

# 2025-2026

## BENEFITS

### BENEFITS IN FOCUS



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## MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

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## GETTING STARTED

### **2025-2026 BENEFITS**

October 1, 2025  
through  
September 30, 2026

**This guide is for regular Classified, Contract Faculty and Management employees at Santa Rosa Junior College (SRJC).** It provides an overview of your healthcare coverage and more.

If you're **Associate Faculty**, please refer to the [Associate Faculty benefits page](#) for your medical benefits.

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, SRJC supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

# WHO'S ELIGIBLE FOR BENEFITS?



## Employees

You are eligible for SRJC medical, dental, vision and life insurance if you are a Classified, Contract Faculty or Management employee working 20 or more hours per week. If you are a Classified employee who works less than 20 hours per week, you are eligible for dental and vision insurance.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to “Determining Eligibility” later in this guide for details.

## Eligible dependents

- Legally married spouse.
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you are certified with the State of California.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 18 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).
- Children under legal guardianship up to age 18.

For additional information, please refer to the benefit booklets for each benefit.

## Who is not eligible

Members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents and siblings.
- Temporary employees not on SRJC payroll, Employees who work less than 20 hours per week unless Classified, or employees residing outside the United States.

# CHANGING YOUR BENEFITS

*Click to play video*



## LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

## THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 30 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

## When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins the 1<sup>st</sup> of the month following your date of hire. Employees hired on the 1<sup>st</sup> of a month have their coverage start on the 1<sup>st</sup> of that month. You must enroll within 30 days of becoming eligible.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

## Changing your benefits

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event.

Please see next page for more information on dependent verification.

# ELIGIBILITY DOCUMENTATION CHECKLIST

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

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> <li>Page 1 of prior year's Federal Tax Form 1040 that shows the couple was married (financial information may be blocked out)</li> <li>Official copy of Marriage certificate</li> <li>For newly married couples where prior year tax return is not available a marriage certificate will be accepted.</li> </ul>
Domestic Partner	<ul style="list-style-type: none"> <li>Certificate of Registered Domestic Partnership issued by State of California (Enrolling a Domestic Partner may cause the employer contribution to become taxable).</li> <li>Page 1 of prior year's Federal Tax Form 1040 for each person (financial information may be blocked out)</li> </ul>
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> <li>Legal 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 U.S. Court Documentation establishing Guardianship</li> </ul>
Disabled Dependents over age 26	<p><b>BLUE SHIELD (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>Legal Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>Page 1 of prior year's Federal Tax Form 1040 that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>Completed Declaration of Disability form for Overage Dependent Child</li> </ul> <p><b>KAISER (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>Legal Birth Certificate (to include full name of child, parent(s) name &amp; child's DOB)</li> <li>Page 1 of prior year's Federal Tax Form 1040 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 Disabled Dependent Enrollment Application</li> <li>Most recent Kaiser Disability Certification notice (if available)</li> </ul>
Retirees and/or Dependents on a Retiree Plan Age 65 or Over	<ul style="list-style-type: none"> <li>Proof of enrollment in Medicare Part A &amp; Part B (copy of current Medicare card or Medicare enrollment confirmation letter showing effective dates of Part A and Part B)</li> </ul>

# ENROLLING FOR BENEFITS



## Before you enroll

- Know the date of birth, social security number and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.
- Compile the required dependent documentation.

## Getting started

Click the link below to download your enrollment forms.

- [hr.santarosa.edu/benefit-enrollment-forms](http://hr.santarosa.edu/benefit-enrollment-forms)
- Please email all completed forms to [Christie Colón](#) in Human Resources.

## MID-YEAR CHANGES

- Mid-year changes should be initiated through HR – HR may reach out for additional verification.



## Medical

### OUR PLANS

BLUE SHIELD OF CALIFORNIA PPO

BLUE SHIELD OF CALIFORNIA HMO

BLUE SHIELD OF CALIFORNIA HDHP (HSA)

KAISER PERMANENTE HMO

KAISER PERMANENTE HDHP (HSA)

We offer 5 comprehensive medical plans through Kaiser Permanente and Blue Shield of California. The medical plans meet the Affordable Care Act (ACA) requirements for affordable minimum essential coverage that provides minimum value for full-time employees.

### Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

#### Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

#### What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

#### Consider the bottom line

How much is the monthly payroll deduction? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? How much are any copayments for office visits, prescriptions, etc. All of these factors together affect your total cost for healthcare.

# UNDERSTANDING PLAN TYPES

SRJC offers 3 medical plan types so that you can pick the plan that best fits your budget and healthcare needs.

Some plans (like HMOs) restrict you to in-network doctors. Other plans (like PPOs) allow you to see any doctor, but you will pay a higher coinsurance percentage if the doctor is out-of-network.

	<b>HMO</b> Health Maintenance Organization	<b>PPO</b> Preferred Provider Organization	<b>HDHP</b> High Deductible Health Plan
<b>Deductible</b>	✓ (For Blue Shield - Deductible is for Brand Name or Specialty drugs only)	✓ (Deductible is for Brand Name or Specialty drugs only)	✓ (Deductible is for medical services and all prescription drugs)
<b>Out-of-Network Care Covered</b>		✓	✓
<b>Referral Needed to see Specialist</b>	✓		
<b>Must select Primary Care Physician</b>	✓		
<b>Pros</b>	<ul style="list-style-type: none"> <li>• More predictable costs</li> </ul>	<ul style="list-style-type: none"> <li>• You can go anywhere, whether in-network or out-of-network</li> </ul>	<ul style="list-style-type: none"> <li>• An HMO or PPO with a high deductible, but with the advantage of a tax-free Health Savings Account (HSA)</li> </ul>
<b>Cons</b>	<ul style="list-style-type: none"> <li>• Less flexibility</li> <li>• No out-of-network coverage</li> <li>• May have to select Primary Care Physician</li> </ul>	<ul style="list-style-type: none"> <li>• You pay more for out-of-network providers</li> </ul>	<ul style="list-style-type: none"> <li>• More responsibility for out-of-pocket costs until the deductible is met</li> </ul>

*Click to play video*



## All About Medical Plans

Medical plans can seem hard to understand, but once you understand the building blocks you will be able to choose the best plan for you and your dependents.

# Medical PPO Plan

You always pay the copayment (\$). The coinsurance (%) shows what percentage you pay.

	Blue Shield of California PPO			
	In-Network		Out-of-Network	
<b>Calendar Year Deductible<sup>1</sup></b> Individual Family	\$0 \$0		\$0 \$0	
<b>Calendar Year Out-of-Pocket Maximum<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>2</sup>	\$1,000 \$3,000 Embedded		\$1,000 \$3,000 Embedded	
<b>Office Visit</b> Primary Care Specialist	\$20 per visit \$20 per visit		50% 50%	
<b>Preventive Services</b>	No charge		Not covered	
<b>Chiropractic</b>	No charge (up to 20 visits/year)		Not covered	
<b>Lab and X-ray</b>	No charge		Not Covered	
<b>Urgent Care</b>	\$20 per visit		50%	
<b>Emergency Room</b>	\$100 per visit (waived if admitted)		\$100 per visit (waived if admitted)	
<b>Inpatient Hospitalization</b>	No charge		All charges above \$600	
<b>Outpatient Surgery</b>	No charge		All charges above \$350	
<b>PRESCRIPTION DRUGS (Navitus)</b>				
<b>Plan Year (Brand/Specialty) Deductible<sup>3</sup></b>	\$200 Individual/\$500 Family		Not covered	
<b>Out-of-Pocket Maximum</b>	\$2,500 Individual/\$3,500 Family		Not covered	
<b>Retail</b>  Generic Brand Specialty	<b>In- Network (30-day)</b> \$10 \$35 N/A	<b>Costco (30-day/90-day)</b> No Charge/No Charge \$35/\$90 N/A	Not covered	
<b>Mail Order</b>  Generic Brand Specialty	<b>Navitus (30-day)</b> N/A N/A \$35	<b>Costco (90-day)</b> No Charge \$90 N/A		Not covered

<sup>1</sup>Deductibles and out-of-pocket maximums accumulate on a calendar year from January 1 through December 31.

<sup>2</sup>An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum. All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

<sup>3</sup>Deductible only applies to Brand and Specialty drugs. Copays apply only after the brand deductible is met.

# Medical HMO Plans

You always pay the copayment (\$).

	Kaiser Permanente HMO	Blue Shield of California HMO	
	In-Network	In-Network	
<b>Calendar Year Deductible<sup>1</sup></b>			
Individual	\$0	\$0	
Family	\$0	\$0	
<b>Calendar Year Out-of-Pocket Maximum<sup>1</sup></b>			
Individual	\$1,500	\$2,000	
Family	\$3,000	\$4,000	
Embedded/Aggregate <sup>2</sup>	Aggregate	Embedded	
<b>Office Visit</b>			
Primary Care	\$25 per visit	\$25 per visit	
Specialist	\$25 per visit	\$25 per visit (referred by PCP) / \$30 per visit (self-referral)	
<b>Preventive Services</b>	No charge	No charge	
<b>Chiropractic &amp; Acupuncture Services</b>	\$10 per visit (up to 30 visits/year combined)	\$10 per visit (up to 30 visits/year combined)	
<b>Lab and X-ray</b>	No charge	No charge	
<b>Urgent Care</b>	\$25 per visit	\$25 per visit	
<b>Emergency Room</b>	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	
<b>Inpatient Hospitalization</b>	No charge	\$500 per admission	
<b>Outpatient Surgery</b>	\$25 per procedure	\$300 per procedure	
<b>PRESCRIPTION DRUGS</b>			
<b>Plan Year (Brand/Specialty) Deductible<sup>3</sup></b>	\$0	\$200 Individual / \$500 Family	
<b>Out-of-Pocket Maximum</b>	Included with Medical	\$2,500 Individual / \$3,500 Family	
<b>Retail</b>		<b>In-Network (30-day)</b>	<b>Costco (30-day/90-day)</b>
Generic	\$10 (up to 100-day supply)	\$10	No Charge/No Charge
Brand	\$25 (up to 100-day supply)	\$35	\$35/\$90
Specialty	\$25 (up to 30-day supply)	N/A	N/A
<b>Mail Order</b>		<b>Navitus (30-day)</b>	<b>Costco (90-day)</b>
Generic	\$10 (up to 100-day supply)	N/A	No Charge
Brand	\$25 (up to 100-day supply)	N/A	\$90
Specialty	N/A	\$35	N/A

<sup>1</sup>Deductibles and out-of-pocket maximums accumulate on a calendar year from January 1 through December 31.

<sup>2</sup>An aggregate maximum means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. All covered expenses including prescriptions accumulate towards the out-of-pocket maximum, including your deductibles.

<sup>3</sup>Deductible only applies to Brand and Specialty drugs. Copays apply only after the brand deductible is met.

# Medical HDHP Plans (HSA Compatible)

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible has been met.

	KAISER PERMANENTE HDHP	BLUE SHIELD OF CALIFORNIA HDHP	
	In-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>2</sup>	\$1,700 \$3,400 Embedded	\$1,700 \$3,400 Embedded	\$1,700 \$3,400 Embedded
<b>Calendar Year Out-of-Pocket Maximum<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>3</sup>	\$3,500 \$7,000 Embedded	\$3,400 \$6,800 Embedded	None None Embedded
<b>HSA Employer Contribution</b> Individual Family	\$600 \$900	\$600 \$900	
<b>Office Visit<sup>4</sup></b> Primary Care Specialist	10% 10%	10% 10%	50% 50%
<b>Preventive Services</b>	\$0	\$0	Not covered
<b>Chiropractic<sup>4</sup></b> (up to 20 visits/year)	Not covered	10%	Not covered
<b>Lab and X-ray<sup>4</sup></b>	10%	10%	Not covered
<b>Urgent Care<sup>4</sup></b>	10%	10%	50%
<b>Emergency Room<sup>4</sup></b>	10%	\$100/visit plus 10% (copay waived if admitted)	
<b>Inpatient Hospitalization<sup>4</sup></b>	10%	10%	All charges above \$600
<b>Outpatient Surgery<sup>4</sup></b>	10%	10%	All charges above \$350
<b>PRESCRIPTION DRUGS (Navitus)</b>			
<b>Plan Year Deductible</b> Individual Family	\$1,500 \$3,000	\$1,700 \$3,400	Not Covered
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$3,400 \$6,800	Not Covered
<b>Retail<sup>4</sup></b> Generic Brand Specialty	\$10 (up to 30-day supply) \$30 (up to 30-day supply) \$30 (up to 30-day supply)	<b>In- Network (30-day)</b> \$9 \$35 N/A	<b>Costco (30-day/90-day)</b> No Charge \$35/\$90 N/A
<b>Mail Order<sup>4</sup></b> Generic Brand Specialty	\$20 (up to 100-day supply) \$60 (up to 100-day supply) N/A	<b>Navitus (30-day)</b> N/A N/A \$35	<b>Costco (90-day)</b> No Charge \$90 N/A

<sup>1</sup> Deductibles and out-of-pocket maximums accumulate on a calendar year from January 1 through December 31.

<sup>2</sup> An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

<sup>3</sup> An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

<sup>4</sup> After deductible.

# HEALTH SAVINGS ACCOUNT (HSA)

*Click to play video*



## ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Kaiser Permanente High Deductible Health Plan with HSA or Blue Shield of California High Deductible Health Plan with HSA.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

## How the Fidelity HSA works

- You must be enrolled in one of SRJC's High Deductible Health Plans (HDHP)
- Your HSA account is set up automatically after you enroll.
- You can contribute up to the 2025 annual limit set by the IRS:  
**Individual:** \$4,300 per year  
**Family:** \$8,550 per year  
**Are you age 55 or over?** You can contribute an additional \$1,000 per year
- To help you get started, SRJC makes a contribution to your HSA (this is included in the IRS maximums noted above):  
**Individual:** \$100/month  
**Family (2 or more):** \$150/month
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

## Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave your SRJC employment.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

## Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

# SISC Value Added Services

Take advantage of these benefits to help you get and stay healthy.







BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED
<p><b>24/7 Help with Personal Concerns</b> <b>SISC Employee Assistance Program</b> Access free, confidential resources for help with emotional, marital, financial, addiction, legal or stress issues.</p>	<p><i>All employees</i> <b>Call</b> 800-999-7222 <b>Visit</b> <a href="https://anthemEAP.com/SISC">anthemEAP.com/SISC</a></p> 
<p><b>Online Counseling and Therapy</b> <b>Talkspace</b> Digital platform that supports behavioral health and emotional wellness needs from a secure, HIPAA-compliant app. Up to 6 counseling sessions per situation.</p>	<p><i>All employees</i> <b>Visit</b> <a href="https://talkspace.com/associatecare">talkspace.com/associatecare</a> and enter SISC as your organization name</p> 
<p><b>Expert Medical Opinions</b> <b>Teladoc Medical Experts</b> Get answers to health care questions and second opinions from world-leading experts.</p>	<p><i>Blue Shield and Kaiser members</i> <b>Call</b> 855-380-7828 <b>Visit</b> <a href="https://teladoc.com/SISC">teladoc.com/SISC</a></p> 
<p><b>Personal Health Coaching</b> <b>Vida Health<sup>1</sup></b> Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.</p>	<p><i>Blue Shield members</i> <b>Call</b> 855-442-5885 <b>Visit</b> <a href="https://vida.com/sisc">vida.com/sisc</a></p> 
<p><b>24/7 Physician Access—Anytime, Anywhere</b> <b>MDLive<sup>2</sup></b> 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.</p>	<p><i>Blue Shield members</i> <b>Call</b> 800-657-6169 <b>Visit</b> <a href="https://mdlive.com/sisc">mdlive.com/sisc</a></p> 
<p><b>Free Generic Medications</b> <b>Costco</b> Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.</p>	<p><i>Blue Shield members</i> <b>Call</b> 800-774-2678 (press 1) <b>Visit</b> <a href="https://costco.com">costco.com</a></p> 

<sup>1</sup> Not available to SISC HSA Members.

<sup>2</sup> Copays may apply.

Per IRS guidelines, SISC HSA Members may not be eligible for these programs.

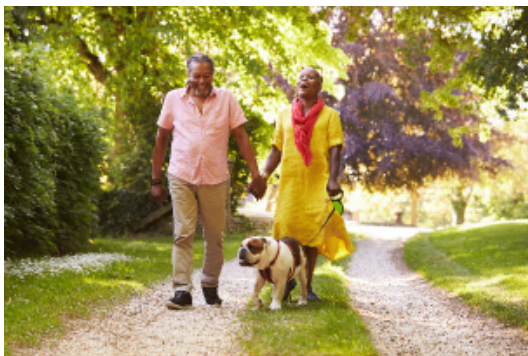
# SISC Value Added Services

BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED
<p><b>Virtual Expert Menopause Care</b> <b>Midi Health<sup>1</sup></b> Access to expert care for menopause through a specialized virtual clinic. The Midi team can provide personalized care for symptoms like hot flashes, mood changes, poor sleep, and more.</p>	<p>Blue Shield PPO members Visit <a href="https://joinmidi.com/sisc">joinmidi.com/sisc</a></p> 
<p><b>Physical Therapy for Back or Joint Pain</b> <b>Hinge Health<sup>1</sup></b> Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.</p>	<p>Blue Shield PPO members Call 855-902-2777 Visit <a href="https://hingehealth.com/sisc">hingehealth.com/sisc</a></p> 
<p><b>24/7 Virtual Primary Care Doctor</b> <b>Centivo Care</b> Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Centivo Care providers diagnose conditions, manage prescriptions, refer to in-network specialists, and answer follow up questions using video visits or live chat.</p>	<p>Blue Shield PPO members Visit <a href="https://centivocare.com/sisc">centivocare.com/sisc</a> or download the app</p> 
<p><b>24/7 Access to Virtual Maternity &amp; Postpartum Support</b> <b>Maven</b> 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.</p>	<p>Blue Shield PPO members Visit <a href="https://mavenclinic.com/join/SISC">mavenclinic.com/join/SISC</a></p> 
<p><b>Hip, Knee, and Spine Surgical Benefit</b> <b>Carrum Health</b> Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.</p>	<p>Blue Shield PPO members Call 888-855-7806 Visit <a href="https://info.carrumhealth.com/sisc/">info.carrumhealth.com/sisc/</a></p> 
<p><b>Enhanced Cancer Benefit</b> <b>Lantern Cancer Care</b> Get help from a personal oncology nurse who can partner with you on every step of your cancer journey, including a review of your initial diagnosis and development of a care plan.</p>	<p>Blue Shield PPO members Visit <a href="https://lanterncare.com">lanterncare.com</a></p> 

<sup>1</sup> Not available to SISC HSA Members.

Per IRS guidelines, SISC HSA Members may not be eligible for these programs.

# RESOURCES FOR KAISER MEMBERS



## FINDING A KAISER PROVIDER

To find a Kaiser Permanente provider near you, please visit [www.kp.org](http://www.kp.org) or call (800) 464-4000.

## MY HEALTH MANAGER

Stay engaged with your health and simplify your busy life by using the [Kaiser Website](http://www.kp.org) or download the Kaiser Permanente app from the App Store<sup>SM</sup> or Google Play<sup>®</sup>.

## 24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider at (866) 454-8855.

## Kaiser Away From Home

Kaiser Members are covered for emergency and urgent care anywhere in the world. Visit [healthy.kaiserpermanente.org/get-care/traveling](http://healthy.kaiserpermanente.org/get-care/traveling) to learn about what to do if you need emergency or urgent care during your trip.

## One Pass Select Affinity by Optum

Through One Pass Select Affinity from Optum members can choose a fitness plan and get unlimited access to all locations available within that plan, plus extensive digital resources.

Members can choose the plan that fits their needs, with competitive plans starting at \$10 per month. Members that sign up can also access the Optum Additional service include healthy meal delivery and 20% discounts on chiropractors, acupuncturists and massage therapists. Learn more at [healthy.kaiserpermanente.org/health-wellness/fitness-offerings](http://healthy.kaiserpermanente.org/health-wellness/fitness-offerings).

## Headspace App

The Headspace Care app offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Headspace Care's highly trained emotional support coaches are ready to help 24/7, and adult Kaiser Permanente members can use Headspace Care for 90 consecutive days at no cost. Get started today at [kp.org/selfcareapps](http://kp.org/selfcareapps).

## Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at [kp.org/selfcareapps](http://kp.org/selfcareapps).

## Online wellness tools

Visit [healthy.kaiserpermanente.org/health-wellness](http://healthy.kaiserpermanente.org/health-wellness) for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, and more — all at no cost.

# RESOURCES FOR BLUE SHIELD MEMBERS



## FINDING A BLUE SHIELD PROVIDER

To find a provider in your plan network, please visit [blueshieldca.com/provider](https://blueshieldca.com/provider).

## BLUESHIELDCA.COM & MOBILE APP

Register at [blueshieldca.com](https://blueshieldca.com) or download the Blue Shield app from the App Store<sup>SM</sup> or Google Play<sup>®</sup> to access tools to help you improve your health, make informed decisions about your care, and find options to save you money.

## BLUE SHIELD ID CARDS

For PPO and HDHP plans, one ID card will be issued to subscriber and one to spouse/domestic partner. Two cards will be issued in the subscriber's name for subscriber plus child(ren) contracts. ID cards with child dependent names can be requested by calling the member service number on the ID card. For HMO plans, ID cards will be issued to each member enrolled. HMO/PPO enrollees will also receive an Navitus ID card to access pharmacy benefits.

## Save on fitness club memberships

This program gives you access to more than 800 fitness centers in California and more than 10,000 nationwide starting at \$19 a month. The wellness discount programs also include acupuncture and chiropractic services; therapeutic massage; and eye exams, frames, contact lenses, and LASIK surgery. Learn more at [blueshieldca.com/wellnessdiscounts](https://blueshieldca.com/wellnessdiscounts).

## Care Management Program

Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer, as well as other conditions. Services include personalized health coaching, care plan development, provider coordination, plus more. To learn more, go to [blueshieldca.com](https://blueshieldca.com) and click on Conditions and care programs, and then select Shield Support. You can also call (877) 455-6777 to find out if you're eligible.

## Maven Maternity Program

The Maven Maternity Program, to support you every baby step of the way. With Maven, you and your partner can get access to virtual care for pregnancy, postpartum, and returning to work after parental leave. Plus, you'll enjoy 24/7 access to Care Advocates, specialists, and coaches – as well as content tailored to your experience. To learn more, go to [blueshieldca.com/maven](https://blueshieldca.com/maven).

## Headspace App

As the world's most science-backed meditation app, Headspace can help you reduce stress, increase resilience, and get a better night's rest. By dedicating just a few minutes a day you can join 70 million Headspace members worldwide using meditation to improve mental well-being. Visit [wellvolution.com/mentalhealth](https://wellvolution.com/mentalhealth) to get started.

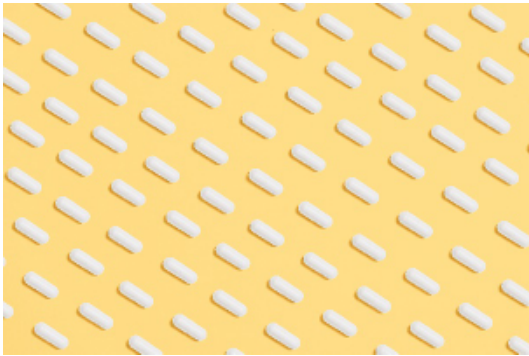
## Virtual or walk-in health care at CVS (PPO members only)

You can get virtual and in-person non-emergency health care seven days a week by board-certified nurse practitioners at CVS locations across California through MinuteClinic. You can find hours of operation and a list of services at [cvs.com/minuteclinic](https://cvs.com/minuteclinic).

## Solera4Me – Diabetes Prevention

With the Diabetes Prevention Program, you can learn more about wellness, makes changes to start losing weight and reduce your risk of developing type 2 diabetes. When you enroll, you get to choose the type of support you prefer, whether it's in-person, online, or even through a smartphone app. For more information visit [solera4me.com](https://solera4me.com).

# PRESCRIPTION DRUGS FOR BLUE SHIELD MEMBERS – NAVITUS



## NAVITUS APP

You can also use the Navitus app to search for providers. Download from the App Store or Google Play.

## NAVITUS FORMULARY

You can also find a list of formulary and preventive medications on [navitus.com](https://navitus.com).

Blue Shield members have access to prescription drug coverage through Navitus. Below is some information to keep in mind regarding this coverage:

## Understanding Your Pharmacy Benefits

Members who take stabilized doses of covered long-term maintenance medications — like those used to treat an ongoing condition such as high blood pressure or high cholesterol — can save money by ordering them through Navitus' mail service partner, Costco Pharmacy, instead of using a retail pharmacy.

## With the Costco Home Delivery Pharmacy

- You get up to a 90-day supply delivered directly to you — with free standard shipping.
- You can easily order refills online, over the phone or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.






Please contact Costco Home Delivery Pharmacy at [pharmacy.costco.com](https://pharmacy.costco.com). You may also call 1-800-607-6861 for home delivery forms and instructions. ***Please note that some pharmacies, such as Walgreens®, may not be in your plan.*** Log into the member home page at [navitus.com](https://navitus.com) to find pharmacies that are in your plan, or call (866) 333-2757.

## Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

# KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget and time.

Type	Appropriate for	Examples	Access	Cost
<b>Nurseline</b> 	Quick answers from a trained nurse	<ul style="list-style-type: none"> <li>Identifying symptoms</li> <li>Decide if immediate care is needed</li> <li>Home treatment options and advice</li> </ul>	24/7	\$0
<b>Online visit</b> 	Many non-emergency health conditions	<ul style="list-style-type: none"> <li>Cold, flu, allergies</li> <li>Headache, migraine</li> <li>Skin conditions, rashes</li> <li>Minor injuries</li> <li>Mental health concerns</li> </ul>	24/7	\$
<b>Office visit</b> 	Routine medical care and overall health management	<ul style="list-style-type: none"> <li>Preventive care</li> <li>Illnesses, injuries</li> <li>Managing existing conditions</li> </ul>	Office Hours	\$\$
<b>Urgent care, walk-in clinic</b> 	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> <li>Stitches</li> <li>Sprains</li> <li>Animal bites</li> <li>Ear-nose-throat infections</li> </ul>	Office Hours, or up to 24/7	\$\$\$
<b>Emergency room</b> 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> <li>Suspected heart attack or stroke</li> <li>Major bone breaks</li> <li>Excessive bleeding</li> <li>Severe pain</li> <li>Difficulty breathing</li> </ul>	24/7	\$\$\$\$\$

# WABE: Waiver of Active Benefit Enrollment

## What is WABE?

The WABE allows eligible employees to “opt out” of medical and prescription drug plans while maintaining access to valuable wellness services.

You don’t pay a monthly premium for the WABE plan.

## Why Choose WABE?

- Ideal for employees already covered by a spouse or partner’s health plan.
- Preserves access to important wellness services.

## Important Things to Know

- If you have other coverage through a spouse or Domestic Partner, check their group health plan requirements before electing WABE. Some employer plans may require dependents to enroll in their own available group coverage. Failure to comply with those requirements could impact your coverage eligibility.
- The Employee must stay enrolled until the next Open Enrollment unless a mid-year Qualifying Event occurs. Examples of Qualifying Events include:
  - Loss of other coverage
  - Divorce or legal separation
  - Death of a spouse or partner
- WABE covers wellness services such as those listed below but does not provide medical or prescription coverage.
- Dental coverage through Redwood Health Services and vision coverage through VSP remain available.

WABE Benefits	How To Get Started	
<b>24/7 Help with Personal Concerns</b> <b>SISC Employee Assistance Program</b>	<b>Call</b> (800) 999-7222 <b>Visit</b> <a href="https://anthemEAP.com/SISC">anthemEAP.com/SISC</a>	
<b>Expert Medical Opinions</b> <b>Teladoc Medical Experts</b>	<b>Call</b> (855) 380-7828 <b>Visit</b> <a href="https://teladoc.com/SISC">teladoc.com/SISC</a>	
<b>Personal Health Coaching</b> <b>Vida Health</b>	<b>Call</b> (855) 442-5885 <b>Visit</b> <a href="https://vida.com/sisc">vida.com/sisc</a>	
<b>24/7 Physician Access</b> <b>MDLive</b>	<b>Call</b> (800) 657-6169 <b>Visit</b> <a href="https://mdlive.com/sisc">mdlive.com/sisc</a>	
<b>Health Screenings &amp; Flu Shots</b> <b>Quest &amp; Costco</b>	Free onsite screenings and seasonal flu shots, where available	

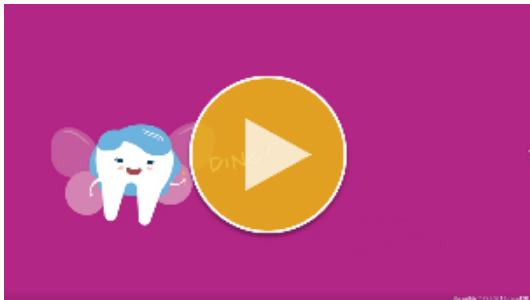


## Dental

### OUR PLANS

Redwood Health Services

*Click to play video*



We offer a dental plan through Redwood Health Services.

### Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures

# Dental

The coinsurance (%) shows what percentage you pay.

	Redwood Health Services <sup>3</sup>		
	Level 1 <sup>2</sup>	Level 2 <sup>2</sup>	Level 3 <sup>2</sup>
<b>Plan Year Deductible<sup>1</sup></b>	None		
<b>Plan Year Maximum</b>	\$1,700		
<b>Diagnostic &amp; Preventive</b>	20%	10%	No charge
<b>Basic Services</b> Fillings Root Canals Periodontics	40%	30%	10%
<b>Major Services</b>	40%	30%	10%

<sup>1</sup>Plan year is October 1, 2025, through September 30, 2026.

<sup>2</sup>Dental plan is an incentive plan. All subscribers start at Level 1. Once you reach 100% coverage, you remain at that level.

<sup>3</sup>A PPO network will be available for those outside the range of the current network.

## What you need to know about this plan

### Features:



**Am I restricted to in-network providers?**

**Do I have to select a primary dentist?**

**Can I use my HSA or FSA?**

**Where can I get more details?**

This is an incentive plan. All subscribers begin at Level 1. If go to the dentist during your 1<sup>st</sup> plan year, you move to Level 2, etc. until you reach Level 3. Once Level 3, 100% preventive coverage is reached, you remain at that level.

Yes. If you live outside the current network area, a PPO Network will be made available to you.

No. Simply choose a dentist from the provider list.

If you participate in a healthcare FSA, limited purpose FSA, or HSA, you can use your account to pay for dental expenses.

Contact Redwood Health Services at (800) 548-7677, option 2 or email [rhscustomerservice@rhs.org](mailto:rhscustomerservice@rhs.org)  
Customer Service hours:  
Monday-Friday, 7:30am – 4:00pm PST

# Vision

## OUR PLANS

VSP Vision

*Click to play video*



We offer a vision plan through VSP.

## Why Sign Up For Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol and thyroid disease.

# Vision

Your vision checkup is fully covered after your Exam copay. After any Exam copay, the plan covers frames, lenses, and contacts as described below.

	VSP
	In-Network
<b>Exams</b> Benefit Materials Frequency <sup>1</sup>	\$10 copay Combined with exam copay Once every plan year
<b>Eyeglass Lenses</b> Single Vision Lens Bifocal Lens Trifocal Lens Progressive Lens Lens Enhancements Frequency	Combined with exam copay Combined with exam copay Combined with exam copay \$0-160 copay (depending on selection) 35-40% savings Once every plan year
<b>Frames</b> Benefit   Frequency	\$150 allowance for frames \$170 allowance for featured frame brands \$150 allowance for Walmart/Sam's Club \$80 allowance for Costco frames Once every other plan year
<b>Contacts (Elective)</b> Conventional and Medically Necessary Frequency	\$120 allowance for contact and contact lens exam Once every plan year

<sup>1</sup>Plan year is October 1 through September 30

## What you need to know about this plan



- Features:**

Get the most out of your benefits and greater savings with a VSP network doctor.
- Will I receive an ID card?**

No. VSP does not issue insurance ID cards. Simply tell the provider you have VSP. If you'd like a card as reference, you can print one on [www.vsp.com](http://www.vsp.com).
- Eyeglasses are expensive. Will I still be able to afford them, even with insurance?**

Look for moderately priced frames and remember that your benefit is higher in-network. If you participate in the HSA plan, you can use your account to pay for vision care and eyewear with tax-free dollars.
- Where can I get more details?**

Call (800) 877-7195 or visit [www.vsp.com](http://www.vsp.com)



## Basic Life and AD&D

### **YOUR BENEFICIARY = WHO GETS PAID**

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.



### **Basic Life and AD&D**

#### **For Contract Faculty, Classified and Management employees**

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Basic Coverage is provided by Standard Insurance Company and premiums are paid in full by Santa Rosa Junior College.

- Basic Life Insurance with matching Accidental Death & Dismemberment (AD&D) in the amount of \$50,000
- Basic Dependent Life and AD&D insurance in the amount of \$5,000

*The benefit amounts above will be reduced if you are age 70 or older. Refer to the plan document for details.*

# VOLUNTARY LIFE AND AD&D INSURANCE



## **GUARANTEED ISSUE**

If you purchase supplemental life insurance within 120 days of your hire date, the Medical History Statement is not needed. \$100,000 Supplemental coverage for employees and \$6,500 for dependents is guaranteed issue with timely enrollment.

If you purchase supplemental life insurance coverage after your initial eligibility period, you will need to submit the Medical History Statement in order for the insurance company to approve the amount of coverage.

## **Protecting those you leave behind**

Voluntary Life Insurance allows you to purchase additional supplemental life insurance to protect your family's financial security. Coverage is provided by Standard Insurance Company and is available for your spouse and/or child(ren).

## **In the event of a serious or fatal accident**

Voluntary AD&D Insurance allows you to purchase supplemental accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury such as a loss of a limb, speech, sight or hearing, the plan pays a benefit to you.

Coverage is provided by Standard Insurance Company and is available for your spouse and/or child(ren).

## **Voluntary Life and AD&D**

### **Contract Faculty and 10-month employees**

You can purchase Employee-paid supplemental benefits for yourself:

- Supplemental Life and AD&D Insurance in the amount of \$50,000 (costs \$12/month)
- Supplemental Plus Life and AD&D Insurance for an additional amount of \$50,000 (costs another \$12/month)

You can purchase Employee paid supplement benefits for your dependents:

- Dependents Life Insurance Buy-Up option in the amount of \$1,500. This option costs \$.42 per month.
- Dependents Life Insurance Voluntary option in the amount of \$5,000. This option costs \$1.20 per month.

### **12-month employees**

You can purchase Employee paid supplemental benefits for yourself:

- Supplemental Life and AD&D Insurance in the amount of \$50,000 (costs \$10/month)
- Supplemental Plus Life and AD&D Insurance for an additional amount of \$50,000 (costs another \$10/month)

You can purchase Employee paid supplement benefits for your dependents:

- Dependents Life Insurance Buy-Up option in the amount of \$1,500. This option costs \$.35 per month.
- Dependents Life Insurance Voluntary option in the amount of \$5,000. This option costs \$1.00 per month.



## ENGAGE



### FIND OUT MORE ABOUT fitSRJC RESOURCES

1. Employee Fitness Classes
2. Fitness Sessions & Calendar
3. Fitness Challenges

[fit.santarosa.edu](https://fit.santarosa.edu)

### Health Enhancing Programs

fitSRJC was created for employees by employees to fulfill the SRJC Mission to “promote personal and professional growth and cultivate joy at work in lifelong learning.”

Our fitSRJC goals are to increase staff holistic wellness by encouraging a workplace culture of wellness and build community across silos centered on the culture of holistic wellness.



## IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your benefit contributions
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.
- Annual Notices
  - Medicare Part D Notice
  - Women's Health and Cancer Rights Act
  - Newborns' and Mothers' Health Protection Act
  - HIPAA Notice of Special Enrollment Rights
  - Michelle's Law
  - Availability of Privacy Practices Notice
  - Notice of Choice of Providers
  - ACA Disclaimer
  - Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

*Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify SRJC if your domestic partner is your tax dependent.*

# YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes. The monthly premiums are listed below. For employees working less than full-time, benefits will be pro-rated.

## 1.0 FTE Management, Classified (12 month)

	Single	Double	Family
Kaiser HMO	\$0.00	\$0.00	\$0.00
Kaiser HSA	\$0.00	\$0.00	\$0.00
Blue Shield HSA	\$0.00	\$0.00	\$0.00
Blue Shield HMO	\$119.00	\$293.00	\$420.00
Blue Shield PPO	\$243.00	\$567.00	\$806.00
SRJC Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	N/A	\$11.53

## 1.0 FTE Contract Faculty & 10-month Classified

	Single	Double	Family
Kaiser HMO	\$0.00	\$0.00	\$0.00
Kaiser HSA	\$0.00	\$0.00	\$0.00
Blue Shield HSA	\$0.00	\$0.00	\$0.00
Blue Shield HMO	\$142.80	\$351.60	\$504.00
Blue Shield PPO	\$291.60	\$680.40	\$967.20
SRJC Dental	\$0.00	\$0.00	\$0.00
Vision	\$0.00	N/A	\$13.84

# PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy No.
MEDICAL	Blue Shield of California	800-642-6155	<a href="https://www.blueshieldca.com">blueshieldca.com</a>	PPO # 709460P0 HMO # 709461H01 HDHP HSA # 709460P0
MEDICAL	Kaiser Permanente	800-464-4000	<a href="https://www.kp.org">kp.org</a>	All plans # 600115
PHARMACY	Navitus RX	866-333-2757	<a href="https://www.Navitus.com/members">Navitus.com/members</a>	PCN # NVT BIN # 610602
DENTAL	Redwood Health Services	800-548-7677 ext. 2	<a href="https://services.hi-techhealth.com/rhs/pages/member_signon.shtml">services.hi-techhealth.com/rhs/pages/member_signon.shtml</a>	# SRJCO
VISION	VSP	800-877-7195	<a href="https://www.vsp.com">vsp.com</a>	# 449000
LIFE & AD&D	The Standard	800-522-0406	<a href="https://www.standard.com">standard.com</a>	# 503154
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Anthem	800-999-7222	<a href="https://anthemeap.com/sisc">anthemeap.com/sisc</a>	N/A

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.

After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die.

Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

# GLOSSARY

## -I-

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

## -L-

### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## -M-

### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## -O-

### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

## -P-

### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about the services.

# Medicare Part D Notice

## Important Notice from Santa Rosa Junior College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Santa Rosa Junior College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
  2. Santa Rosa Junior College has determined that the prescription drug coverage offered by the Santa Rosa Junior College Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Santa Rosa Junior College coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the Plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Santa Rosa Junior College prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Santa Rosa Junior College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Human Resources at (707) 527-4954. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Santa Rosa Junior College changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: August 1, 2025

Name of Entity/Sender: Santa Rosa Junior College

Contact-Position/Office: Human Resources

Address: 1501 Mendocino Avenue, Santa Rosa, CA 95401-4395

Phone Number: (707) 527-4954

# Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call your plan administrator (707) 527-4954.

# Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (707) 527-4954.

# HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Santa Rosa Junior College health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Santa Rosa Junior College health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Santa Rosa Junior College health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

## Michelle's Law

The Santa Rosa Junior College plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, Human Resources as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Santa Rosa Junior College describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Santa Rosa Junior College

## Notice of Choice of Providers

The Santa Rosa Junior College Plan allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources at (707) 527-4954.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Santa Rosa Junior College Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources at (707) 527-4954.

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025, and 9.96% in 2026 of your modified adjusted household income.

# Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **March 17, 2025**. Contact your State for more information on eligibility—

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program   Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>   Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>   Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>   Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322   Fax: 916-440-5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943   State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991   State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>   HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>   Phone: 678-564-1162, press 2

<b>INDIANA – Medicaid</b>
Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>   Family and Social Services Administration Phone: (800) 403-0864   Member Services Phone: (800) 457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a>   Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>   Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   Phone: 1-800-792-4884   HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>   Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003   TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   Phone: 1-800-862-4840   TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>   Phone: 1-800-657-3672
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084   email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633   Lincoln: 402-473-7000   Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>   Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218   Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392   CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>   Phone: 1-800-541-2831

<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>   Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 1-888-365-3742
<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>   Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>   Phone: 1-800-692-7462
CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>   CHIP Phone: 1-800-986-KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>   Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   Phone: 1-888-222-2542   Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either <a href="https://health-enrollment/hhs.gov/medicaid/programs-and-eligibility/">https://health-enrollment/hhs.gov/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269

U.S. Department of Labor  
Services  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565 39

