Hartnell College Benefits-at-a-Glance

Full-Time Active Employee

	SISC Blue Shield PPO 80K	
	In-Network	Out-of-Network
Plan Year Deductible	$1,000 Ind. / $2,000 Family	$1,000 Ind. / $2,000 Family
Plan Year Out-of-Pocket Maximum	$3,000 Ind. / $6,000 Family	Unlimited
Physician Office Visit PCP or Specialist	$30 Copay (First 3 PCP visits are $0 copay)	50% after deductible
Emergency Room	$100 copay + 20% per visit after deductible (copay waived if admitted)	
Inpatient Hospital	20% after deductible	All charges above $600
Outpatient Surgery	20% after deductible	No charge up to $350 per day plus 100% of additional charges
Urgent Care	$30 copay	50% after deductible
Pharmacy – Retail (30 Day Supply)		
Rx Deductible	None	N/A
Rx Out-of-Pocket Limit	$1,500 Ind / $2,500 Family	N/A
Generic/Brand	Network: $7/$25 Costco: $0/$25	Member must pay the entire cost up front and apply for reimbursement. Specialty is not covered.

SISC Blue Shield PPO 80M (HRA)	
In-Network	Out-of-Network
$3,000 Ind. / $6,000 Family	$3,000 Ind. / $6,000 Family
$4,000 Ind. / $8,000 Family	Unlimited
$40 copay (First 3 PCP visits are $0 copay)	50% after deductible
$100 copay + 20% per visit after deductible (copay waived if admitted)	
20% after deductible	All charges above $600
20% after deductible	No charge up to $350 per day plus 100% of additional charges
$40 copay	50% after deductible
Pharmacy – Retail (30 Day Supply)	
$200 Individual / $500 Family (Only applies to Brand and Specialty RX)	N/A
$2,500 Ind / $3,500 Family	N/A
Network: $10/$35 Costco: $0/$35	Member must pay the entire cost up front and apply for reimbursement. Specialty is not covered.

	SISC Blue Shield HSA $5,000 (HSA)	
	In-Network	Out-of-Network
Plan Year Deductible	$5,000 Ind. / $10,000 Family	$5,000 Ind. / $10,000 Family
Plan Year Out-of-Pocket Maximum	$6,350 Ind. / $12,700 Family	Unlimited
Physician Office Visit PCP or Specialist	30% after deductible	50% after deductible
Emergency Room	$100 copay + 30% per visit after deductible (copay waived if admitted)	
Inpatient Hospital	30% after deductible	All charges above $600
Outpatient Surgery	30% after deductible	No charge up to $350 per day plus 100% of additional charges
Urgent Care	30% after deductible	50% after deductible
Pharmacy – Retail (30 Day Supply)		
Rx Deductible & Out-of-Pocket Limit	Combined with Medical	N/A
Generic/Brand	Network: $9/$35 Costco: $0/$35	Member must pay the entire cost up front and apply for reimbursement. Specialty is not covered.

SISC Blue Shield Value Added Programs:

- **Teladoc** - Virtual care and second opinions from leading medical experts. Please visit: teladoc.com/SISC
- **Vida Health** - Personalized health coaching, therapy, and chronic condition support. Please visit: vida.com/sisc
- **MD Live** - Virtual urgent care, therapy, and psychiatry. Please visit: http://mdlive.com/sisc
- **Costco** - Many generic medications at no cost. No Costco membership required. Please visit: costco.com
- **Midi Health** - Virtual menopause and midlife care. Please visit: teladoc.com/SISC
- **Hinge Health -** Personalized exercise therapy and one-on-one coaching for joint and muscle pain. Please visit:hingehealth.com/sisc
- **Centivo Care** - Virtual primary care for physical and mental health. Please visit: centivocare.com
- **Maven** - Support for fertility, pregnancy, and parenting. Please visit: mavenclinic.com/join/SISC
- **Carrum** - Expert care for eligible surgeries. Please visit: info.carrumhealth.com/sisc
- **Lantern Cancer Care** - Personalized guidance and support throughout cancer care. Please visit: lanterncare.com
- **WellTheory** – Personalized coaching and support to help manage autoimmune conditions and reduce chronic symptoms. Please visit https://www.welltheory.com/partner/sisc

Hartnell College Benefits-at-a-Glance

	Kaiser Permanente HMO (HRA)
	In-Network
Calendar Year Deductible	None
Annual Out-of-Pocket Maximum	$1,500 Ind. / $3,000 Family
Physician Office Visit PCP Specialist	 $10 copay $10 copay
Emergency Room (waived if admitted)	$100 copay
Inpatient Hospital	No charge
Outpatient Surgery Facility/physician	$10 copay/no charge
Urgent Care	$10 copay
Pharmacy – Retail	
Tier 1 / Tier 2 / Tier 3 (100-day supply)	$10 / $10 / $10

Kaiser Permanente HMO Value Added Programs:

- **Teladoc** - Virtual care and second opinions. Please visit: teladoc.com/SISC
- **Calm** – Meditation and sleep support to reduce stress and anxiety. Please visit: kp.org/selfcareapps
- **Headspace** – 24/7 emotional support and mental wellness coaching. Please visit: kp.org/selfcareapps
- **One Pass Select Affinity by Optum** - Fitness memberships and wellness discounts starting at $10/month. Please visit: healthy.kaiserpermanente.org/health-wellness/fitness-offerings
- **24/7 Care Advice** – Speak with a Kaiser Permanente provider anytime for medical advice. Call (866) 454-8855.
- **Kaiser Away from Home** – Emergency and urgent care coverage while traveling worldwide. Please visit healthy.kaiserpermanente.org/get-care/traveling.
- **Online Wellness Tools** – Access wellness programs, fitness resources, recipes, and health tools. Please visit kp.org/healthyliving.
- **Health Classes** – Explore health classes and support groups offered by Kaiser Permanente. Please visit kp.org/classes.

	Delta Dental Core PPO		Delta Dental Buy-Up PPO	
	PPO	**Premier/Out-Of-Network**	**PPO**	**Premier/Out-Of Network**
Calendar Year Deductible	None	None	None	None
Annual Plan Maximum	$1,650	$1,500	$2,500	$2,500
Diagnostic and Preventive	Plan pays 70% - 100%	Plan pays 70% - 100%	Plan pays 70% - 100%	Plan pays 70% - 100%
Basic Services Fillings Root Canals Periodontics	Plan pays 70% - 100%	Plan pays 70% - 100%	Plan pays 70% - 100%	Plan pays 70% - 100%
Major Services	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Orthodontic Services Orthodontia Lifetime Maximum	Plan pays 50% $2,000	Plan pays 50% $2,000	Plan pays 50% $3,000	Plan pays 50% $3,000
Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive, and basic 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.				

Delta Dental Value Added Programs:

- **Smileway** - If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer, or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings. Opt in by visiting www.deltadentalins.com/smileway or by calling Customer Service Monday through Friday.
- **Delta Dental Mobile App** - Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in. Log into the app to view your personal benefits.
- **Virtual Dentistry** - Virtual Dentistry is a photo-based tele-dentistry app for PPO & premier plan members. Although Virtual Dentistry is not available for dental emergencies, members can set up a virtual dental screening or even send in photos for dental issues. A Delta Dental dentist that is part of the PPO & Premier Network, can highlight issues from the photos, such as cavities, gum disease, oral hygiene, or other dental concerns. The dentist can then assist with next steps or possible treatments or a home care regimen.
- **Cost Estimator** - Members can plan visits and compare costs before they receive their treatments. Estimates for each member are personalized based on benefits. Members can compare procedure costs at nearby dentists should members need to plan in terms of costs. Members can also receive a detailed explanation of their costs based on upcoming treatment.
- **Amplifon & Qualsight Discounts** - With the Amplifon discount, Delta Dental members get an average savings of 62% off the latest retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with Amplifon discounts. There is also a QualSight discount for Delta Dental members. Members receive 40-50% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.
- **LifePerks -** As a Delta Dental member, you have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life. Register and learn more about LifePerks at discountmember.lifecare.com.

Hartnell College Benefits-at-a-Glance

	VSP (ACSIG)	
	In-Network	**Out-Of-Network**
Examination Benefit	$10 copay	Reimbursement up to $50
Frequency	1 x every 12 months	1 x every 12 months
Eyeglass Lenses		
Single Vision Lens Bifocal Lens Trifocal Lens	Covered in Full after copay Covered in Full after copay Covered in Full after copay	Reimbursement up to $50 Reimbursement up to $75 Reimbursement up to $100
Frequency	1 x every 12 months	1 x every 12 months
Frames		
Benefit	$170 Allowance	Reimbursement up to $70
Frequency	1 x every 24 months	1 x every 24 months
Contacts (Elective)		
Benefit	$170 Allowance	Reimbursement up to $105
Frequency	1 x every 12 months	1 x every 12 months

VSP Value Added Programs:

- **Glasses and Sunglasses -** Extra $20 to spend on featured frame brands. 30% savings on additional glasses and sunglasses. 20% from any VSP provider within 12 months of your last exam.
- **Laser Vision Correction -** Average 15% off the regular price or 5% off the promotional price
- **TruHearing® Hearing Aid Discount** - Save up to 60% on hearing aids, plus receive provider visits, a trial period, warranty coverage, and free batteries. Available to VSP members and eligible family members. Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call (877)396-7194.
- **Retinal Screening** – Routine retinal screening for a $39 copay as part of a WellVision Exam.
- **LASIK Discounts** – Save on LASIK services through participating providers.
- **Essential Medical Eye Care** – Coverage for eligible medical eye conditions, including diabetic eye care, eye infections, glaucoma, dry eye, and more. Please visit vsp.com

	Basic Life and AD&D – Lincoln Financial Group	
	Life	**AD&D**
Class 1 All Active Employees working 20 hours or more	Flat $120,000	Flat $120,000
Spouse	$1,500 (not to exceed 100% of employee amount)	Not Included
Child(ren)	Less than 6 months: $100 6 months up to 26 years: $1,500	Not Included

Long Term Disability – Lincoln Financial Group	
Monthly Benefit Amount	Plan pays 66.67% of covered monthly earnings
Maximum Monthly Benefit	$5,000
Benefits Begin:	After 90 days of disability
Maximum Benefit Period **Class 1**	**Under age 68:** 2 years **Age 68–69:** To age 70 (but not less than 1 year) **Age 70+:** 1 year
Class 2 & 3	**Under age 68:** 5 years **Age 68–69:** To age 70 (but not less than 1 year) **Age 70+:** 1 year

Anthem Employee Assistance Program (EAP) – SISC	
Visits	6 face to face sessions available per issue.
Categories	Emotional, marital, financial, addiction, legal, stress issues, and more.
Contact information	**Call:** (800) 999-7222 **Visit:** anthemEAP.com/SISC
Additional benefits available	**Teladoc -** Digital platform that supports behavioral health and emotional wellness needs from a secure, HIPAA-compliant app. Up to 6 counseling sessions per situation. Please visit: talkspace.com/associatecare and enter SISC as your organization name.