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is <b>\$1,500</b> per person out-of-network	
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, <b>2 cleanings</b> per cal year, x-rays	70-100 %	70-100%
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70-100 %	70-100%
<b>Endodontics</b> (root canals) Covered Under Basic Services	70-100 %	70-100%
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	70-100 %	70-100%
<b>Oral Surgery</b> Covered Under Basic Services	70-100 %	70-100%
<b>Major Services</b> Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
<b>Prosthodontics</b> Bridges, dentures, implants	50 %	50%
<b>Orthodontic Benefits</b> <b>Adults and dependent children</b>	<b>100 %</b>	<b>100%</b>
<b>Orthodontic Maximums</b>	Separate <b>\$3,000</b> Lifetime maximum per person	
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)	

- \* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- \*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California  
100 First St.  
San Francisco, CA 94105

**Customer Service**  
**866-499-3001**

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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

# 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](https://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](https://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](https://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](https://costco.com)







## BENEFIT HIGHLIGHTS



## AVAILABILITY AND HOW TO GET STARTED

### Expert Medical Opinions

*Teladoc Medical Experts*

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

**Call** 800-835-2362

**Visit** [teladoc.com/SISC](https://teladoc.com/SISC)



### Physical Therapy for Back or Joint Pain

*Hinge Health*

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield PPO members

**Call** 855-902-2777

**Visit** [hingehealth.com/sisc](https://hingehealth.com/sisc)



### 24/7 Access to Virtual Maternity and Postpartum Support

*Maven*

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

Anthem and Blue Shield PPO members

**Call** 855-442-5885

**Visit** [mavenclinic.com/join/SISC](https://mavenclinic.com/join/SISC)



### Hip, Knee, and Spine Surgical Benefit

*Carrum Health*

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield PPO members

**Call** 888-855-7806

**Visit** [carrumhealth.com/sisc](https://carrumhealth.com/sisc)



### Enhanced Cancer Benefit

*Contigo Health*

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

**Call** 877-220-3556

**Visit** [sisc.contigohealth.com](https://sisc.contigohealth.com)





# 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**



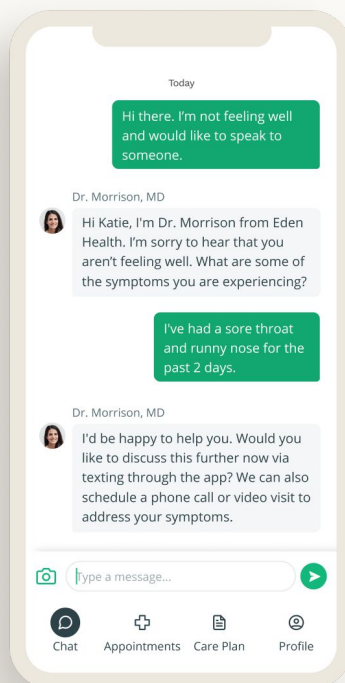
Diagnoses and  
Treatments



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

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



\*SISC Members enrolled on an HSA plan are not eligible for this benefit.

**Need a doctor?  
No long wait.  
\$10 copay.  
Always open.**

With MDLIVE, you can visit with a doctor  
24/7 from your home, office or on-the-go.



**Welcome to MDLIVE!**  
**Your anytime, anywhere  
doctor's office.**

Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible. Behavioral health and psychiatric visits are available from the convenience of your own home.

Per IRS guidelines, HSA members are responsible for the full cost of the visit until their deductible is met.

**Your COPAY is \$10**

**Your copay is \$10  
for all visits**

HSA Members must meet annual plan deductible  
before accessing \$10 visits.



**U.S. board-certified doctors with an  
average of 15 years of experience.**



**Consultations are convenient,  
private and secure.**



**Prescriptions can be sent to  
your nearest pharmacy,  
if medically necessary.**

**We treat over 50 routine  
medical conditions including:**

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More

**MD**

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

**MDLIVE.com/sisc**  
**1-800-657-6169**

Sign up and start the program today!



## Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by SISC for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%\*!



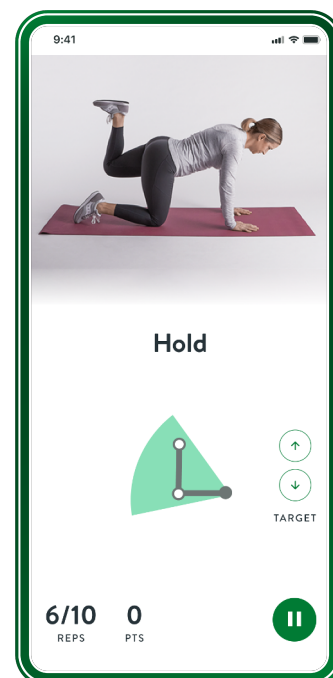
Scan the QR code to learn more or apply at  
**[hinge.health/sisc](https://hinge.health/sisc)**  
or call (855) 902-2777

¿Tiene dolor o una lesión?

Envíe un correo electrónico a [hola@hingehealth.com](mailto:hola@hingehealth.com) o marque el número siguiente para obtener más información sobre las soluciones de Hinge Health.

Eligibility: Available for free to employees, dependents 18+, and pre-65 retirees enrolled in an Anthem PPO or Blue Shield PPO medical plan with SISC as their primary insurance. HSA plan members are not eligible.

\*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).



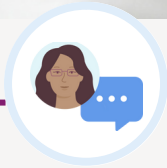




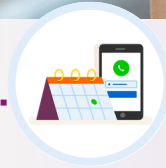
# A personal health coach or therapist to help you get healthier



**1**  
Download the  
Vida Health app



**2**  
Choose SISC as  
your organization



**3**  
Choose your coach or therapist  
and schedule  
your first session



**4**  
Develop new  
healthy habits and  
reach your goals

Vida Health – your free health benefit through SISC – will match you with a health coach or therapist who will help you manage diabetes, lose weight, feel less stressed, and make lifestyle changes that lead to a happier, healthier life.

**Vida will help you get healthier. That's why SISC will cover the cost for you.**

With Vida, you'll get a virtual coach or therapist to help you with things like:



Losing weight



Managing and  
preventing diabetes



Lowering blood pressure  
or cholesterol



Getting more exercise



Reducing stress



Feeling better and  
healthier overall



## Explore your new benefit now

Visit [vida.com/SISC](https://vida.com/SISC) to learn more about Vida. For help signing up, email [support@vida.com](mailto:support@vida.com).



### Meet Karen

Because of Vida, I've lowered my blood sugar and my cholesterol. More importantly, I feel better. I have less pain, more energy, and a better relationship with food. I found exercise that I love and made changes that I know will last. Vida has changed my life for the better, perhaps even saved my life.

*Anthem and Blue Shield PPO and HMO members over the age of 18 (Excluding 65+ Plans) are eligible for Vida Health. HSA members are not eligible for this program.*



# Lark's diabetes prevention program

## Frequently asked questions

If you are one of the roughly 88 million Americans with prediabetes,<sup>1</sup> Lark has a program that can help you address it with healthy lifestyle changes before it develops into type 2 diabetes. The following are answers to commonly asked questions about the digital program.

### Q: What does it mean to have prediabetes?

**A** Having prediabetes means your blood sugar levels are higher than they should be. If you have prediabetes, you are at higher risk of heart attack, stroke, and developing type 2 diabetes. However, making small lifestyle changes can help you improve your health and prevent diabetes.

### Q: How do I know if I am at risk for prediabetes?

**A:** Most people with prediabetes aren't aware they have it because they don't show symptoms and doctors don't routinely test for it. Key risk factors for prediabetes include your age, family history, weight, and activity level.<sup>1</sup> To determine your risk level and whether you are eligible for Lark's program, visit [lark.com/anthemBC](https://lark.com/anthemBC).

### Q: What is a diabetes prevention program (DPP)?

**A** A diabetes prevention program uses guidelines from the CDC to teach you about prediabetes and help you make small lifestyle changes that can significantly reduce your chance of developing type 2 diabetes or other health issues.

### Q: What is included in the Lark DPP?

**A:** Lark's diabetes prevention program includes access to a digital coach. Your coach is available 24/7 to offer friendly, personalized, text message-based coaching through the Lark mobile app. There are no meetings to attend or phone calls to schedule in advance. You can check in whenever and wherever it is convenient for you, right from your smartphone. As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach. Lark will even send you a personal activity tracker, as long as you stay active in the program.



**Q: What topics can a Lark coach help me address?**

**A:** Your Lark coach provides personalized support and guidance in several areas to help reduce your risk of developing type 2 diabetes, including:

- Weight loss and weight management
- Prediabetes-specific nutrition that doesn't involve counting calories
- Weekly prediabetes education, with daily check-ins to help you stay on track
- Stress management and identifying stress triggers
- Sleep and physical activity

Your coach also learns about you over time and customizes your coaching experience based on your goals and progress.

**Q: How do I start my digital Lark coaching?**

**A:** First, visit [lark.com/anthemBC](https://lark.com/anthemBC) and take the one-minute Prediabetes Risk Test to determine if you are at risk for prediabetes. If the test indicates that you have prediabetes or are likely to have prediabetes, you'll be given a link to download Lark from the App Store® or Google Play™. You can begin interacting with your digital Lark coach immediately.

**Q: How much does Lark's DPP cost?**

**A:** Lark's DPP is included at no extra cost as part of your Anthem health benefits, and includes access to the mobile app. The wireless connected scale also comes at no extra cost.

**Q: Will Lark share my personal data with my employer?**

**A:** No. Lark may share generalized data, such as the number of employees using the program or the average amount of weight lost by employees, but Lark does not share individually identifiable data with your employer.

**Q: Do people see results with Lark?**

**A:** Yes. There are tens of thousands of people improving their health with Lark. After one year on the program, 40% of Lark members lose 5% of their starting weight.<sup>2</sup> This weight loss has been shown to greatly reduce the risk of developing type 2 diabetes.

**Q: If I'm not good with technology will Lark's digital program still work for me?**

**A:** Yes, Lark is for everyone. If you can text, you can use Lark. In fact, Lark users over the age of 50 have slightly better results than younger Lark users.<sup>3</sup>



**Don't let prediabetes control your future.  
Let Lark show you how small changes now  
can lead to better health moving forward.  
Scan this QR code with your smartphone and  
take the one-minute quiz to determine your risk.**

<sup>1</sup> Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2020); [cdc.gov](https://cdc.gov).

<sup>2</sup> Lark internal data.

<sup>3</sup> Lark internal data, *Clinical outcomes from older adults in a digital diabetes prevention program*.

Diabetes Prevention Program is provided by Lark, an independent company.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



## A program focused on helping you improve your health

### Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.<sup>1</sup> Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

#### This program can help you:



Lose  
weight



Eat  
healthier



Increase  
activity



Sleep  
better



Manage  
stress

#### Better health is within your reach

You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.



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



## Weight loss with Lark

Losing weight can make a big difference in lowering your risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.<sup>2</sup> As part of the program, you receive a wireless scale at no extra cost to help you track your weight loss progress. Your scale also syncs with the Lark app so you can share updates with your coach.

## 24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if you know it can lead to better health. Your coach can help you stay motivated. Send your coach a message anytime from anywhere and receive an immediate response and extra support when you need it most. During the course of the program, your coach will:

- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize your program based on your food preferences and lifestyle.
- Provide educational information on prediabetes and preventing type 2 diabetes.
- Help you learn about how stress affects your health and how to cope with it.

**You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.**



## Learn if you are at risk for prediabetes

Go to [lark.com/anthemBC](https://lark.com/anthemBC) and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



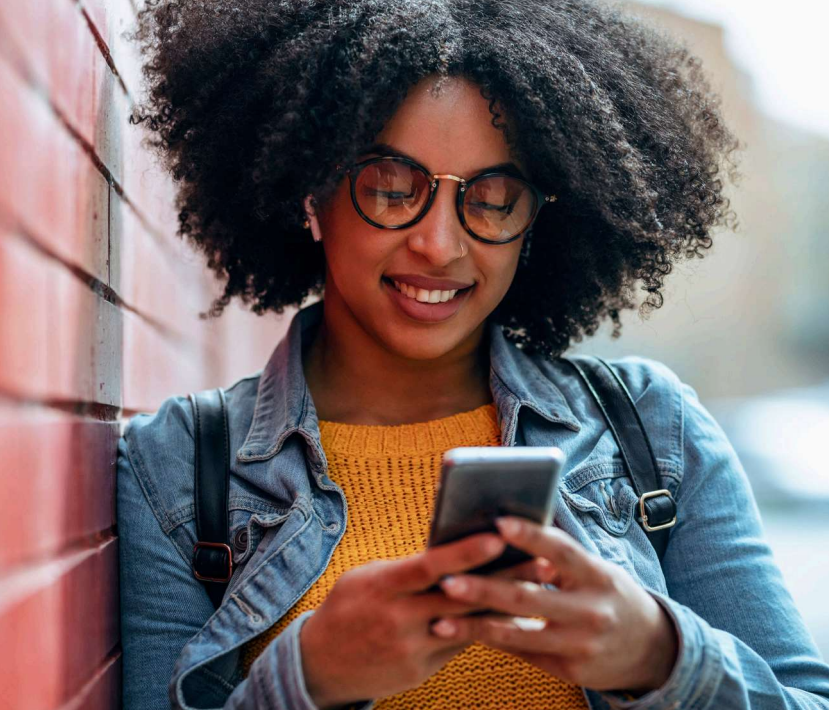
<sup>1</sup> Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2020): cdc.gov.

<sup>2</sup> Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

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# The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney<sup>SM</sup> Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

## Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

## My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

## Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

## Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

## Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

## My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



## Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/ca/register](https://anthem.com/ca/register) to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health. Anthem Blue Cross is the trade name of Blue Cross of California, Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association, Anthem is a registered trademark of Anthem Insurance Companies, Inc.

116947CAMEABC VPDD BV Rev. 09/22

# Member Authorization Form



Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This form is to be filled out by a member if there is a request to release the member's health information to another person or company. Please include as much information as you can.

## PART A: MEMBER INFORMATION

Member last name	Member first name	Middle initial	Member date of birth
Member street address	City	State	ZIP code
Daytime telephone number (with area code)	Identification number (see identification card)	Group number (see identification card)	

## PART B: PERSON OR COMPANY WHO WILL RECEIVE THIS INFORMATION

The following people or companies have the right to receive my information. (They must be 18 years of age or older). Please check each box that applies and enter first and last name.

<input type="checkbox"/> My spouse (enter first and last name)	<input type="checkbox"/> My parents (if you are over 18 - enter first and last name[s])
<input type="checkbox"/> My domestic partner (enter first and last name)	<input type="checkbox"/> My insurance broker or agent (enter the name of the company and first and last name, if you have it)
<input type="checkbox"/> My adult children (enter first and last name[s])	<input type="checkbox"/> Other (enter first and last name [if you have it], name of company, and how it's related to you)

## PART C: INFORMATION THAT CAN BE RELEASED

I allow the following information to be used or released by Anthem Blue Cross on my behalf (check only one box):

☐ **All my information.** This can include health, a diagnosis (name of illness or condition), claims, doctors and other health care providers and financial information (like billing and banking). This doesn't include sensitive information (see below) unless it is approved below.

OR

☐ **Only limited information** may be released (check all boxes below that apply to you).

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Appeal   | <input type="checkbox"/> Eligibility and enrollment  | <input type="checkbox"/> Referral     |
| <input type="checkbox"/> Benefits and coverage  | <input type="checkbox"/> Financial   | <input type="checkbox"/> Treatment    |
| <input type="checkbox"/> Billing  | <input type="checkbox"/> Medical records   | <input type="checkbox"/> Dental       |
| <input type="checkbox"/> Claims and payment   | <input type="checkbox"/> Doctor and hospital   | <input type="checkbox"/> Vision       |
| <input type="checkbox"/> Diagnosis (name of illness or condition) and procedure (treatment) | <input type="checkbox"/> Pre-certification and pre-authorization (for treatment approvals) | <input type="checkbox"/> Pharmacy     |
|   |  | <input type="checkbox"/> Other: _____ |

I also approve the release of the following types of sensitive information by Anthem Blue Cross (check all boxes that apply to you):

☐ **All sensitive information**

OR

☐ **Just information about topics checked below**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abortion                       | <input type="checkbox"/> Genetic testing | <input type="checkbox"/> Mental health                |
| <input type="checkbox"/> Abuse (sexual/physical/mental) | <input type="checkbox"/> HIV or AIDS     | <input type="checkbox"/> Sexually transmitted illness |
| <input type="checkbox"/> Alcohol/substance abuse **     | <input type="checkbox"/> Maternity       | <input type="checkbox"/> Other: _____                 |

\*\* I understand that my alcohol/substance abuse records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described below in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

**PART D: PURPOSE OF THIS APPROVAL**

☐ To give out the information as shown on this form

**OR**

☐ For this reason(s): \_\_\_\_\_

**PART E: DATE YOUR APPROVAL EXPIRES**

If this document was not already withdrawn, this approval will end on the earliest of the following dates:

☐ One year from the signature date in Part F

**OR**

☐ Earlier than one year and upon the date, event or condition described below

**PART F: REVIEW AND APPROVAL**

I have read the contents of this form. I understand, agree, and allow Anthem Blue Cross to the use and release of my information as I have stated above. I also understand that signing this form is of my own free will. I understand that Anthem Blue Cross does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.

I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Anthem Blue Cross. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Member signature or Designated Legal Representative/Guardian signature

**X**

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIGNATED LEGAL REPRESENTATIVE/GUARDIAN**

If this form is signed by someone other than the member or parent, such as a personal representative, legal representative or guardian on behalf of the member, please submit the following:

- A copy of a health care, general or Durable Power of Attorney.

**OR**

- A court order or other documentation that shows custody or other legal documentation showing the authority of the legal representative to act on the member's behalf.

Please complete the following:

Legal representative (print full name)		Legal relationship to member	
Legal representative street address	City	State	ZIP code
Signature		Date	
<b>X</b>		_____ _____ _____ _____ _____	

**Please return the completed form to:**  
Anthem Blue Cross

**Be sure to keep a copy of this form for your records.**

**FOR RECIPIENT OF SUBSTANCE ABUSE INFORMATION**

This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFP part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

For internal use only:

Inquiry tracking number

# AUTHORIZATION

**Purpose of this authorization:** By signing this form, I authorize Coni Stokely Insurance Services, Inc. staff to discuss my health insurance benefits and Personal Health Information (PHI) as it pertains to coverage for myself and covered dependents, with the person(s) stated below.

**Expiration:** This authorization will remain in effect until rescinded in writing.

**Right to Revoke:** I understand that I may revoke this authorization at any time by giving written notice of my revocation to:

**Coni S. Stokely Insurance Services, Inc.  
861 Main Street, Brawley, CA 92227**

\_\_\_\_\_  
Insured's Name:

\_\_\_\_\_  
Insured's Signature:

\_\_\_\_\_  
Date

Person(s) authorized to receive information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

# Imperial Unified School District

## CONTACTS:

COVERAGE	CUSTOMER SERVICE	WEBSITE/EMAIL
<b>MEDICAL</b>		
<b>Anthem</b>	800-825-5541	<a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>
Blue Card (Providers Outside CA)	See I.D. Cards	<a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>
EAP (enter SISC)	800-999-7222	<a href="http://anthemEAP.com">anthemEAP.com</a>
Navitus Rx Program	877-333-2757	<a href="http://www.navitus.com">www.navitus.com</a>
<b>SIMNSA</b>	800-424-4652	<a href="http://www.simnsa.com">www.simnsa.com</a>
<b>ADDED VALUE BENEFITS</b>		
<b>TELEDOC</b>	855-201-9925	<a href="http://www.teledoc.com/sisc">www.teledoc.com/sisc</a>
<b>BLUE DISTICTION PLUS</b>	800-825-5541	<a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>
<b>CARRUM</b>	888-855-7806	<a href="http://www.carrumhealth.com">www.carrumhealth.com</a>
<b>MD LIVE</b>	800-657-6169	<a href="http://www.mdlive.com/sisc">www.mdlive.com/sisc</a>
<b>SERVICING BROKER</b>		
<b>CONI S. STOKELY INS. SERVICES, INC.</b> 861 Main Street Brawley, CA 92227	888-966-1700	<a href="http://www.conistokelyinsurance.com">www.conistokelyinsurance.com</a>
Audrey Camacho - Acct. Exeutive	760-344-1700	<a href="mailto:audrey@cssins.com">audrey@cssins.com</a>
Eva Perez - CSR	760-344-1700	<a href="mailto:eva@cssins.com">eva@cssins.com</a>