

URGENT

**MEDICAL PLAN
INFORMATION**

**OPEN ENROLLMENT DEADLINE
AUGUST 16, 2017**



Table of Contents

Letter to Employees	1
To Do List	2
Section 125 Information	3
Enrollment Schedule	5
Medical Plan Cost.	6
Medical Plan Comparison Chart	8
Dental and Vision Plan Comparison Chart	10
Vitality Incentive Information	11
Student Certification 2017	12
Health Savings Account Information	13
Medical Part D Notice	14
Women’s Health and Cancer Rights Act	16
HIPAA Notice of Special Enrollment Rights	17
Notice of Choice of Providers	18
Michelle’s Law Notice	19
Premium Assistance Under Medicaid & Children’s Health Program	20

Welcome



August 2, 2017

Dear Employee:

This booklet is designed to provide guidance should you decide to make changes to your health care benefits during the Santa Clara County Office of Education's 2017 Open Enrollment period (deadline: August 16). This year, we have not made any changes to any of our plans. On average, we have had a 3% increase in premiums; see page 3 for new rates.

Enclosed, you will also find medical plan comparison tables that detail office visit fees, hospital co-payments, prescription coverage, deductibles and co-insurance. As previously mentioned, we have had a slight premium increase and the effective date for premium changes is October 1, 2017. Please note that annual deductibles accumulate by calendar year, January through December.

This year, we are partnering with American Fidelity to enroll or update your coverage via an online platform. You need to make an appointment to review your plans with American Fidelity and at this time, you can also change your life insurance beneficiary. If you have been employed by the County Office for a significant period of time, it would be prudent to review the beneficiary you chose when you were hired.

The deadline to make any benefits changes is August 16, 2017. To make changes, please schedule an appointment with American Fidelity. If you are not making any changes for this plan year, you will NOT need to submit any forms. If you have any questions or concerns, please do not hesitate to contact your Employee Benefits Specialist.

Sincerely,

A handwritten signature in black ink that reads "Candice Harris".

Candice Harris
Director-Human Resources

Employee Benefits Specialist	Last name beginning	Phone number	Fax number	email
Denise Sanders	A-G	(408) 453-6831	(408) 453-3660	denise_sanders@sccoe.org
Loraine Hobgood	H-O	(408) 453-4355	(408) 453-3658	loraine_hobgood@sccoe.org
Patty Tijerina	P-Z	(408) 453-6681	(408) 453-3659	patty_tijerina@sccoe.org

To-Do List

To-Do List

- Compare medical plan descriptions and determine cost.
- Select the best plan for you and your family based on your medical needs. Consider the following:
 - How many times did you and your family see the doctor last year?
 - How much did you spend on doctor visit co-pays, deductibles, and prescriptions?
 - How much did you pay in payroll deductions last year?
 - Estimate what services you may need this year.
- IF you are changing medical plans, adding or deleting dependents, schedule an appointment with **American Fidelity at benefits.americanfidelity.com**
- If you have no changes, no action is required.
- IF you have a dependent 19-25 years of age, he/she must be a full time student and have a student certification form submitted to be enrolled in dental, vision and the Employee Assistance Program.
- **Deadline for changes is 4:00 p.m. on Wednesday, August 16, 2017.**

Need Help?

2017 Open Enrollment FAQs

Employee Benefits Specialists can answer questions about enrollment and eligibility.

Employee Benefits Specialist	Last name beginning	Phone number	Fax number	email
Denise Sanders	A-G	(408) 453-6831	(408) 453-3660	denise_sanders@sccoe.org
Loraine Hobgood	H-O	(408) 453-4355	(408) 453-3658	loraine_hobgood@sccoe.org
Patty Tijerina	P-Z	(408) 453-6681	(408) 453-3659	patty_tijerina@sccoe.org

Health Care Cost Containment Committee

Name	Representing	email
Philip Gordillo	Co-Chair	philip_gordillo@sccoe.org
Candice Harris	Co-Chair	candice_harris@sccoe.org
Karyn Kikuta	ACE/CTA	karyn_kikuta@sccoe.org
Lisa Vieler	ACE/CTA	livelier@aol.com
Dana Jensen	ACE/CTA	dana_jensen@sccoe.org
Sandy Fakaosi	SEIU – Paraeducators	sandra_fakaosi@sccoe.org
Rochelle Velazquez	SEIU – OTBS	rochelle_velazquez@sccoe.org
Edwina Davies	Psychologists/Social Workers	edwina_davies@sccoe.org
Craig Blackburn	Leadership Team	craig_blackburn@sccoe.org
Barbara Coats	Risk Management - Resource	barbara_coats@sccoe.org



It's Time to Enroll

Santa Clara County Office of Education Benefits Enrollment

July 10th - August 16th

Your annual benefits enrollment allows you to learn more details about all available options through your employer's benefit program. Your American Fidelity Assurance Company account manager will be available to assist with any questions you may have to help ensure you are fully prepared for your enrollment.

Your Annual Review

Take time to evaluate your current insurance and benefits coverage before your review. Because your review only happens once a year, it's important that you go over the options your employer has made available to you.

In your benefits review, we'll take the time to look at your existing plan, help you understand all of your available benefit options, and review new options. It's also a great time to get answers to any questions you may have.

What You Should Bring

Make sure you bring the following materials to your benefits review.

- **Driver's license**
- **Bank account information**
- **Spouse and children's dates of birth**
- **Beneficiary information**
(and, if a trust, name and date of trust)

Ready to Enroll?

You have a busy schedule, and we know your time is important. We're here to help! Join us for the following meetings to learn more about your benefits and enroll in coverage.

- **Schedule your individual, one-on-one review to enroll in benefits for the upcoming year.**

Your Section 125 Plan

Participating in your employer's Section 125 Plan helps reduce your tax and increase your spendable income. Many qualified benefit premiums you pay under the plan are paid on a pre-tax basis.

Benefits Available to You

- **Health Flexible Spending Accounts**
Health Flexible Spending Accounts (Health FSAs) help you manage out-of-pocket expenses by using pre-tax funds to reimburse yourself.
- **Disability Income Insurance***
In the simplest of terms, this plan helps protect your income. Disability Income Insurance is designed to help protect you if you can't work due to a covered injury or sickness. It provides steady benefits to cover expenses, paying a percentage of your gross monthly earnings.
- **Cancer Insurance*+**
If you are unexpectedly faced with a cancer diagnosis, will your major medical insurance be enough? Limited Benefit Cancer Insurance may help. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and car payments.
- **Accident Only Insurance*+**
Accidents are inevitable. Even though you can't always prepare for unforeseen events, you can plan ahead. A Limited Benefit Accident Only Insurance plan may help ease the impact on your finances. This plan pays benefits directly to you, helping you cover any unplanned medical expenses due to a covered accident.
- **Life Insurance*,****
Ensuring your family is financially protected in the event of a loss is an important way of caring for their needs. Life Insurance can help. Securing a life insurance policy helps provide peace of mind knowing it will help take care of your family after you're gone.
- **403(b) Annuities**,++**
Participating in a 403(b) Plan allows you to reduce your federal taxable income by the amount you choose to contribute. It offers tax-deferred growth, flexibility on contribution changes, and loans may be available, if the plan allows.

** These products may contain limitations, exclusions, and waiting periods. + This product may be inappropriate for people who are eligible for Medicaid coverage. ** Not generally qualified benefits under Section 125 Plans. ++ Please contact your tax advisor for information regarding your specific situation. This product may be referred to by a different name. These are brief descriptions of the actual policies. All products may not be available in all states.*

Schedule your appointment today at <https://benefits.americanfidelity.com/santa-clara-coe>

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3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 • 559-230-2107
americanfidelity.com

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a different opinion

2017 Open Enrollment

Plan Year: 10/1/2017 - 9/30/2018

Appointment Schedule		
SITE	DATE	TIME
Hester School 1460 The Alameda, San Jose 95126	July 10th	8:00 – 4:00
Anne Darling School 1550 Marburg Way, San Jose 95133	July 11th	8:00 – 4:00
Chandler Tripp School 780 Thornton Way, San Jose 95128	July 12th	8:00 – 4:00
Oster School 1854 Nelson Way, San Jose 95127	July 12th	8:00 – 4:00
McCollam Center 550 Gridley Street, San Jose 95127	July 13th	8:00 – 4:00
Gateway School 7151 Hanna Street, Gilroy 95020	July 14th	8:00 – 4:00
Ridder Park Cupertino Room 1290 Ridder Park Drive, San Jose 95131	July 17th – July 21st	8:00 – 4:00
Ridder Park Guadalupe Room 1290 Ridder Park Drive, San Jose 95131	July 31st – August 4th	8:00 – 4:00
Ridder Park Palo Alto Room 1290 Ridder Park Drive, San Jose 95131	August 7th – August 11th	8:00 – 4:00
Ridder Park Saratoga Room 1290 Ridder Park Drive, San Jose 95131	August 14th – August 16th	8:00 – 4:00

Employees enrolling or making changes to their Health Plans, Medical Reimbursement or Dependent Day Care for the next plan year, **MUST** schedule an appointment with American Fidelity Representative.

To schedule an appointment

Online: [Click Here](#)

AF Mobile App: click the “Prepare for your enrollment” and enter employer code **45499F35**

Phone: 1-866-504-0010 ext. 0



Kaiser & Anthem Plan Cost

Kaiser Plan Cost

Kaiser HMO will cost \$19,560.00 per year.

Kaiser HMO	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$1,630.00	\$1,006.74	\$623.26	\$679.92	\$747.91
Full-time	\$1,630.00	\$1,071.00	\$559.00	\$609.82	\$670.80

Kaiser Deductible DHMO will cost \$14,892.00 per year.

Kaiser DHMO	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$1,241.00	\$1,006.74	\$234.26	\$255.56	\$281.11
Full-time	\$1,241.00	\$1,071.00	\$170.00	\$185.45	\$204.00

Kaiser High Deductible Health Plan (HDHP) with Health Savings Account (HSA) option will cost \$12,564.00 per year.

Kaiser HDHP	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$1,047.00	\$984.18	\$62.82	\$68.53	\$75.38
Full-time	\$1,047.00	\$1,047.00	\$0	\$0	\$0

Anthem Plan Cost

Anthem PPO (Full Network) will cost \$23,040.00 per year.

To locate a doctor go to www.anthem.com/ca/SISC.

Anthem PPO (Full Network)	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$1,920.00	\$1,006.74	\$913.26	\$996.28	\$1,095.91
Full-time	\$1,920.00	\$1,071.00	\$849.00	\$926.18	\$1,018.80

Anthem PPO (Deductible Plan) will cost \$20,820.00 per year.

To locate a doctor go to www.anthem.com/ca/SISC.

Anthem PPO (Deductible Plan)

Anthem PPO (Deductible Plan)	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$1,735.00	\$1,006.74	\$728.26	\$794.47	\$873.91
Full-time	\$1,735.00	\$1,071.00	\$664.00	\$724.36	\$796.80

Anthem PPO High Deductible Health Plan (HDHP) with Health Savings Account (HSA) option will cost \$13,980.00 per year.

Anthem PPO HDHP (Full Network)	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$1,165.00	\$1,006.74	\$158.26	\$172.65	\$189.91
Full-time	\$1,165.00	\$1,071.00	\$94.00	\$102.55	\$112.80

Dental and Vision Plan Cost

Delta Dental of California will cost \$1,641.00 per year.

Delta Dental	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$136.75	\$128.55	\$8.21	\$8.95	\$9.85
Full-time	\$136.75	\$136.75	\$0	\$0	\$0

Buy-Up Option for Delta Dental of California will cost \$1,965.00 per year.

Delta Dental	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$163.98	\$128.55	\$35.44	\$38.66	\$42.53
Full-time	\$163.98	\$136.75	\$27.23	\$29.71	\$32.68

Medical Eye Services (MES) will cost \$155.64 per year.

MES Vision	Total Monthly Premium	SCCOE Contribution	Your monthly payroll deduction (12 month)	Your monthly payroll deduction (11 month)	Your monthly payroll deduction (10 month)
Part-time (5.5 hrs./day)	\$12.97	\$12.19	\$0.78	\$0.85	\$0.93
Full-time	\$12.97	\$12.97	\$0	\$0	\$0

Anthem Plans

Santa Clara County Office of Education SISC - Anthem Blue Cross PPO Plan Summaries Effective October 1, 2017

SISC Plan Name	Anthem PPO - Full Network		Anthem PPO Deductible Plan - Full Network		Anthem HDHP - HSA	
Provider Network(s): Hospital & Professional	Available in Full Prudent Buyer Network		Available in Full Prudent Buyer Network		Available in Full Prudent Buyer Network	
"Calendar Year Deductible(s) <i>The deductible is the amount member pays before the Plan starts to pay at benefit level.</i>	No deductible		\$500 per individual up to \$1,000 per family		\$3,000 per individual up to \$5,200 per family	
Calendar Year Out-of-Pocket Maximum	\$1,000 per individual up to \$3,000 per family		\$1,000 per individual up to \$3,000 per family		\$5,000 per individual up to \$10,000 per family	
<i>Co-insurance is the member's responsibility to pay when the Plan is paying less than 100% (ie. Plan pays 80%, member pays 20%).</i>	The Annual Out-of-Pocket Maximum includes the member's co-pays on Medical only.		The Annual Out-of-Pocket Maximum includes the member's co-pays on Medical only.		This plan's Annual Out-of-Pocket Maximum includes the member's deductible, 10% coinsurance and co-pays for medical and Rx.	
Services	Participating In-network Providers		Participating In-network Providers		Participating In-network Providers	
Office Visits (co-pays will apply to Out-of-Pocket maximum)	\$20 co-pay		\$30 co-pay		10% after deductible	
Routine Preventative Care for Adults and Children all ages + Adult Routine Cancer Screenings (industry standard)	No co-pay		No co-pay		Deductible Waived, 100%	
Outpatient Laboratory and X-Ray	No co-pay		No co-pay (after deductible)		10% after deductible	
Inpatient Hospital & Ambulatory Surgery Ctr Room, Board & Support Services (prior authorization required)	No co-pay		No co-pay (after deductible)		10% after deductible	
Emergency Room/Accident Care Facility & Professional Expenses: *medical emergencies as defined by the Plan	\$100 co-pay, waived if admitted		\$100 co-pay (after deductible) No co-pay (after deductible)		\$100 co-pay, waived if admitted 10% after deductible	
Professional Charges - Physical Medicine (OT, PT, Chiro), DME (rental or purchase), Ambulance (air or ground), Home Health Care and Home Infusion (some limits may apply)	No co-pay, Some limits apply		No co-pay (after deductible), Some limits apply		10% after deductible	
Acupuncture (12 visits per year)	No co-pay up to 12 visits		No co-pay (after deductible), up to 12 visits		10% after deductible	
Psychiatric & Substance Abuse						
Inpatient	No co-pay		No co-pay (after deductible)		10% after deductible	
Outpatient	\$20 co-pay		\$30 co-pay		10% after deductible	
Outpatient Prescription Drugs						
	Retail 30-day supply	Costco Retail or Mall 90-day supply	Retail 30-day supply	Mall 90-day supply	Retail 30-day supply	Mall 90-day supply
Most Generic Drugs	\$5	\$0	\$7	\$0	\$9	\$18
Single Source Brand Name Drugs	\$20	\$50	\$25	\$60	\$35	\$90
Multi Source Brand Name Drugs	\$5 + brand/ generic cost difference	\$15 + brand/ generic cost difference	\$25	\$60	\$35	\$90
Brand Only - Calendar Year Deductible	Not applicable		Not applicable		Subject to medical deductible. Co-pays only apply after the medical deductible has been met.	
"Out-of-Pocket (OOP) Maximum for outpatient prescription drugs"	\$1,500 individual/ \$2,500 family		\$1,500 individual/ \$2,500 family		Included in Medical OOP Maximum	

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet. For Anthem, Out-of-network benefits are paid at non-participating fee (a much lower payment) and subject to additional limits.

Preventive care benefits are paid contingent on diagnostic codes submitted by provider.

Kaiser Plans

Santa Clara County Office of Education SISC - Anthem Blue Cross PPO Plan Summaries Effective October 1, 2017

SISC Plan Name	Kaiser HMO		Kaiser Deductible Plan - DHMO		Kaiser High Deductible Plan - HDHP	
Provider Network(s): Hospital & Professional	Kaiser		Kaiser		Kaiser	
"Calendar Year Deductible(s)" <i>The deductible is the amount member pays before the Plan starts to pay at benefit level.</i>	No deductible		\$1,000 per individual up to \$2,000 per family		\$1,500 per individual up to \$3,000 per family	
Calendar Year Out-of-Pocket Maximum	\$1,500 per individual up to \$3,000 per family		\$3,000 per individual up to \$6,000 per family		\$3,000 per individual up to \$6,000 per family	
<i>Co-insurance is the member's responsibility to pay when the Plan is paying less than 100% (ie. Plan pays 80%, member pays 20%).</i>	The Annual Out-of-Pocket Maximum includes co-pays for medical and Rx		The Annual Out-of-Pocket Maximum includes the member's deductible and co-pays for medical and Rx		The Annual Out-of-Pocket Maximum includes the member's deductible and co-pays medical and Rx.	
Services	Participating In-network Providers		Participating In-network Providers		Participating In-network Providers	
Office Visits (co-pays will apply to Out-of-Pocket maximum)	\$30 co-pay		Deductible Waived, \$20 co-pay		10% after deductible	
Routine Preventative Care for Adults and Children all ages + Adult Routine Cancer Screenings (industry standard)	No co-pay		Deductible Waived, 100%		Deductible Waived, 100%	
Outpatient Laboratory and X-Ray	No co-pay		Deductible Waived. Complex imaging: \$50; all other \$10		10% after deductible	
Inpatient Hospital & Ambulatory Surgery Ctr Room, Board & Support Services (prior authorization required)	No co-pay		20% after deductible		10% after deductible	
Emergency Room/Accident Care Facility & Professional Expenses: *medical emergencies as defined by the Plan	\$100 co-pay, waived if admitted		20% after deductible		10% after deductible	
Professional Charges - Physical Medicine (OT, PT, Chiro), DME (rental or purchase), Ambulance (air or ground), Home Health Care and Home Infusion (some limits may apply)	Most services no charge. Refer to Benefit Summary or EOC for details. Ambulance Services \$50 per trip.		Some co-pays apply, some require 20%. Refer to Benefit Summary or EOC for details. Ambulance \$150 per trip.		10% after deductible. Refer to Benefit Summary or EOC for details. Ambulance \$150 per trip.	
Acupuncture/Chiropractic (12 visits per year)	\$10 co-pay (chiro/acupuncture combined)		\$10 co-pay (chiro/acupuncture combined)		10% after deductible	
Psychiatric & Substance Abuse						
Inpatient	No co-pay		20% after deductible		10% after deductible	
Outpatient	\$30 co-pay		Deductible Waived. \$20 co-pay		10% after deductible	
Outpatient Prescription Drugs						
	Kaiser Pharmacy 100-day supply	Kaiser Pharmacy 100-day supply	Kaiser Pharmacy 30-day supply	Kaiser Pharmacy 100-day supply	Kaiser Pharmacy 30-day supply	Kaiser Pharmacy 100-day supply
Most Generic Drugs	\$10	\$10	\$10	\$20	\$10	\$20
Single Source Brand Name Drugs	\$30	\$30	\$30	\$60	\$30	\$60
Multi Source Brand Name Drugs	\$30	\$30	\$30	\$60	\$30	\$60
Brand Only - Calendar Year Deductible	Not applicable		Not applicable		Subject to medical deductible. Co-pays only apply after the medical deductible has been met.	
"Out-of-Pocket (OOP) Maximum for outpatient prescription drugs"	Included in Medical OOP Maximum		Included in Medical OOP Maximum		Included in Medical OOP Maximum	

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet. For Kaiser, there is no coverage when accessing benefits from a non-Kaiser provider without a referral. Patient will have greater out-of-pocket expenses when using a non-participating or non-contract provider.

Dental Plan Comparison

Retirees	Delta Dental of California		Delta Dental Buy-Up Option	
	In-Network PPO	Out-of-Network Premier	In-Network PPO	Out-of-Network Premier
Calendar Year Maximum per enrollee	\$2,000	\$1,500	\$2,500	\$2,000
Calendar Year Deductible				
Individual	None	None	None	None
Diagnostic and Preventive				
Exams & Cleaning - three per year	100%	70-100%	100%	100%
X-rays	100%	70-100%	100%	100%
Basic Services				
Fillings, simple tooth extractions, sealants	70-100%	70-100%	100%	100%
Endodontics				
Covered Under Basic Services	70-100%	70-100%	100%	100%
Periodontics				
Covered Under Basic Services	70-100%	70-100%	100%	100%
Oral Surgery				
Covered Under Basic Services	70-100%	70-100%	100%	100%
Major Services				
Crowns, inlays, onlays and cast restorations	70-100%	70-100%	100%	100%
Prosthetic Services				
Construction or repair	70%	70%	100%	100%
Orthodontic Benefits				
Adults and dependent children	50%	50%	50%	50%
Maximum	\$1000 maximum life-time benefit per enrollee		\$2000 maximum life-time benefit per enrollee	
Eligibility	Primary enrollee, spouse, domestic partner and eligible dependent children to age 19 or to age 25 if dependent is a full time student.		Primary enrollee, spouse, domestic partner and eligible dependent children to age 19 or to age 25 if dependent is a full time student.	

Vitality members

FSA* and Dental Buy-Up* Incentives

Staff who participated in Vitality in 2016-17 may be eligible for benefits with contributions from the SCCOE

Wellness Flexible Spending Account (FSA)

SCCOE will contribute \$150, \$300, or \$400 to an FSA on your behalf if you:

- Achieved Vitality Silver Status or higher by July 31, 2017; *and*
- Completed the Vitality Health Review (VHR) questionnaire by July 31, 2017.

The FSA amount is determined by your Vitality Status. Funds are dispersed to American Fidelity on October 1, 2017 and valid until September 30, 2018. Contact American Fidelity for information on activating your account and accessing your funds.

Delta Dental Buy-Up

SCCOE will contribute to the monthly premium for one-year (October 1, 2017 to September 30, 2018) if you:

- Achieved Vitality Gold Status or higher by July 31, 2017; *and*
- Completed the VHR by July 31, 2017.

To receive the Delta Dental Buy-Up benefit you must enroll in Delta Dental and select the Dental Buy-Up option during the SCCOE benefits open enrollment period. Deadline to enroll is August 16, 2017.

*The FSA and Dental Buy-Up Incentives are issued to staff who are currently employed at SCCOE on October 1, 2017.



Brought to you by



STUDENT CERTIFICATION

DENTAL, VISION AND EMPLOYEE ASSISTANCE PROGRAM

Required for all dependents 19 – 25 years of age

To be eligible, the dependent must be:

- Full-time student in an accredited institution (12 units)
- Dependent upon employee for support
- Unmarried
- Under 25 years of age

Dependent Name PRINT	Date of Birth
Social Security Number	Student I.D. Number
School Name PRINT ()	School Address City, State, Zip www.
School Telephone # and Website	

I certify that the dependent shown above meets all of the requirements for coverage on my account as a full-time student. I understand that all medical plans for this dependent will terminate on the first day of the month following the date that any one of these requirements is no longer met.

Employee Name - PRINT	XXX-XX- SS# Last 4 Digits	
Employee Signature	Date	Telephone (Home, Cell or Work)

Return form to Human Resources, 1290 Ridder Park Drive, San Jose, CA, 95131 or fax or email to:

Employee Benefits Specialist	Last name beginning	Phone number	Fax number	email
Denise Sanders	A-G	(408) 453-6831	(408) 453-3660	denise_sanders@sccoe.org
Loraine Hobgood	H-O	(408) 453-4355	(408) 453-3658	loraine_hobgood@sccoe.org
Patty Tijerina	P-Z	(408) 453-6681	(408) 453-3659	patty_tijerina@sccoe.org

Health Savings Account Information

Anthem Blue Cross and Kaiser High Deductible Health Plans and Health Savings Account Information

The Santa Clara County Office of Education (SCCOE) offers two high deductible health plans. One through Anthem Blue Cross and the other through Kaiser. These plans are the least expensive plans the SCCOE offers and allows for the opportunity to open a Health Savings Account.

What is a High Deductible Health Plan (HDHP)? An HDHP is a health plan where you must pay an annual deductible before your benefits will pay. Once you meet the deductible, you will be responsible for copays and coinsurances up until the maximum Out-of-Pocket amount is reached. You also have the option of opening a pre-tax based Health Savings Account (HSA) to pay for your qualified medical, dental and vision expenses.

What is a Health Savings Account (HSA)?

An HSA is a special tax-advantaged account owned by an individual that is used to pay for current and future Qualified Medical Expenses. It must be used in conjunction with a High Deductible Health Plan, such as the HSA Qualified Deductible plans offered through Anthem Blue Cross or Kaiser. If you choose to open an account through the SCCOE's preferred vendor, you will have pre-tax payroll deductions applied directly to your HSA. You may also choose to open an account through an institution of your choosing, contribute after-tax dollars, and claim a deduction at the end of the year.

How does an HSA work?

- Money goes into the account pre-tax and comes out "tax-free" for qualified medical expenses. This can be made from pre-tax deductions from your paycheck. You may also make post-tax contributions directly into the account and take the deduction when you file your taxes.
- Unused money in the account continues to roll over year after year and can earn interest—unlike the "use it or lose it" rule that the Flexible Spending Accounts must abide by.
- Upon turning age 65, you can use any unused funds in the account for any purpose, penalty free, but subject to ordinary income tax.
- HSAs encourage individuals to take a more proactive approach to their own healthcare, by learning to make informed choices about their health care.

What happens to my Health Savings Account if I leave or change plans?

You will not lose your account. If you change employers and enroll in another HDHP, you may roll over your money from one account to another. If you are unable to enroll in another HDHP, you may not make any contributions, but you can spend it down or leave it to earn interest.

How much can I contribute to my account?

This plan is regulated by the IRS. The maximum amount that may be contributed (and deducted) to the account from all sources for 2017 is \$3,400 for individual coverage and \$6,750 for family coverage. The maximum amount that may be contributed (and deducted) to the account from all sources for 2018 is \$3,450 for individual coverage and \$6,900 for family coverage. Contributions in excess of the contribution limits must be withdrawn by the individual or will be subject to ordinary income tax.

To find out more about enrolling in the Anthem Blue Cross or Kaiser High Deductible Health Plan, or opening an HSA, please contact your Employee Benefits Specialist.

Medicare Part D Notice

Important Notice from Santa Clara County Office of Education (SCCOE) 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 Clara County Office of Education (SCCOE) 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. SCCOE has determined that the prescription drug coverage offered by the SCCOE 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.

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 SCCOE coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. **Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.**

Since the existing prescription drug coverage under SCCOE Plan is creditable (i.e., 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.

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

If you do decide to join a Medicare drug plan and drop your SCCOE 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.

Medicare Part D Notice *(continued)*

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 SCCOE 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. 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 SCCOE 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](http://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, 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: 06/19/2017
Name of Entity/Sender : Santa Clara County Office of Education (SCCOE)
Contact-Position/Office : Candice Harris, Director - Human Resources
Address: 1290 Ridder Park Drive, San Jose, CA 95131
Phone Number : (408) 453-6876

Women's Health and Cancer Rights Act

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. For further details, please refer to the Plan's Summary Plan Description.

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).

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Santa Clara County Office of Education (SCCOE) 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 SCCOE 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 31 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 31 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 31 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 SCCOE 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 rights, you may add the dependent to your current coverage or change to another health plan.

Notice of Choice of Providers

The Kaiser Permanente generally requires 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. Until you make this designation, Kaiser Permanente designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Permanente at 800-464-4000.

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

You do not need prior authorization from Kaiser Permanente 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 Kaiser Permanente at 800-464-4000.

Michelle's Law

The Santa Clara County Office of Education (SCCOE) 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, notify your benefit specialist 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.

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.

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 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 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 January 31, 2017. Contact your State for more information on eligibility.

ALABAMA - Medicaid	FLORIDA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA- Medicaid	GEORGIA- Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility : http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
COLORADO - Health First Colorado (Colorado's Medicaid Program) & IOWA - Medicaid Child Health Plan Plus (CHP+)	IOWA - Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service : 1-800-359-1991/ State Relay 711	Website : http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS - Medicaid	NEW HAMPSHIRE - Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218

KENTUCKY - Medicaid	NEW JERSEY - Medicaid and CHIP
Website: http://chfs.ky.gov/ Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 LOUISIANA - Medicaid NEW YORK - Medicaid
LOUISIANA - Medicaid	NEW YORK - Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/l/n/331 Phone: 1-888-695-2447	Website : https://www.health.ny.gov/healthcare/medicaid/ Phone: 1-800-541-2831
MAINE - Medicaid	NORTH CAROLINA - Medicaid
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS - Medicaid and CHIP	NORTH DAKOTA - Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website : http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA - Medicaid	OKLAHOMA - Medicaid and CHIP
Website: http://mn.gov/dhs/people-weserve/seniors/healthcare/health-careprograms/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI - Medicaid	OREGON - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA	PENNSYLVANIA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone : 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA - Medicaid	RHODE ISLAND - Medicaid
Website: http://dhhs.ne.gov/ChildrenFamilyServices/AccessNebraska/Pages/accessnebraskaindex.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA - Medicaid	SOUTH CAROLINA - Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-healthcare/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473

TEXAS - Medicaid	WEST VIRGINIA - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH - Medicaid and CHIP	WISCONSIN - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT-Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: http://wyequalitycare.acs-inc.com Phone: 307-777-7531
VIRGINIA - Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs/premiumassistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs/premiumassistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

**Santa Clara County Office of Education
Board of Education**

Michael Chang • Joseph Di Salvo • Darcie Green
Rosemary Kamei • Grace H. Mah • Claudia Rossi • Anna Song

County Superintendent of Schools
Jon R. Gundry

Santa Clara County  Office of Education

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