ORLAND UNIFIED
SCHOOL DISTRICT

Employee Benefits Program

October 01, 2026 to September 30,2027



ORLAND UNIFIED
SCHOOL DISTRICT

NOTICE

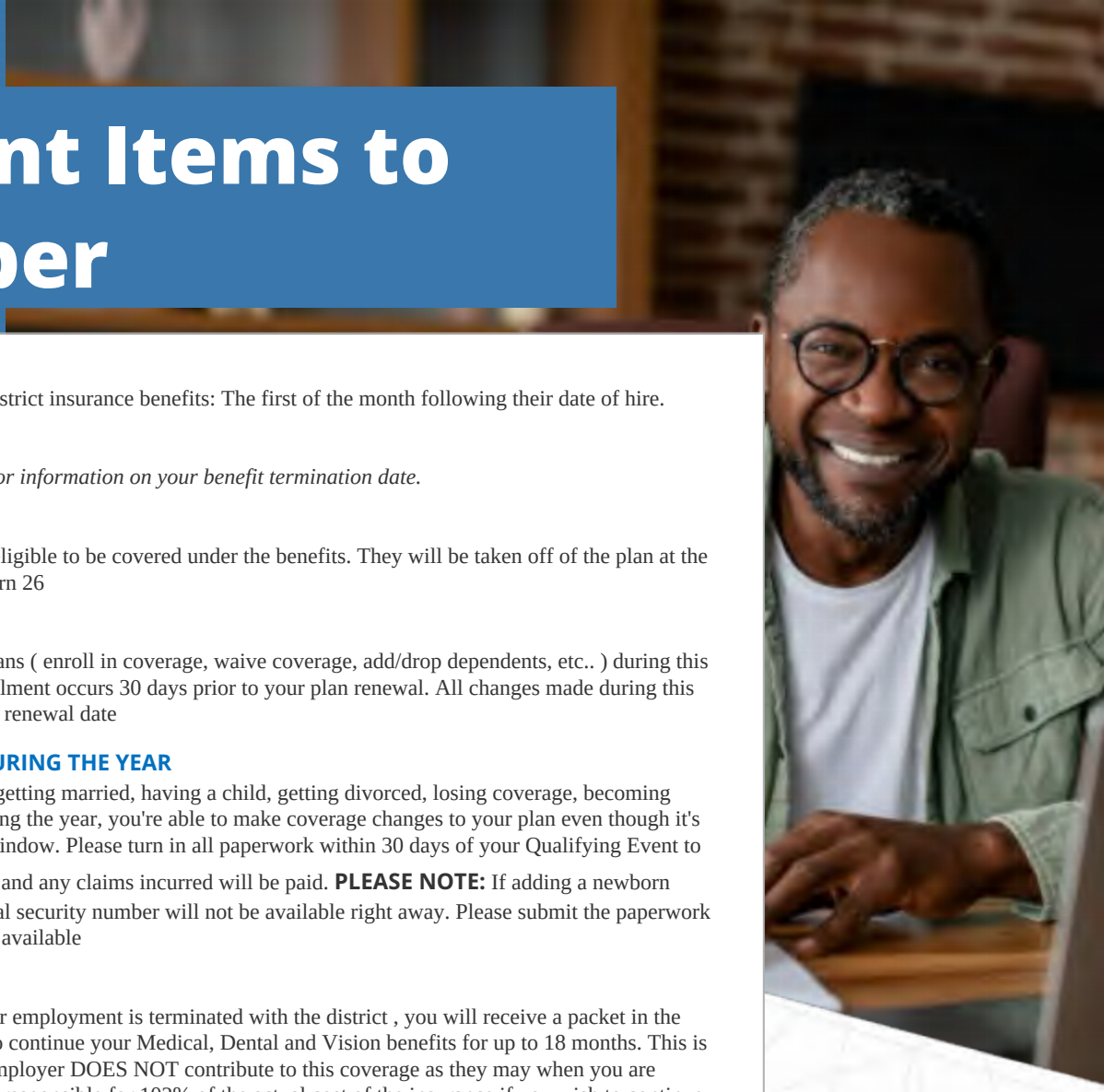
The following is strictly a summary of the benefits package provided to you by your employer, ***Orland Unified School District.*** *For a more detailed explanation of your benefits plan, please refer to the benefits booklet that has been provided by the carriers.*

ORLAND UNIFIED SCHOOL DISTRICT

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Important Items to Remember



NEW HIRE WAITING PERIOD

New employees are eligible for district insurance benefits: The first of the month following their date of hire.

TERMINATION OF BENEFITS

Please contact the HR Manager for information on your benefit termination date.

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date

MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc…) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. **PLEASE NOTE:** If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA

PLEASE NOTE: In the event your employment is terminated with the district , you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is "contracted as in-network."

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

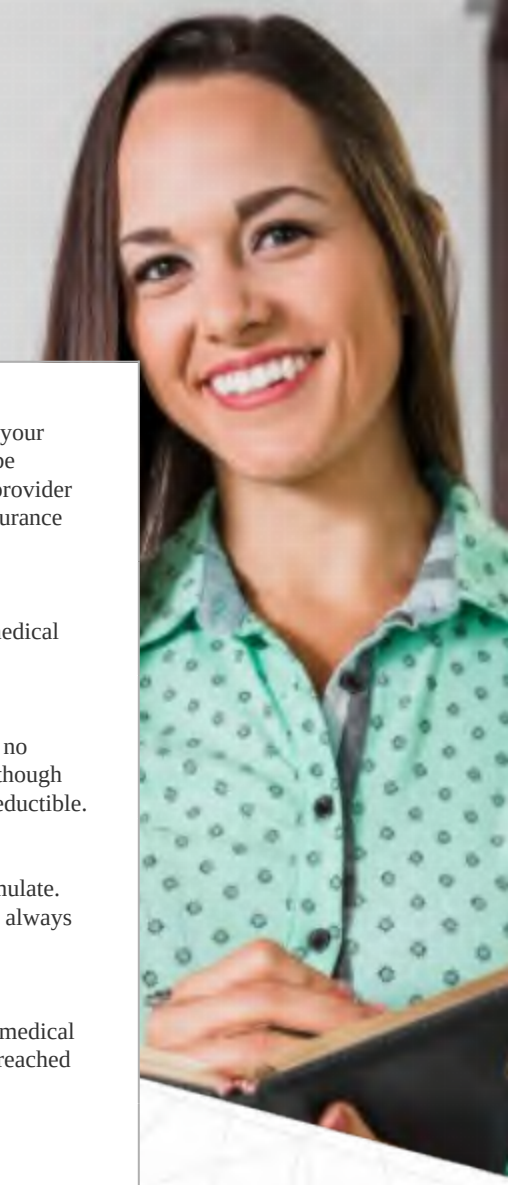
NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact your HR Manager, Jeremy Benjamin. Email: jbenjamin@orlandusd.net or call: 530-865-1200 ext. 1003

HAVE QUESTIONS ABOUT AN INSURANCE CLAIM?

PLEASE HAVE COPIES OF YOUR EXPLANATION OF BENEFITS ALONG WITH A COPY OF YOUR BILL(S) READY & CONTACT: Your HR Manager, Jeremy Benjamin. Email: jbenjamin@orlandusd.net or call: 530-865-1200 ext. 1003

Insurance Terms and Definitions



PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc…

EMBEDDED DEDUCTIBLE

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

NEGOTIATED RATE (CONTRACTED RATE)

When a Provider (doctor, facility, pharmacy or hospital) contracts with an insurance carrier, they are considered In-Network. Part of the contract states that the provider will accept a lower payment (lower than what they normally charge) from the insurance carrier as payment in full. This lower payment is the Negotiated Rate.

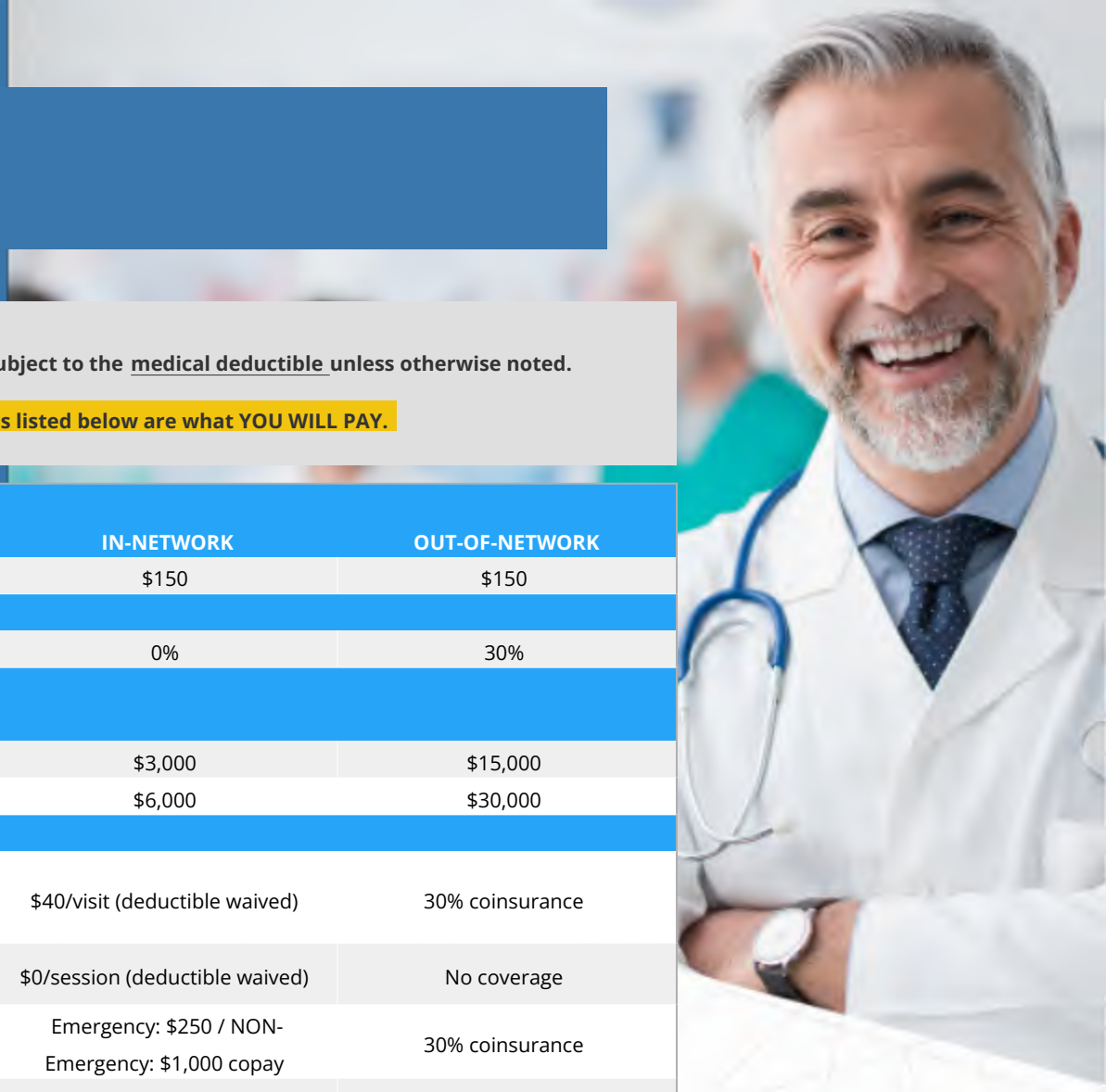
ORLAND UNIFIED
SCHOOL DISTRICT

Medical

High Plan Option

Medical

Personify | High Plan



Plan Explanation

All medical services are subject to the medical deductible unless otherwise noted.

Amounts listed below are what YOU WILL PAY.

IN & OUT-OF-NETWORK DEDUCTIBLES - COMBINED	IN-NETWORK	OUT-OF-NETWORK
Per Person	$150	$150
COINSURANCE		
Individual	0%	30%
IN & OUT-OF-NETWORKS OUT-OF-POCKET LIMITS - NOT COMBINED		
Individual	$3,000	$15,000
Family	$6,000	$30,000
COMMONLY USED SERVICES		
Primary Care Physician/Specialist/Urgent Care (In Person & Virtual)	$40/visit (deductible waived)	30% coinsurance
LiveHealth Online Telemedicine - Medical/Behavioral	$0/session (deductible waived)	No coverage
Emergency Room (After Deductible)	Emergency: $250 / NON-Emergency: $1,000 copay	30% coinsurance
Emergency Medical Transportation (After Deductible)	Ground: $500/Air: $750	Ground: $500/Air: $750
PREVENTIVE CARE		
Preventive Services	No charge (deductible waived)	30% coinsurance
MAJOR MEDICAL EXPENSES		
Outpatient Surgery - Precertification may be rerquied	0% (after deductible)	30% coinsurance
Inpatient Hospitalization / Surgery - Precertification required	0% (after deductible)	30% coinsurance
CT scan, PT scan, MRI - Precertification may be required	0% (after deductible)	30% coinsurance
Hospital Newborn Delivery	0% (after deductible)	30% coinsurance
MENTAL DISORDERS AND SUBSTANCE ABUSE		
Inpatient	0% (after deductible)	30% coinsurance
Outpatient	Office setting $20 Copay/Other services 0% (deductible waived)	30% coinsurance

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Medical

Personify | High Plan Continued



Plan Explanation

All medical services are subject to the medical deductible unless otherwise noted.

Amounts listed below are what YOU WILL PAY.

OTHER SERVICES		
Livongo Diabetes Management Program (Eligible Members Only)	0% (deductible does not apply)	No coverage
Acupuncture/Chiropractic Care - Limit 18 visits/$4,000 CYM	0%	30% coinsurance
Diagnostic Testing, X-ray & Lab - includes Pre-Admission Testing	0%	30% coinsurance
Dialysis First 3 months after commencement of treatment/Thereafter	0% / then 80% of 125% of current Medicare Allowable	30% coinsurance/30% coinsurance
Durable Medical Equipment	0%	30% coinsurance
Foot Orthotics	0%	30% coinsurance
Home Health Care	0%	30% coinsurance
Allergy injections, serum and testing	0%	30% coinsurance
Infertility Benefits - Coverage for care, supplies and services related to the diagnosis of infertility only.	0%	30% coinsurance
Organ Transplant - Benefits are based on place and type of service	0%	30% coinsurance
Organ Transplant - Travel and Accommodations for donor/recipient	Plan pay maximum $10,000 per transplant	Plan pay maximum $10,000 per transplant
Physical Therapy	0%	30% coinsurance
Pregnancy - Benefits are based on place and type of service	0%	30% coinsurance
Prosthetics	0%	30% coinsurance
Prosthetic Bra - limited to two in 1st year following mastectomy, 1 every year after	0%	30% coinsurance
Skilled Nursing Facility - facility's semiprivate room	0%	30% coinsurance
Speech Therapy	0%	30% coinsurance
Surgical - Second Opinion	0%	30% coinsurance

Disclaimer

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Medical Pharmacy

Personify | High Plan Pharmacy



Plan Explanation

Tier 2, Tier 3, and Tier 4 drugs are subject to the Pharmacy deductible.

Amounts listed below are what YOU WILL PAY.

PHARMACY DEDUCTIBLE & OUT-OF-POCKET LIMIT	IN-NETWORK	OUT-OF-NETWORK
Prescription Deductible	$100	Not covered
Individual Out-of-Pocket Limit	$3,600	Not covered
Family Out-of-Pocket Limit	$7,200	Not covered
COSTCO PHARMACY		
RETAIL - 30 DAY SUPPLY		
Generic (Tier 1)	$10/prescription (deductible waived)	Not covered
Brand Name (Tier 2)	$50/prescription	Not covered
Non-Preferred (Tier 3)	$100/prescription	Not covered
COSTCO PHARMACY		
MAIL ORDER - 90 DAY SUPPLY		Not covered
Generic (Tier 1)	$15/prescription (deductible waived)	Not covered
Brand Name (Tier 2)	$60/prescription	Not covered
Non-Preferred (Tier 3)	$120/prescription	Not covered
NON-COSTCO PHARMACIES		
RETAIL - 30 DAY Supply		
Generic (Tier 1)	$20/prescription (deductible waived)	Not covered
Brand Name (Tier 2)	$60/prescription	Not covered
Non-Preferred (Tier 3)	$120/prescription	Not covered
LUMINCERA		
Specialty (Tier 4)	$120/prescription	
ALL SPECIALTY DRUGS	All specialty drugs must be obtained from the Access Guidance from Lumicera Health Services. This will eliminate copays when manufacturer rebates are available.	
PLEASE READ!!!	IMPORTANT PRESCRIPTION NOTICE!!	
MAINTAINANCE PRESCRIPTIONS	1 Fill leniency period then member MUST fill at Costco Mail Order OR Costco Retail. Initial 30-day supply may be obtained at a NON-COSTCO Pharmacy.	

Disclaimer

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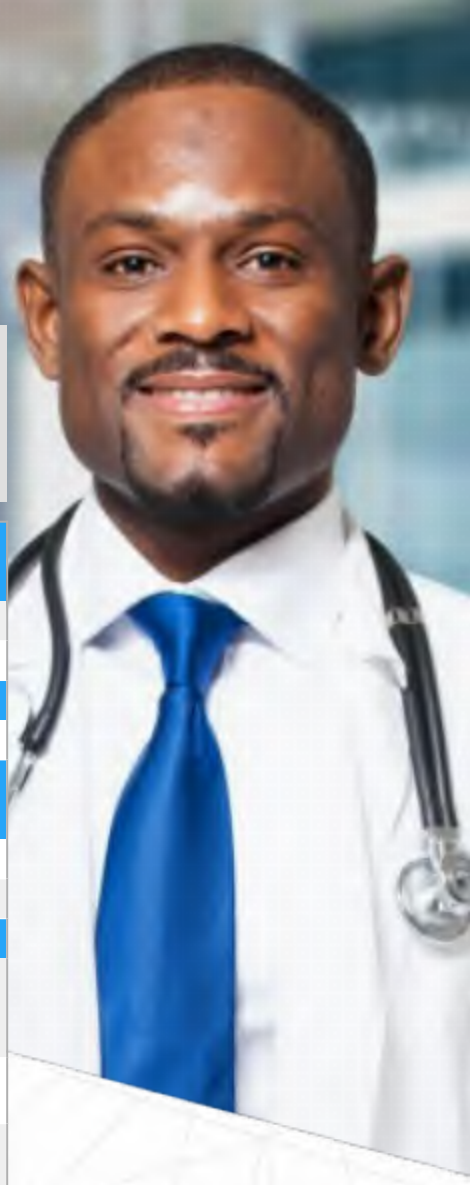
ORLAND UNIFIED
SCHOOL DISTRICT

Medical

Middle Plan Option

Medical

Personify | Middle Plan



Plan Explanation

All medical services are subject to the medical deductible unless otherwise noted.

Amounts listed below are what YOU WILL PAY.

IN & OUT-OF-NETWORK DEDUCTIBLES - COMBINED	IN-NETWORK	OUT-OF-NETWORK
Individual	$500	$500
Family	$1,500	$1,500
COINSURANCE		
Member's %	20%	30%
IN & OUT-OF-NETWORKS OUT-OF-POCKET LIMITS - NOT COMBINED		
Individual	$3,000	$15,000
Family	$6,000	$30,000
COMMONLY USED SERVICES		
Primary Care Physician/Specialist/Urgent Care (In Person & Virtual)	$40/visit (deductible waived)	30% coinsurance
LiveHealth Online Telemedicine - Medical/Behavioral	$0/session (deductible waived)	No coverage
Emergency Room	Emergency: $250 (after deductible) / NON-Emergency: $1,000 (after deductible)	30% coinsurance
Emergency Medical Transportation	Ground: $500 (after deductible) / Air: $750 (after deductible)	Ground: $500 (after deductible) / Air: $750 (after deductible)
PREVENTIVE CARE		
Preventive Services	No charge (deductible waived)	30% coinsurance
MAJOR MEDICAL EXPENSES		
Outpatient Surgery - Precertification may be required	20% coinsurance	30% coinsurance
Inpatient Hospitalization / Surgery - Precertification required	20% coinsurance	30% coinsurance
CT scan, PT scan, MRI - Precertification may be required	20% coinsurance	30% coinsurance
Hospital Newborn Delivery	20% coinsurance	30% coinsurance
MENTAL DISORDERS AND SUBSTANCE ABUSE		
Inpatient	20% coinsurance	30% coinsurance
Outpatient	Office setting $20/visit (deductible waived) / Other services 20% coinsurance	30% coinsurance

Disclaimer

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Medical

Personify | Middle Plan Continued



Plan Explanation

All medical services are subject to the medical deductible unless otherwise noted.

Amounts listed below are what YOU WILL PAY.

OTHER SERVICES		
Livongo Diabetes Management Program (Eligible Members Only)	0% (deductible does not apply)	No coverage
Acupuncture/Chiropractic Care - Limit 18 visits/$4,000 CYM	20% coinsurance	30% coinsurance
Diagnostic Testing, X-ray & Lab - includes Pre-Admission Testing	20% coinsurance	30% coinsurance
Dialysis First 3 months after commencement of treatment/Thereafter	20% coinsurance/then 80% of 125% of current Medicare Allowable	30% coinsurance/30% coinsurance
Durable Medical Equipment	20% coinsurance	30% coinsurance
Foot Orthotics	20% coinsurance	30% coinsurance
Home Health Care	20% coinsurance	30% coinsurance
Allergy injections, serum and testing	20% coinsurance	30% coinsurance
Infertility Benefits - Coverage for care, supplies and services related to the diagnosis of infertility only.	20% coinsurance	30% coinsurance
Organ Transplant - Benefits are based on place and type of service	20% coinsurance	30% coinsurance
Organ Transplant - Travel and Accommodations for donor/recipient	20% coinsurance/Plan pay maximum $10,000 per transplant	30% coinsurance/ Plan pay maximum $10,000 per transplant
Physical Therapy	20% coinsurance	30% coinsurance
Pregnancy - Benefits are based on place and type of service	20% coinsurance	30% coinsurance
Prosthetics	20% coinsurance	30% coinsurance
Prosthetic Bra - limited to two in 1st year following mastectomy, 1 every year after	20% coinsurance	30% coinsurance
Skilled Nursing Facility - facility's semiprivate room	20% coinsurance	30% coinsurance
Speech Therapy	20% coinsurance	30% coinsurance
Surgical - Second Opinion	20% coinsurance	30% coinsurance

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Medical Pharmacy

Personify | Middle Plan Pharmacy



Plan Explanation

Tier 2, Tier 3, and Tier 4 drugs are subject to the Pharmacy deductible.

Amounts listed below are what YOU WILL PAY.

PHARMACY DEDUCTIBLE & OUT-OF-POCKET LIMIT	IN-NETWORK	OUT-OF-NETWORK
Prescription Deductible	$100	Not covered
Individual Out-of-Pocket Limit	$3,600	Not covered
Family Out-of-Pocket Limit	$7,200	Not covered
COSTCO PHARMACY		
RETAIL - 30 DAY SUPPLY		
Generic (Tier 1)	$10/prescription (deductible waived)	Not covered
Brand Name (Tier 2)	$50/prescription	Not covered
Non-Preferred (Tier 3)	$100/prescription	Not covered
COSTCO PHARMACY		
MAIL ORDER - 90 DAY SUPPLY		Not covered
Generic (Tier 1)	$15/prescription (deductible waived)	Not covered
Brand Name (Tier 2)	$60/prescription	Not covered
Non-Preferred (Tier 3)	$120/prescription	Not covered
NON-COSTCO PHARMACIES		
RETAIL - 30 DAY SUPPLY		
Generic (Tier 1)	$20/prescription (deductible waived)	Not covered
Brand Name (Tier 2)	$60/prescription	Not covered
Non-Preferred (Tier 3)	$120/prescription	Not covered
LUMICERA		
Specialty (Tier 4)	$120/prescription	
ALL SPECIALTY DRUGS	All specialty drugs must be obtained from the Access Guidance from Lumicera Health Services. This will eliminate copays when manufacturer rebates are available	
PLEASE READ!!!	IMPORTANT PRESCRIPTION NOTICE!!!	
MAINTAINANCE PRESCRIPTIONS	1 Fill leniency period then member MUST fill at Costco Mail Order OR Costco Retail. Initial 30-day supply may be obtained at a NON-COSTCO Pharmacy.	

Disclaimer

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ORLAND UNIFIED SCHOOL DISTRICT

Medical

Low Plan Option

Medical

Personify | Low - HDHP Plan



Plan Explanation

Both the Deductible and the Out-of-Pocket Maximum for the Family Plan are EMBEDDED effective October 1, 2026.

All medical services are subject to the medical deductible unless otherwise noted.

Amounts listed below are what YOU WILL PAY.

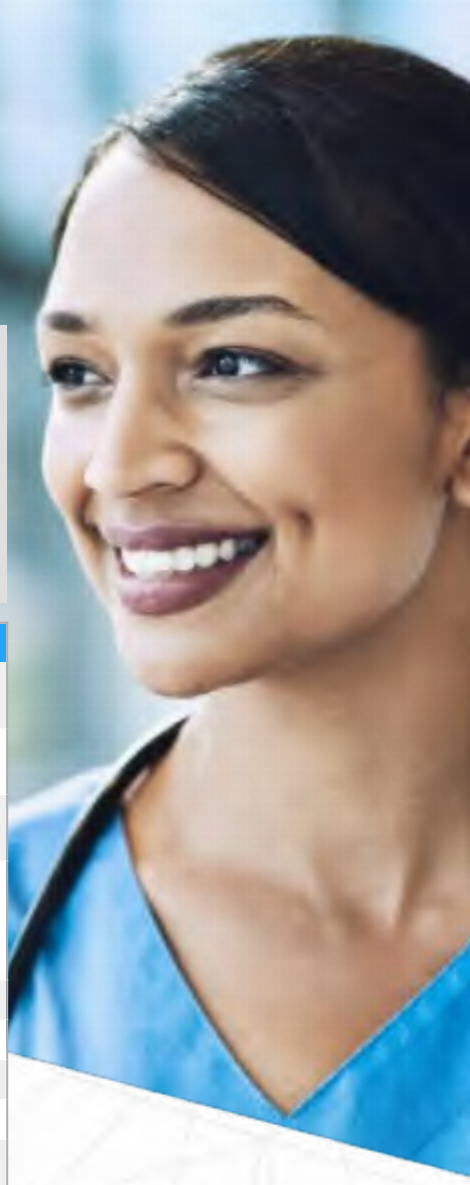
IN & OUT NETWORKS DEDUCTIBLE COMBINED	IN-NETWORK	OUT-OF-NETWORK
Individual	$3,000	$3,000
Family	$3,400 individual/$6,000 family	$3,400 individual/$6,000 family
COINSURANCE		
Member's %	20%	30%
IN & OUT-OF-NETWORKS OUT-OF-POCKET LIMITS - NOT COMBINED		
Individual	$5,000	$15,000
Family	$10,000	$30,000
COMMONLY USED SERVICES		
Primary Care Physician/ Specialist/ Urgent Care (In Person & Virtual)	20% coinsurance	30% coinsurance
LiveHealth Online Telemedicine - Medical/Behavioral	$0/session	No Coverage
Emergency Room - copayment waived if admitted	20% coinsurance	30% coinsurance
Emergency Medical Transportation	20% coinsurance	30% coinsurance
PREVENTIVE CARE		
Preventive Services	No charge (deductible waived)	30% coinsurance
MAJOR MEDICAL EXPENSES		
Outpatient Surgery - Precertification may be required	20% coinsurance	30% coinsurance
Inpatient Hospitalization / Surgery - Precertification required	20% coinsurance	30% coinsurance
CT scan, PT scan, MRI - Precertification may be required	20% coinsurance	30% coinsurance
Hospital Newborn Delivery	20% coinsurance	30% coinsurance
MENTAL DISORDERS AND SUBSTANCE ABUSE		
Inpatient	20% coinsurance	30% coinsurance
Outpatient	20% coinsurance	30% coinsurance

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Medical

Personify | Low HDHP Plan Continued



Plan Explanation

Both the Deductible and the Out-of-Pocket Maximum for the Family Plan are EMBEDDED effective October 1, 2026.

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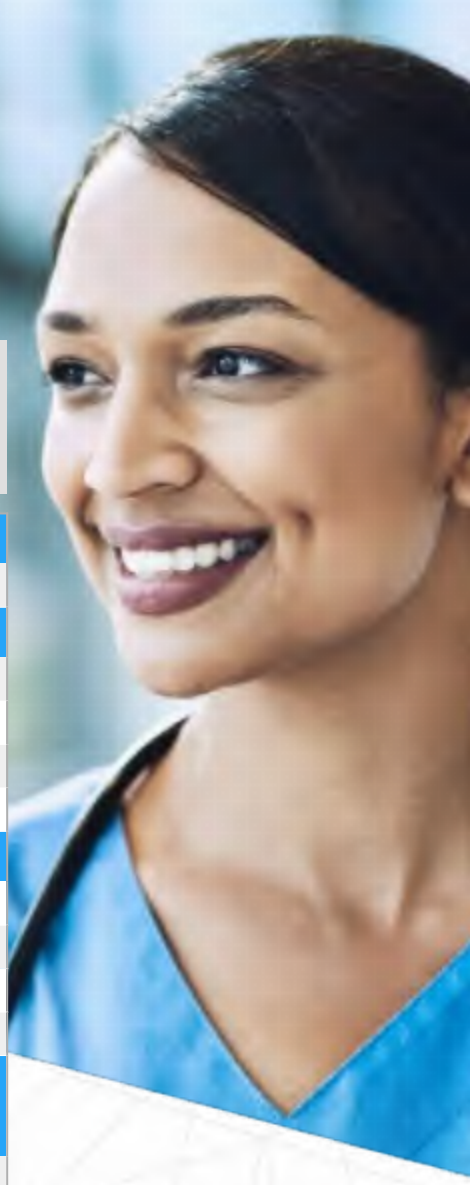
OTHER SERVICES		
Livongo Dabetes Management Program (Eligible Members Only)	0% (deductible does not apply)	No coverage
Acupuncture/Chiropractic Care - Limit 18 visits/$4,000 CYM	20% coinsurance	30% coinsurance
Diagnostic Testing, X-ray & Lab - includes Pre-Admission Testing	20% coinsurance	30% coinsurance
Dialysis First 3 months after commencement of treatment/Thereafter	20% coinsurance/then 80% of 125% of current Medicare Allowable	30% coinsurance/30% coinsurance
Durable Medical Equipment	20% coinsurance	30% coinsurance
Foot Orthotics	20% coinsurance	30% coinsurance
Home Health Care	20% coinsurance	30% coinsurance
Allergy injections, serum and testing	20% coinsurance	30% coinsurance
Infertility Benefits - Coverage for care, supplies and services related to the diagnosis of infertility only.	20% coinsurance	30% coinsurance
Organ Transplant - Benefits are based on place and type of service	20% coinsurance	30% coinsurance
Organ Transplant - Travel and Accommodations for donor/recipient	20% coinsurance/Plan pay maximum $10,000 per transplant	30% coinsurance/ Plan pay maximum $10,000 per transplant
Physical Therapy	20% coinsurance	30% coinsurance
Pregnancy - Benefits are based on place and type of service	20% coinsurance	30% coinsurance
Prosthetics	20% coinsurance	30% coinsurance
Prosthetic Bra - limited to two in 1st year following mastectomy, 1 every year after	20% coinsurance	30% coinsurance
Skilled Nursing Facility - facility's semiprivate room	20% coinsurance	30% coinsurance
Speech Therapy	20% coinsurance	30% coinsurance
Surgical - Second Opinion	20% coinsurance	30% coinsurance

Disclaimer

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Medical Pharmacy

Personify | Low HDHP Plan Pharmacy



Plan Explanation

All Prescriptions are Subject to Medical Deductible

Amounts listed below are what YOU WILL PAY.

PHARMACY DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Prescription Deductible	Subject to Medical Deductible	Not covered
COSTCO PHARMACY		
RETAIL - 30 DAY SUPPLY		
Generic (Tier 1)	20% coinsurance	Not covered
Brand Name (Tier 2)	20% coinsurance	Not covered
Non-Preferred (Tier 3)	20% coinsurance	Not covered
COSTCO PHARMACY		
MAIL ORDER - 90 DAY SUPPLY		Not covered
Generic (Tier 1)	20% coinsurance	Not covered
Brand Name (Tier 2)	20% coinsurance	Not covered
Non-Preferred (Tier 3)	20% coinsurance	Not covered
NON-COSTCO PHARMACIES		
RETAIL - 30 DAY SUPPLY		
Generic (Tier 1)	20% coinsurance	Not covered
Brand Name (Tier 2)	20% coinsurance	Not covered
Non-Preferred (Tier 3)	20% coinsurance	Not covered
LUMICERA		
Specialty (Tier 4)	20% coinsurance	
ALL SPECIALTY DRUGS	All specialty drugs must be obtained from the Access Guidance from Lumicera Health Services. This will eliminate copays when manufacturer rebates are available	
	IMPORTANT PRESCRIPTION NOTICE!! PLEASE READ!!!	
MAINTAINANCE PRESCRIPTIONS	1 Fill leniency period then member MUST fill at Costco Mail Order OR Costco Retail. Initial 30-day supply may be obtained at a NON-COSTCO Pharmacy.	

Disclaimer

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ORLAND UNIFIED
SCHOOL DISTRICT

LiveHealth Online

Medical & Behavioral Health

Have a video visit with a doctor or therapist at home

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



If you need care for a health issue, or support if you're feeling anxious or having trouble coping on your own, LiveHealth Online is ready to help. You can stay home and have a video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer.

By using LiveHealth Online, you can

- **See a board-certified doctor in a few minutes with no appointment.** Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.[1] When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or another common health condition.
- **Make an appointment with a licensed therapist in four days or less.**[2] You can have a video visit with a therapist from home, at work or on the go — evenings and weekend appointments are available too. Appointments can be scheduled online or over the phone at **1-888-548-3432** from 7 a.m. to 7 p.m., seven days a week. You can get help for anxiety, depression, grief, panic attacks and more.

What will a visit cost?

Your Anthem plan includes benefits for video visits using Live Health Online, so you'll just pay your share of the costs — usually $0 copay for medical doctor visits, and a 45-minute therapy session usually costs the same as an office therapy visit.

For all customer support:
1-888.548.3432

Sign up for LiveHealth Online today — it's quick and easy

Go to **livehealthonline.com** or download the app and register on your phone or tablet.

Download on the App Store

ANDROID APP ON Google play

Anthem

LiveHealth ONLINE

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross.

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1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

2 Appointments subject to availability of a therapist.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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



LiveHealth Online

What you need to know about video visits with a doctor, 24/7

What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at **livehealthonline.com** to print, email or fax to your primary care doctor.

Anthem BlueCross

LiveHealth ONLINE

LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.

When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.

Medical and Behavioral Health are covered $0 copay

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How much does it cost to use LiveHealth Online?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs $0 copay for a doctor visit.

Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No, the cost is the same.

How do I pay for a LiveHealth Online visit?

You can use PayPal, American Express, Visa, MasterCard and Discover cards to pay for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your visit.

Is there a LiveHealth Online app that I can download to my smartphone?

Yes, search for "LiveHealth Online" in the App Store® or on Google Play™. To learn what mobile devices are supported and get instructions, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

What type of computer do I need to use LiveHealth Online?

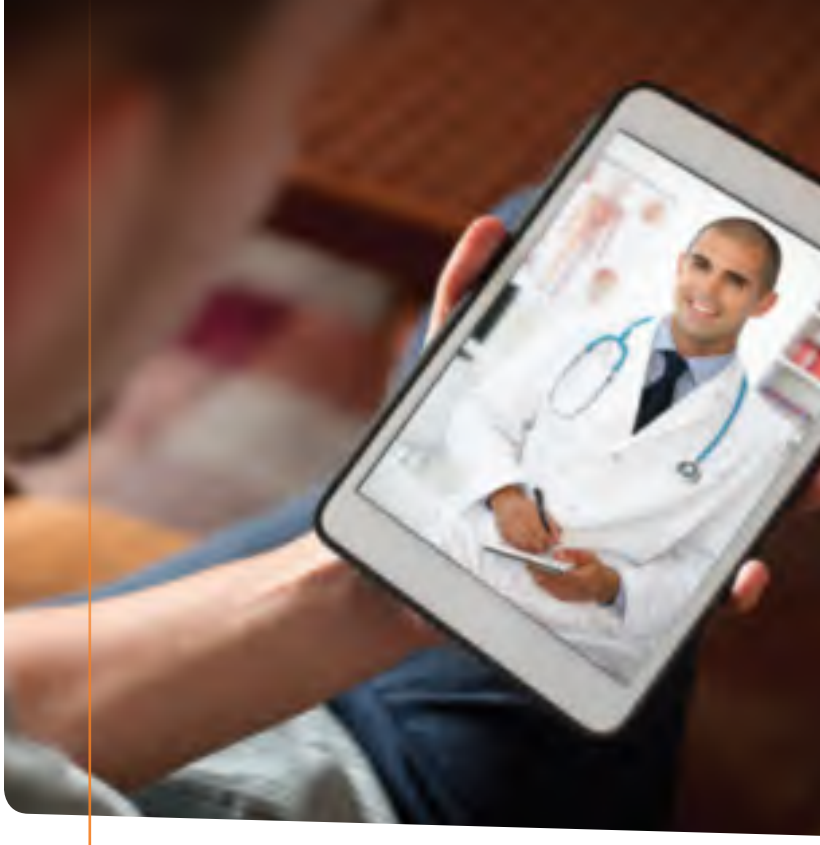
You'll need high-speed Internet access, a webcam or built-in camera with audio. To learn what computer hardware and software you need, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

Do doctors have access to my health information?

It depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can record it at **livehealthonline.com**. Once you sign in, go to the *MyHealth* tab and then select **Health Record.**

How long is a LiveHealth Online visit?

A typical LiveHealth Online visit with a doctor lasts about 10 minutes.



Can I get online care from a doctor if I'm traveling or in another state?

Yes, just select the state you're in under **My Location** on **livehealthonline.com** or with the app, and you'll only see doctors licensed to treat you in that state. Don't forget to change the state back when you get home.

What if I still have questions about using LiveHealth Online?

Send an email to **customersupport@livehealthonline.com** or call toll free at **1-888-548-3432.**

Anthem BlueCross

LiveHealth ONLINE

* Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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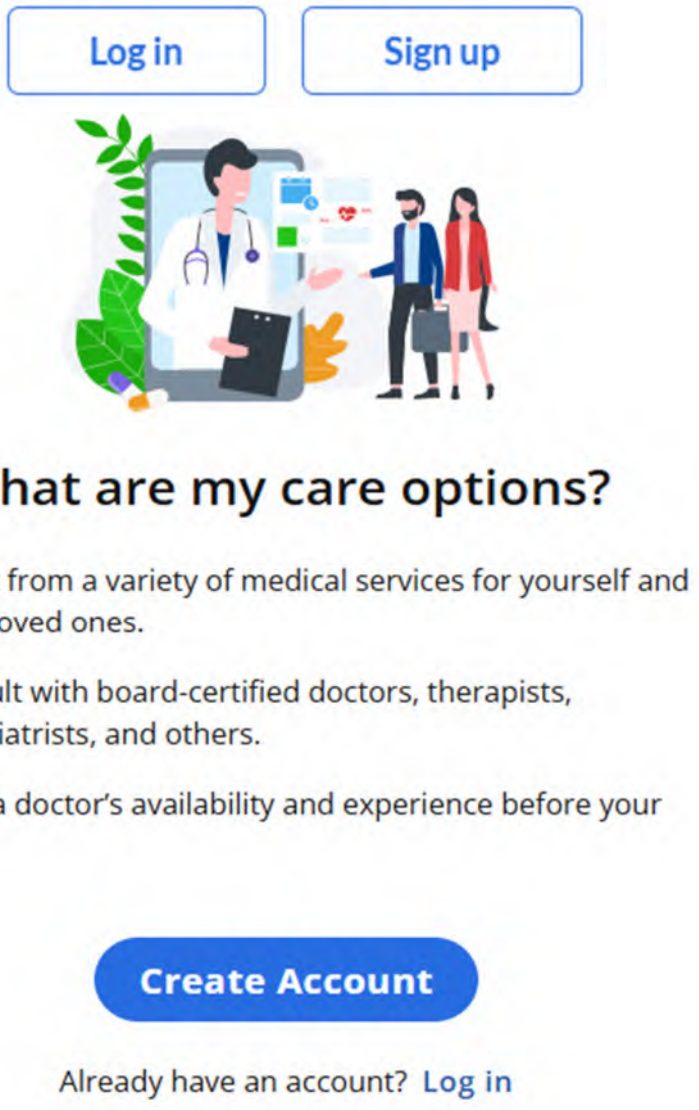
LiveHealth ONLINE

1 (888) 548-3432

How to get started:

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one.

To sign up, visit https://livehealthonline.com/ or download the free LiveHealth Online app to your mobile device.



LiveHealth ONLINE

Sign Up

Please provide your email address to receive a link to sign up.

Email

Submit

Already have an account? **Log In**



Email Sent!

OK

Didn't receive an email? **Resend**

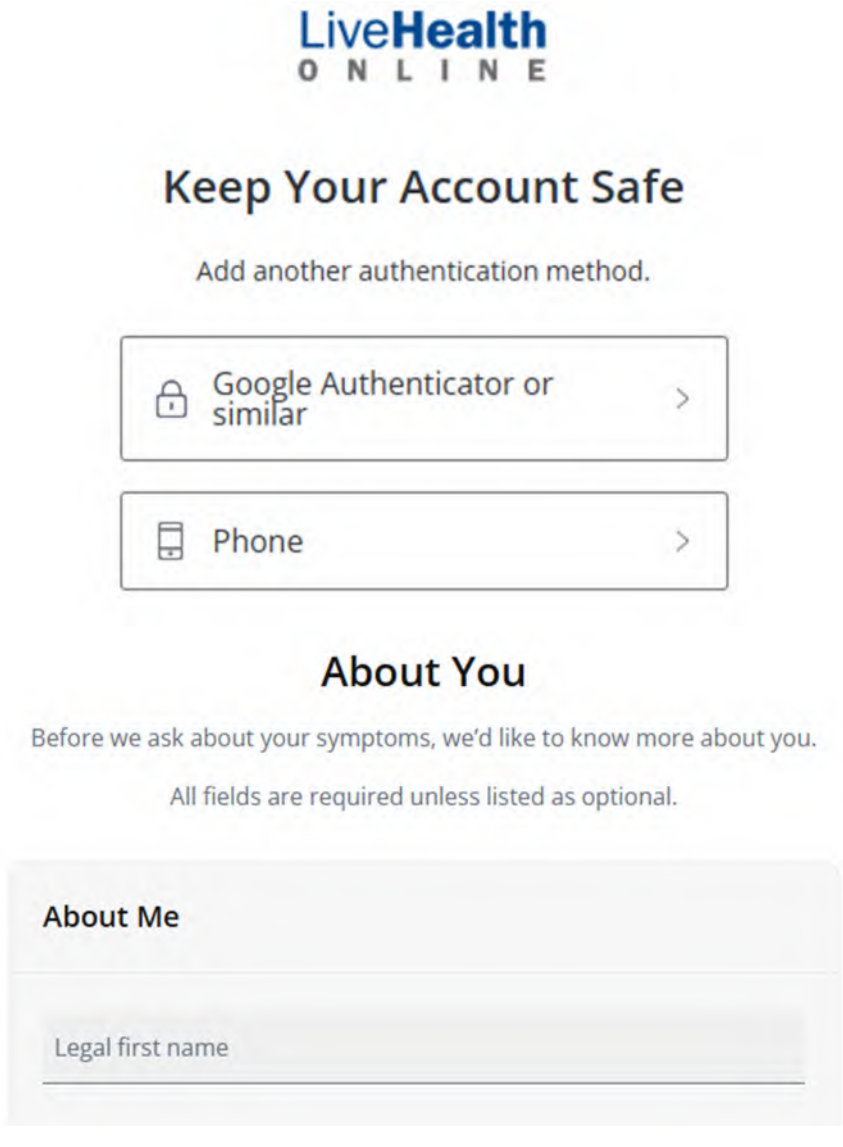
LiveHealth ONLINE

We're excited to invite you to join LiveHealth Online. Signing up is quick and easy. Please accept the invitation below to begin your registration.

Accept Invitation

Thank you,
LiveHealth Online

You're receiving this email because you have an account with LiveHealth Online. If you need further assistance, please contact us at 1-888-LiveHealth (1-888-548-3432).





To schedule a visit or request on-demand care, tap the button below.

Set Up New Visit

Insurance

Adding your health insurance information may reduce the cost of your visit and allow you access to additional care options and specialty services. **Learn more.**

Insurance company
Anthem Blue Cross (CA)

Member ID

I am the primary subscriber. YES

Continue

Who is this visit for?

We'll match them with the right type of clinician.

Me

Continue

Where will you be located for this visit?

How we use your location

Address

Continue

Care Category

What type of care do you need today?



Urgent Care

Board-certified doctors are available 24/7 to assess your symptoms and provide a treatment plan, including prescriptions to your pharmacy, if needed.



Mental Health

Schedule a video visit with a licensed therapist or psychologist for talk therapy, or a board-certified psychiatrist for medication management.



Dermatology

A board-certified dermatologist can diagnosis without an appointment using an uploaded photo of hair, skin, or nail concerns. Get a treatment plan, including prescriptions sent to your pharmacy, if needed.

Step 1 of 8

Add details for the visit

Is there anything you'd like to share with the provider? Your response will not be reviewed until the start of the visit.

If you're experiencing a medical emergency, dial 911 immediately.

Add details for the provider

Add a photo (optional)

If you have any medical records, labs, or related forms please upload here.

Tap here to upload files

Continue

ORLAND UNIFIED SCHOOL DISTRICT

Personify

Important Information

Urgent care, ER or 911?

When you're facing a pressing health care issue, it's important to weigh your options carefully. Urgent care visits range from $100 to $200, depending on the level of treatment, and can be ten times less expensive than the ER for minor ailments. Additionally, urgent care wait times are often much shorter than at the ER. Use this guide when considering where to go for immediate care.*

Meet MedCom Care Management, powered by Personify Health.

URAC-accredited since 2008, MedCom delivers expert guidance for your health needs, from approvals to care coordination. Count on quality, accountability and support when it matters most.

Urgent care

If your problem is not life threatening or risking disability, but you are concerned and cannot see your provider soon enough, consider going to an urgent care clinic. These are some common conditions that urgent care facilities can treat:

- Fever without a rash
- Vomiting or persistent diarrhea (where dehydration is not a concern)
- Abdominal or back pain
- Wheezing or shortness of breath
- Moderate flu-like symptoms
- Sprains and strains due to accidents, falls, etc.
- Small cuts that may require stitches
- Earaches
- Sore throats
- Migraines
- Minor broken bones (that have not broken through skin)
- Minor eye injuries
- Mild to moderate asthma
- UTIs
- Minor to moderate animal or bug bites

Emergency room/ department

Emergencies are classified as events that could result in loss of life, serious physical harm, or impairment to a body part or organ if not immediately treated. Going to the emergency room should be a last resort when an urgent care facility or your primary care provider are not options. Reserve trips to the ER for serious situations such as:

- Difficulty breathing
- Passing out, fainting or a change in mental state
- Fever with a rash, headache and/or stiff neck that does not get better with medication
- Deep wounds
- Serious burns
- Uncontrolled bleeding
- Severe pain anywhere in the body
- Suicidal thoughts
- Seizures without a diagnosis of epilepsy
- Broken bones or dislocated joints
- Vaginal bleeding with pregnancy
- A newborn with high fever (less than 3 months with a temp of 100º or higher)

When it's time to call 911

Calling for help if you are experiencing any of the following symptoms allows emergency medical services to begin lifesaving treatment upon arrival and continue while en route to the hospital.

- Choking or stopped breathing
- Signs of heart attack such as pain in the arm or jaw
- Seizure that lasts 3-5 minutes
- Sudden, severe headache
- Life- or limb-threatening injury
- Poisoning or overdose of drugs/alcohol
- Injury to neck or spine, particularly if there is loss of feeling or inability to move
- Slurred speech
- Signs of stroke such as weakness on one side of the face
- Uncontrolled bleeding
- Unresponsive or lethargic person
- Head injury with loss of consciousness or confusion
- Severe burn
- Severe chest pain or pressure
- Fainting, sudden dizziness or weakness

Questions? Please contact us at the number on your ID card.

*This guide is for informational purposes only, and is not intended to represent a diagnosis or treatment of any condition, or to be considered as medical advice. Always consult with your physician before delaying or foregoing treatment.

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a Personify Health company

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Cancer Awareness

Your best defense against cancer is awareness and prevention.

The Personify Health Cancer Awareness Program is designed to develop a culture of health, create awareness, and ultimately prevent cancer and increase healthy outcomes through early screening and detection.

What you can expect from the program

If you or a covered dependent are due for one of the cancer screenings listed, we'll reach out with helpful information to make sure you get the care you need, when you need it.

Once you learn more, don't stop there! Pass it on and encourage someone else to get their screening done. You could save someone's life!

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Types of screenings

- Colon cancer
- Breast cancer
- Cervical cancer
- Prostate cancer

Questions? Contact us at **CareManagement@personifyhealth.com**.

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a Personify Health company

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Screening Information

Colon cancer

Colon cancer is the third most common cancer, but it's also one of the most preventable. Screenings can help find problems early—before there are symptoms and when they're easier to treat.

Most people with an average risk of developing colon cancer should start screening at age 45. You may need to start screening earlier or more often if you have certain risk factors, like:

- A family history of colon cancer or polyps
- An inflammatory bowel disease, such as Crohn's disease or ulcerative colitis
- A genetic or hereditary colorectal cancer syndrome

Speak with your doctor about your screening options as well as when and how often you need to be screened.

Cervical cancer

Most women between the ages of 21 and 65 should get screened for cervical cancer. Screening early and often is important since most cases of cervical cancer have no symptoms or side effects early on. When cancer is caught early, cervical cancer treatment is more successful. If a screening finds abnormal cells, you can even prevent cancer from developing.

Most women with an average risk of cervical cancer should get their screening, also known as a Pap test, every three years. Talk to your provider to learn when you should start getting screened and how often.

Breast cancer

Breast cancer is one of the most common types of cancer among women, but it can be treated if caught early. Most women ages 40 to 74 should have a breast cancer screening, known as a mammogram, every two years. Depending on your risk factors and family history, you may need to start earlier or have more frequent screenings.

Regular screenings can detect cancer before there are any noticeable symptoms. Early detection means better chances of successful treatment. Talk to your provider to review your individual risk factors and find out when you should start screening.

Prostate cancer

Prostate cancer can be a serious disease, but with early detection and advances in treatment, men who are diagnosed with it have improved survival rates and outlooks.

Men with a family history of prostate cancer and those who are African American or Caribbean with African ancestry have an increased risk of developing prostate cancer and can start getting screened between ages 40 and 45. Those with an average risk can start at 50.

The best way to decide if (and when) you should get screened for prostate cancer is to talk to your provider.



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a Personify Health company

Guidance for a healthy pregnancy and baby's first weeks

Nurturing Together

Personify Health has partnered with your employer to offer free access to this program.

When you're expecting a child or parenting a newborn, you may need someone to turn to for advice and information. The Nurturing Together program provides you with access to prenatal nurses and their expertise in the care of parents and newborn babies. Your prenatal nurse remains available to you throughout your pregnancy and six weeks postpartum to assist you in getting the information and care you need such as:

- Pregnancy and newborn baby care
- Support for pregnancy-related issues (nausea, vomiting, diabetes, high blood pressure)
- Help finding network providers (obstetricians and/or pediatricians)
- General parent health topics
- Community resource referrals
- Access to a breast pump
- Lactation consultant support

Meet MedCom Care Management, powered by Personify Health.

URAC-accredited since 2008, MedCom delivers expert guidance for your health needs, from approvals to care coordination. Count on quality, accountability and support when it matters most.

By providing this program at no cost to you, your employer has taken the first step in helping you to have a healthy pregnancy and baby. The next step is yours. To get the most benefit from the Nurturing Together program, please contact us as early as possible in your pregnancy or if you are thinking about pregnancy in the near future.

Personify Health is here to help. To get started and meet your nurse today, contact us at **985-898-1590** or email **CM-Pregnancy@personifyhealth.com**.

Disclaimer: All Nurturing Together program materials and information is intended to provide education only and is not a recommendation for treatment. Nurturing Together services are not intended to replace the advice of your doctor. Please talk to your doctor about any concerns or changes you may want to make in your health care.

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Anthem

Sydney Health App



Anthem

Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!

GET IT ON Google Play

Download on the App Store

Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

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Anthem

Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our **Sydney℠ Health** mobile app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.



Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[1]

What people say about virtual care visits[2]

89%
said the doctor they saw was professional and helpful

92%
thought the doctor understood their concerns

92%
were able to book a virtual visit sooner than an in-person visit

How to download our Sydney Health app:

sydney

Download on the App Store

GET IT ON Google Play

Scan the QR code with your phone's camera.

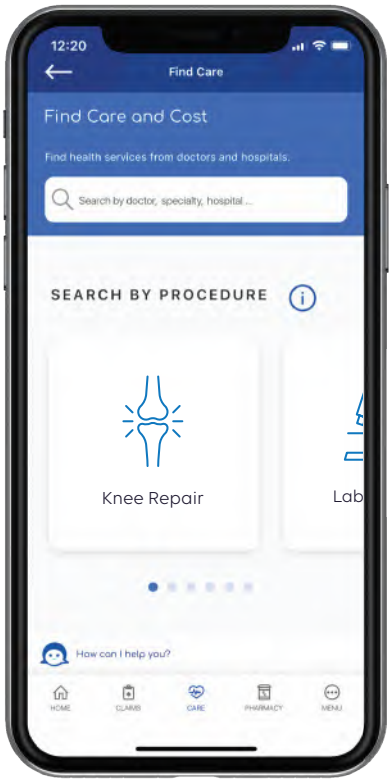


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Anthem

Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important — and choosing one in your plan's network helps lower your costs. The **Find Care** tool on the Sydney℠ Health app and **anthem.com/ca** can help you do both.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match.** There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.

Search by name, specialty, or procedure.

Customize and refine results.

Compare doctors and costs.

Download the Sydney Health app

Scan the QR code to download the Sydney Health app. Choose **Find Care and Cost** from the *Care* menu.

¿Prefieres obtener información en español? Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige el **idioma de la aplicación.** También puedes visitar **anthem.com/es/ca**.

* On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user-experience improvements.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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

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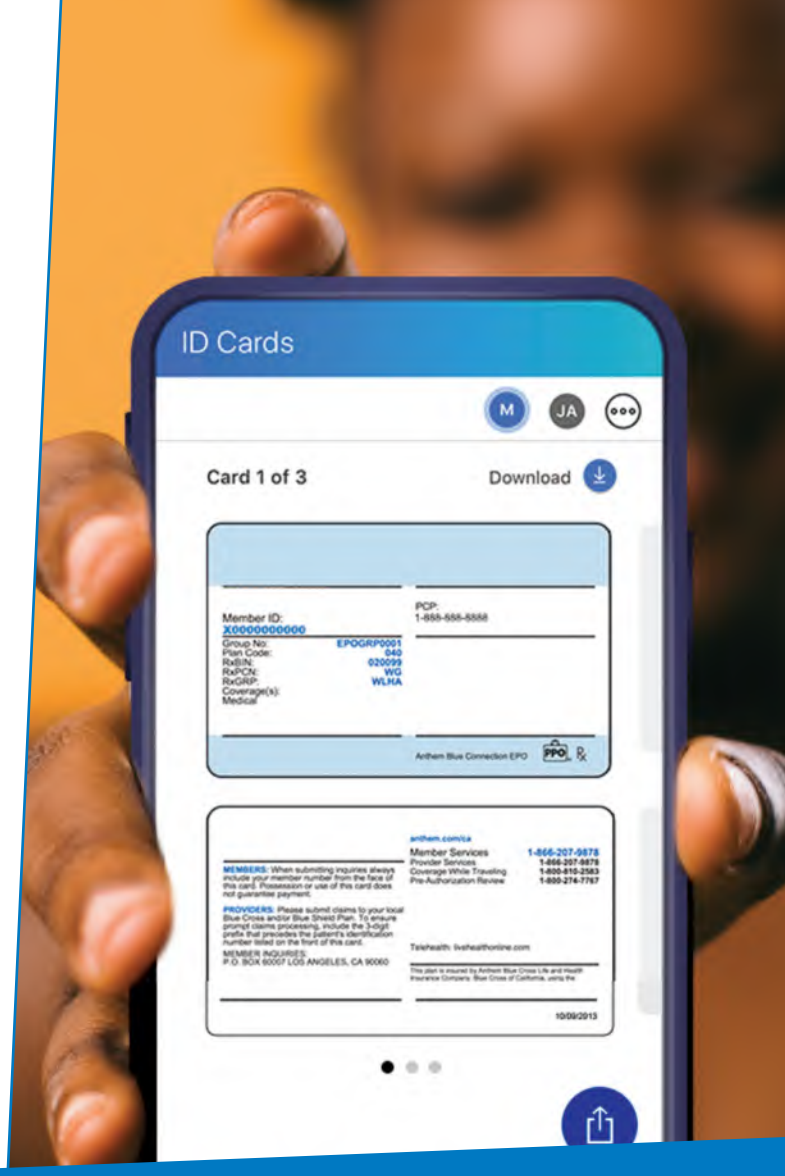
Choose digital for your member ID card

To make the most of your health plan benefits, think about choosing a digital ID card. It works just like a printed ID card, but it's more convenient to use when you need care.

A digital ID card makes it easier to access your benefits

- No need to wait for your printed card to come in the mail. Your digital ID card is available sooner.
- Using it is simple:
  - Print a copy anytime.
  - Email or fax it right from your computer or mobile device.
  - Share right from your phone with family members, doctors, and healthcare professionals.
  - Enlarge the view on your screen to read the details more easily.

Here's a tip: Download the card to your smartphone, so you'll always have it there even without a phone signal.



Sign up for your digital ID card today — in just a few steps:

1. Log in to the **Sydney Health** mobile app or **anthem.com/ca.**
2. Go to **Profile** and choose **Mobile ID Cards** under *Communication Preferences.*
3. Select **On**, and you will not receive a card by mail.

Be sure your profile includes the best email address to reach you so we can to send you important plan and ID card updates.

If you need help, use the chat feature to connect with us or call the Member Services number on your ID card. If you need a printed copy, log in to **anthem.com/ca** to print it or request us to send you one.

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ORLAND UNIFIED
SCHOOL DISTRICT

Pharmacy

Costco Mail Order



NAVITUS

MEMBER GUIDE

CUSTOMER CARE

The Navitus Customer Care team is available to help 24 hours a day, 7 days a week. Our knowledgeable representatives can assist with benefit overviews, prior authorizations, medication pricing, copay assistance, and more.

Navitus: 855-847-1025

SPECIALTY PHARMACY - LUMICERA

Lumicera Health Services is our specialty pharmacy for most specialty medications. If you are using a specialty drug, a Navitus representative will reach out to assist with the transition. If you have questions, please call Navitus Customer Care or Lumicera.

Hours of Operation

Monday - Thursday 8:00 a.m. - 7:00 p.m. CST
Friday 8:00 a.m. - 6:00 p.m. CST
Closed weekends and major holidays.

Lumicera: 855-847-3553

MAIL ORDER PHARMACY - COSTCO

For maintenance medications, you can use our preferred mail order pharmacy, Costco Home Delivery. Costco offers convenient delivery options and makes refilling your medications easy with the ability to refill by phone call, text message, or online.

To get started, go to pharmacy.costco.com and click on “Get Started” to create your account.

You do not have to be a Costco member to take advantage of savings offered by this service.

Hours of Operation

Monday - Friday 7:00 a.m. - 9:00 p.m. CST
Saturday 11:30 a.m. - 4:00 p.m. CST

Costco: 800-607-6861

pharmacy.costco.com

QUESTIONS? **Contact Navitus Customer Care**

855-847-1025 | navitus.com

NAVITUS

Mobile App

Get Easy Access to Your Prescription Benefits with Navitus' Mobile App



Enjoy greater convenience at your fingertips!

With our mobile app you can:

- Compare medication prices to find the lowest cost option for you
- Locate the most convenient network pharmacies
- Save your preferred pharmacies for quick and easy access
- See medication and benefit information
- Access your member ID card
- View and manage your current medications

With just a few taps you can get help to make more informed prescription decisions and be on your way to better health. It's easy to use our mobile app. Just scan the QR code below to download now.

- If you are registered to use the Navitus member portal, you can log into the mobile app with the same username and password you created for the portal. There is no need to register again.

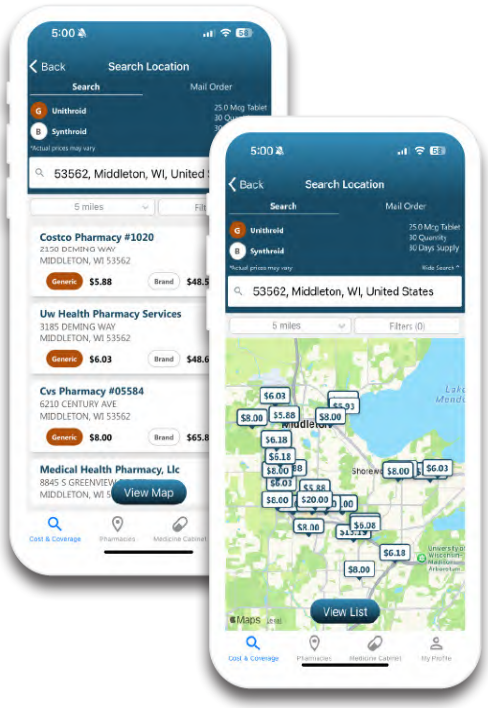
For Mobile App Account Assistance Contact Customer Care:

Phone: 855-847-1025 • Open 24 hours a day, 7 days a week

Download the Navitus prescription benefits mobile app today!*

Download on the App Store

GET IT ON Google Play



Price data is for display purposes only

* Registration is simple and secure and may require your member ID. The app is available to iOS and Android users. You must be 18 years old or older and currently covered under Navitus' pharmacy benefit plan. Hover your phone's camera over the code to download the app. Not available in Spanish.

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NAVITUS



REDUCING DRUG COSTS WITH COPAY ASSISTANCE

Many high-cost drugs have copay assistance programs where drug manufacturers pay for part of the drug cost.

Navitus can help you enroll to take advantage of these savings. This may reduce the cost of your drugs.

If you are using a drug that is eligible for copay assistance, you must enroll in the program.

Enrolling is Easy

1. Contact the drug manufacturer or call Navitus Customer Care at 855-847-1025 to enroll. Your pharmacy may also be able to help you enroll.

2. After enrolling, contact Navitus Customer Care to let them know. They can be reached at 855-847-1025.

If you already use copay assistance, your out-of-pocket cost will not change. With copay assistance, only the amount you have paid out-of-pocket will apply to your annual deductible and/or out-of-pocket maximum.

Frequently Asked Questions

How do I know if my drug has a copay assistance program?

Visit the drug manufacturer's website or call Customer Care to find out. Many high-cost brand and specialty drugs are eligible for copay assistance. Most generic drugs are not eligible.

I am currently enrolled in a copay assistance program. Do I have to re-enroll?

Some copay assistance programs require annual reenrollment. Contact the drug manufacturer or call Customer Care to confirm your enrollment.

What should I do if the pharmacy rejects my drug claim?

If this happens, call Customer Care to confirm your enrollment. They can contact the pharmacy to rerun the claim once your enrollment is confirmed.

I am not eligible for my drug's copay assistance program. What should I do?

If you are not eligible, call Customer Care to discuss your options. Other discount cards, coupons, or pharmacy membership programs may be available.

NAVITUS | COSTCO WHOLESALE

Experience the Benefits of Costco Prescription Mail Order Service



An easy and cost-effective way to get your drugs delivered to your doorstep.

With Costco's mail order service, you can get up to a 90-day supply of your maintenance drugs. Plus, you may save money too.

What are the benefits?

- **You don't need to have a membership to use Costco Pharmacy**
- **24/7 access to refills and updates**
- **Quick turnaround time:** Costco ships within five business days after they get the prescription.
- **Same copay:** Pay the same price for a 90-day fill through Costco mail order or at your local Costco warehouse
- **Convenient Delivery:** Prescriptions are mailed directly to your preferred location

Your health is important. Taking preventive medications as directed by your health care provider can protect you from serious illness and high healthcare costs in the future.

Get Started!

It's easy to begin using Costco Mail Order Pharmacy.

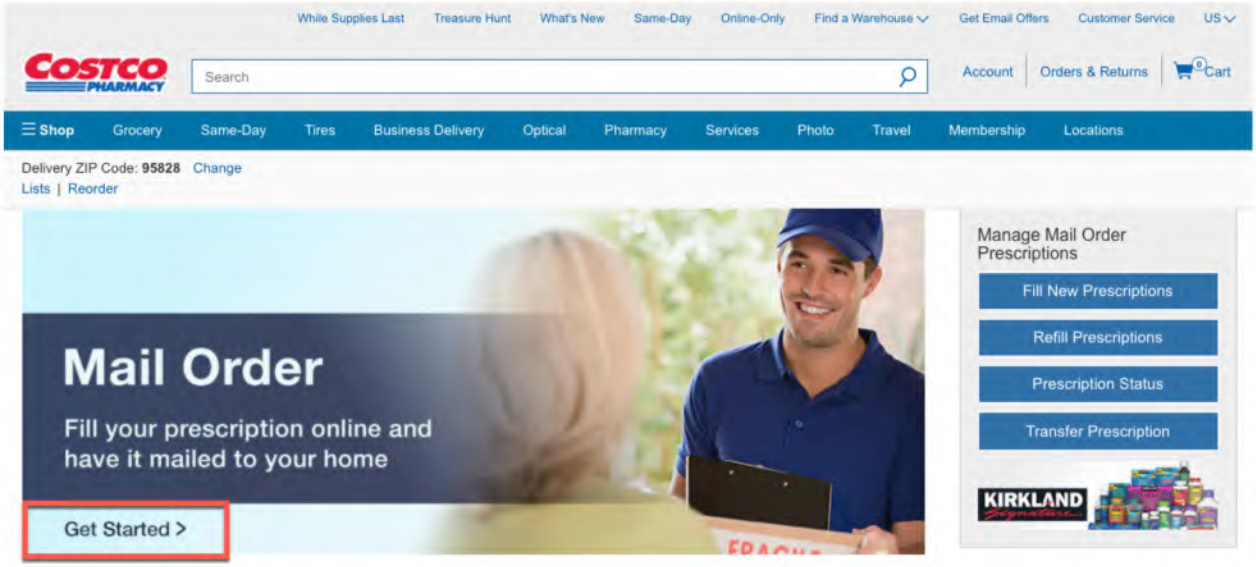
- Scan the QR code or go to pharmacy.costco.com to set up an online account. Once your account is registered, just move your prescriptions to Costco.
- Call Costco Mail Order at 800-607-6861. They can help you set up your prescriptions for mail order.

* This QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.
Mail Order: Costco Experience the Benefits of Mail Order Pharmacy Service.

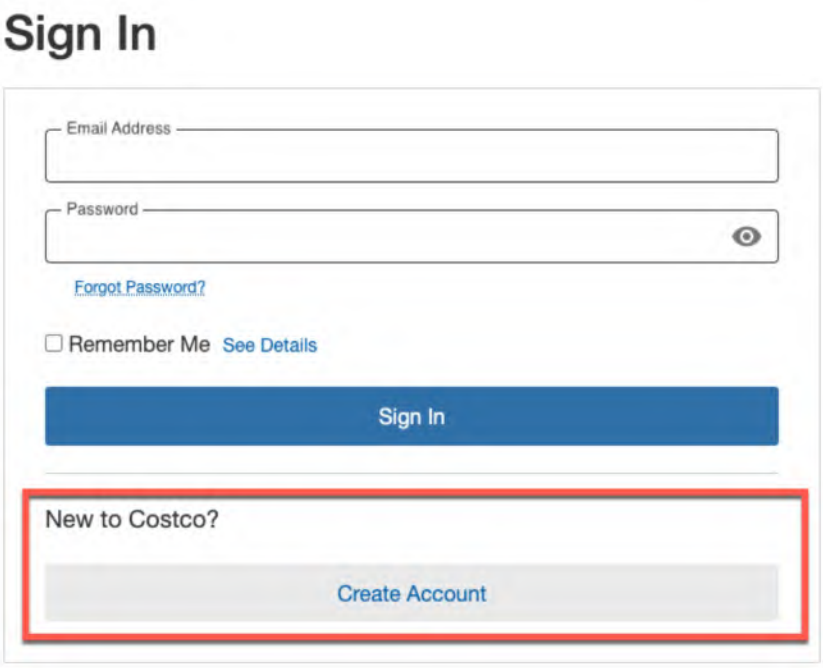
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Creating a Mail Order Account

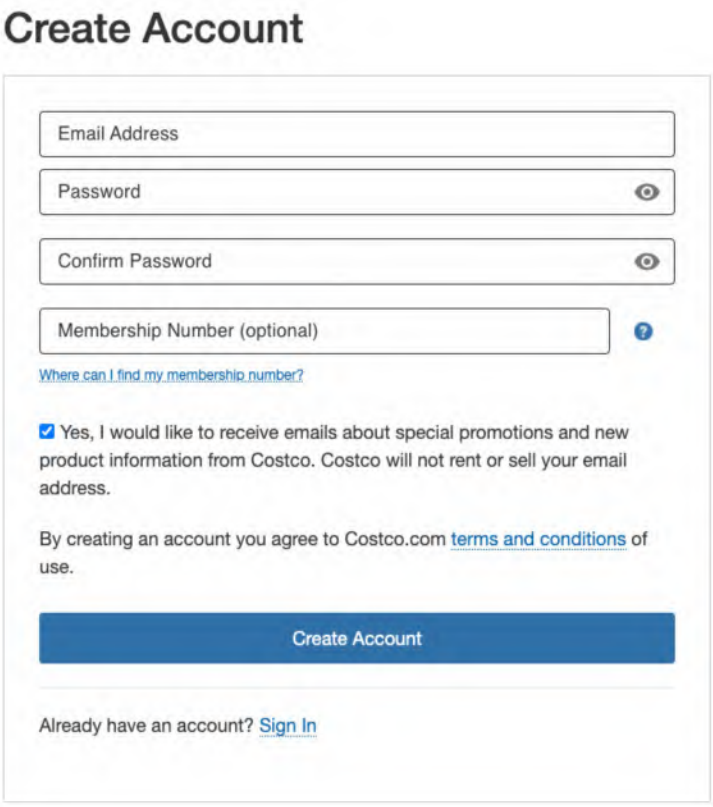
1. Click Get Started from [Costco Mail Order Page or costco.com/pharmacy]



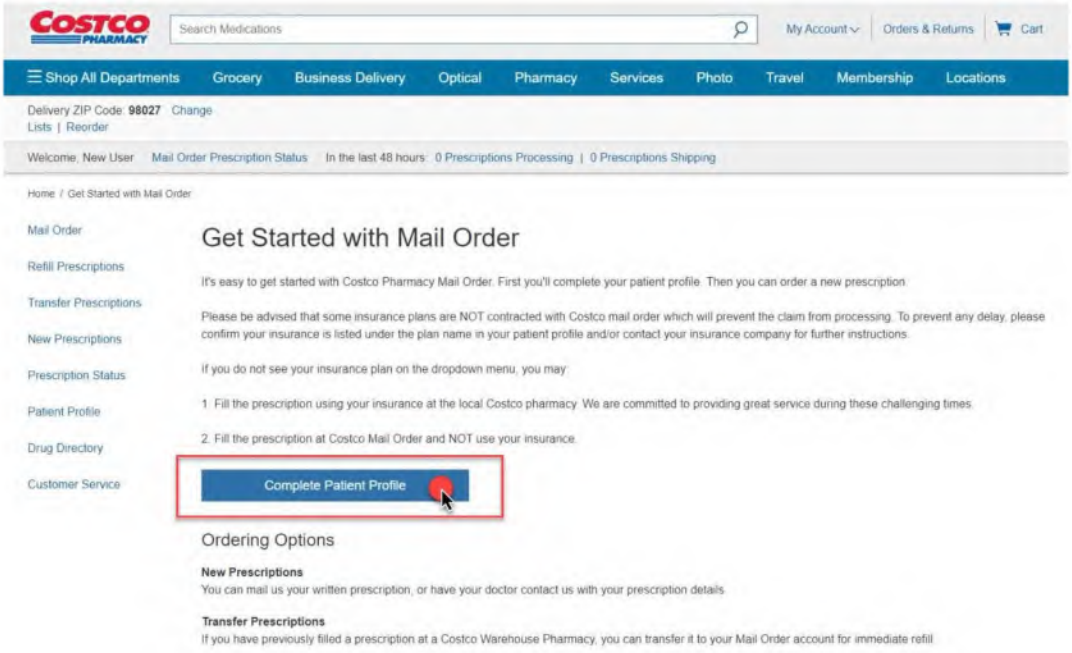
2. Click the Create Account button



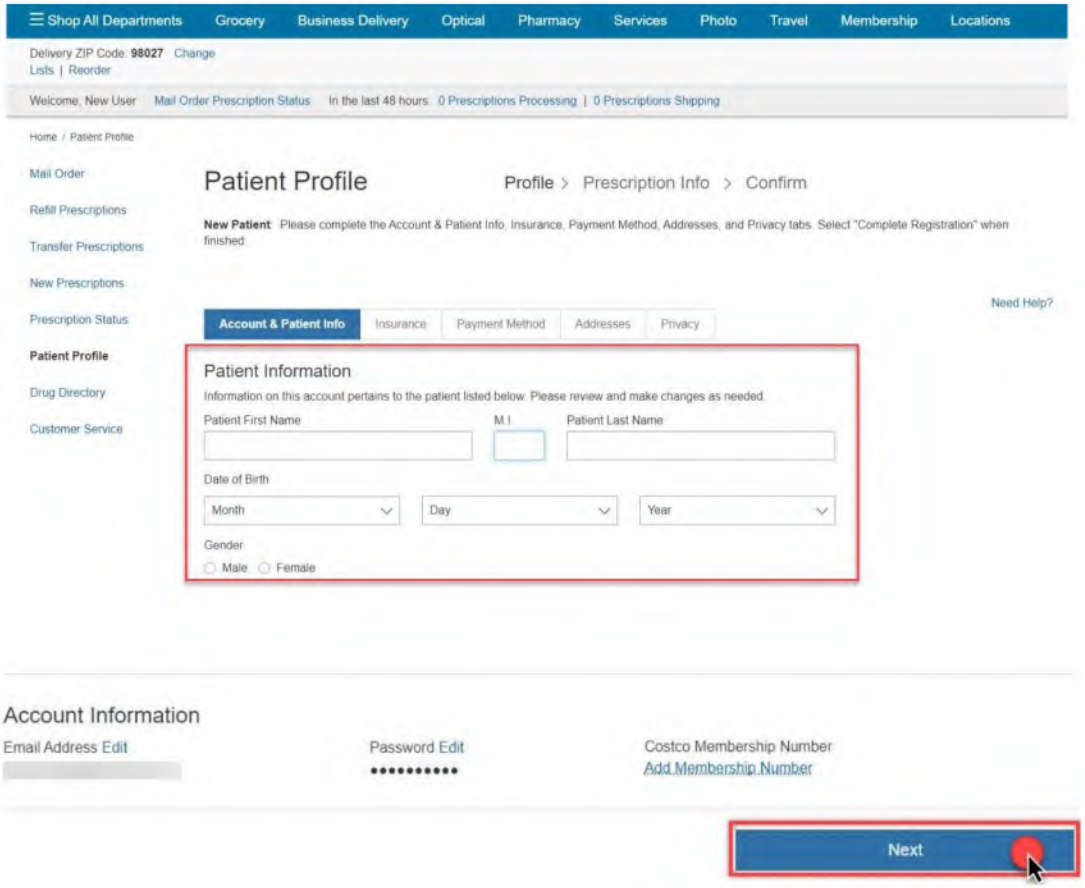
3. Enter **required Information** and Click **Create Account**



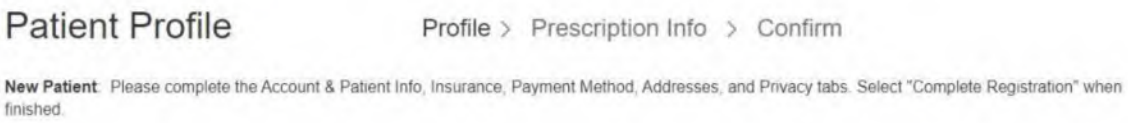
4. Click the **Complete Patient Profile** button

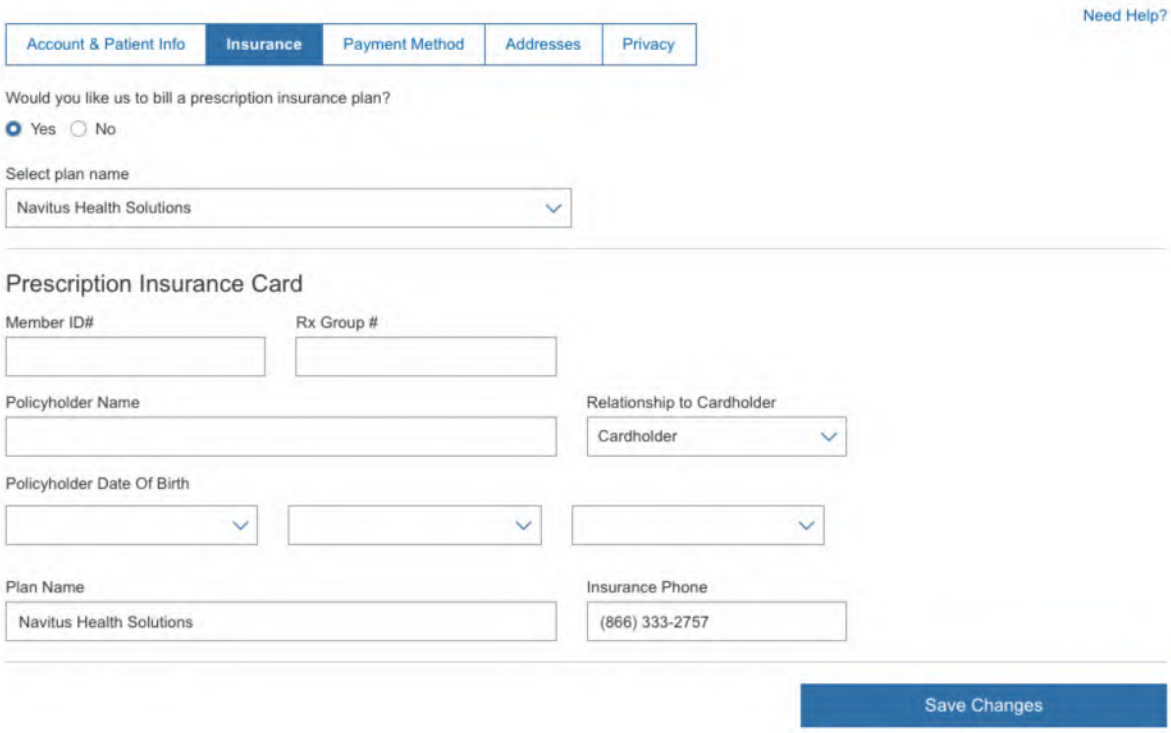


5. Fill out **Account & Patient Information** and Click the **Next** button

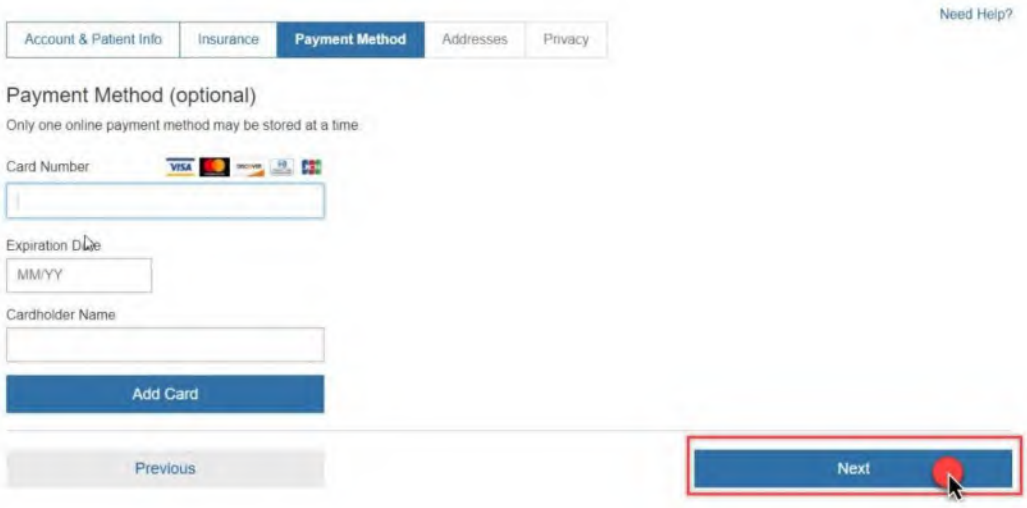


6. Enter your Insurance Information

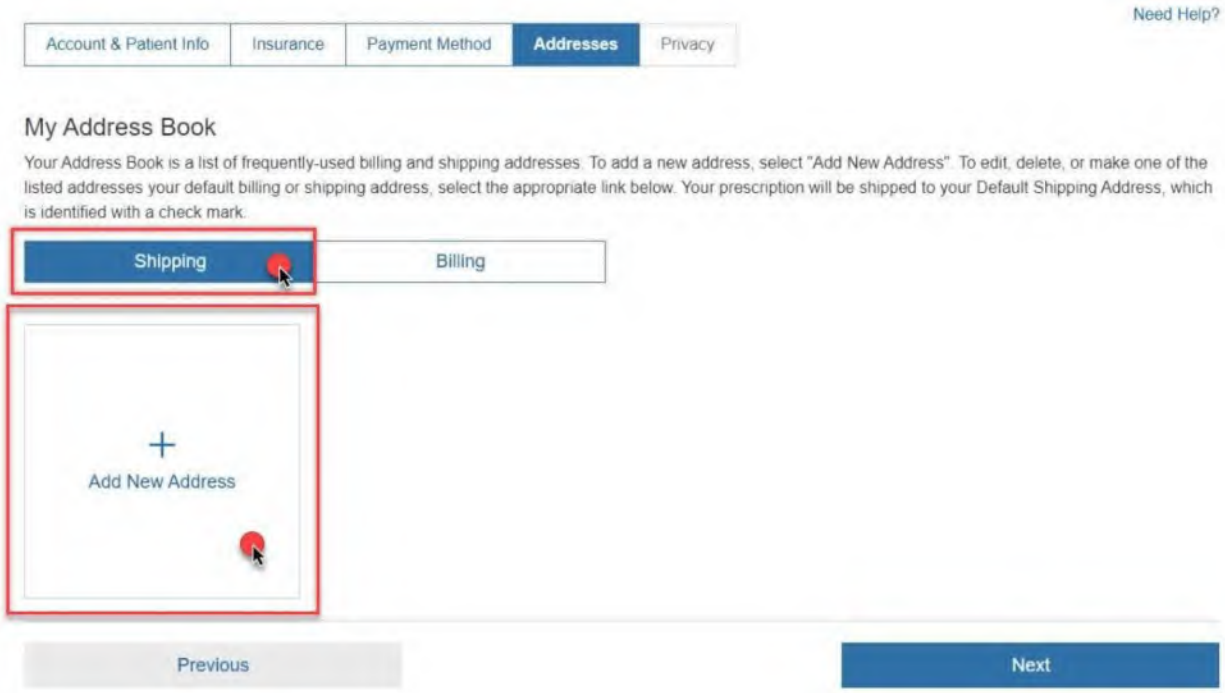




7. Enter your payment information

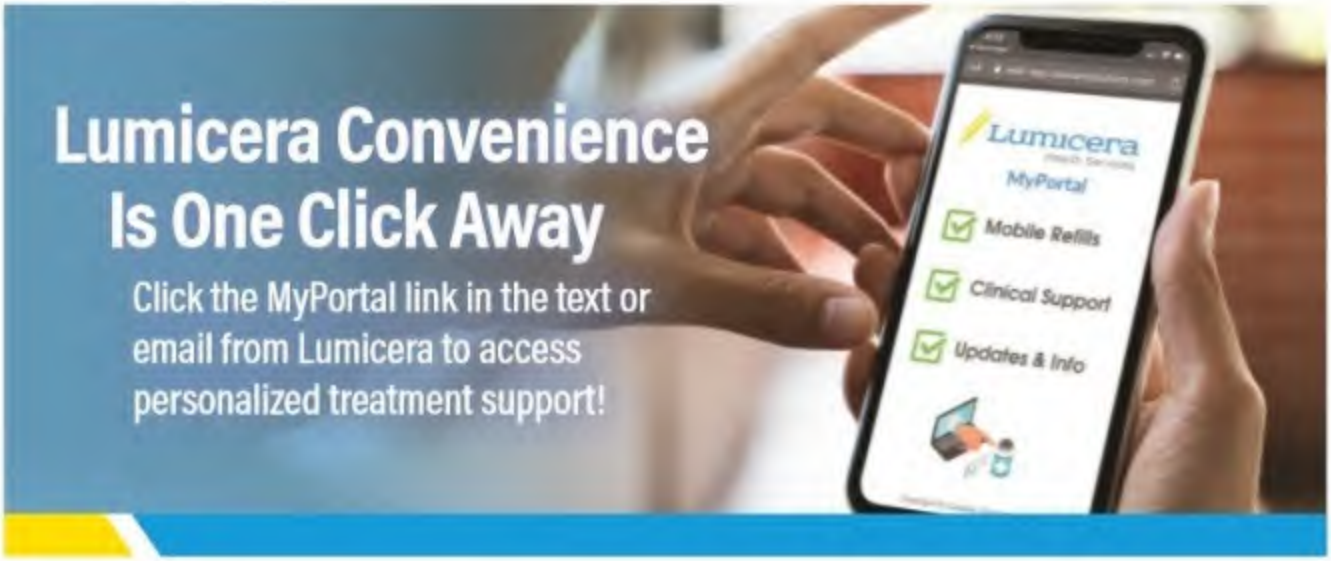


8. Add a Shipping and Billing address and select Next



9. Read and Acknowledge the Privacy Notice





Lumicera Convenience Is One Click Away

Click the MyPortal link in the text or email from Lumicera to access personalized treatment support!

Your Lumicera Pharmacy Experience at Your Fingertips

1. We will send you an enrollment message over text and email.
2. Finish your profile in seconds to access your portal anytime.
3. Click the link for refills, clinical support, and pharmacy updates.

Digital & Personalized Care Your Way

Simple refills, clinical support, and pharmacy updates are now conveniently packaged into your own personalized portal.

We will send your texts and emails with important pharmacy updates, as well as clinical questionnaires to ensure your treatment is progressing as planned. Log in at anytime to interact with your pharmacist, see pharmacy updates, and view outstanding activities.

Accessing MyPortal

You will receive a text or email from your pharmacy. Click the link in the message to create your profile. You can click this link and log in anytime.



Lumicera Health Services

Introducing Lumicera's Texting Program



Refilling your medication and keeping track of your order status is even easier when you use our texting services.

Lumicera's texting program sends a text reminder when your medication is due for a refill. The recent enhancement of two-way texting means you no longer need to call the pharmacy to order refills. Save time by refilling your medications via text messaging.* Plus, once your order ships, track its status in real time.

Sign up today and be on your way to better health!



Using Texting is Easy

It's easy to start using Lumicera's texting program. Here's how it works:

1. Call Lumicera at 855.847.3553 to enroll.
2. Once enrolled, you will receive a text 7-10 business days before your next refill. Reply within 60 hours to initiate your refill.
3. To ensure your privacy and the security of your order, you will be asked to:
   - Confirm your date of birth
   - Confirm your shipping address
   - Verify the medications to be refilled, delivery date and payment method
4. You can also request additional supplies with your shipment, such as a sharps container, alcohol swabs, bandages or needles, if applicable.
5. Once you provide all necessary information, you will receive a confirmation that your refill request is being processed.**
6. When your order has shipped, you will get a notification that it's on the way.

Periodically, two-way texting may not be available as a pharmacist will need to speak with you about your medication.

Getting Started

Simply call us at 855.847.3553 to enroll today. Our friendly patient care specialists are available to talk with you Monday – Thursday 8:00 a.m. – 7:00 p.m. CT, Friday 8:00 a.m. – 6:00 p.m. CT. Closed weekends and most major holidays.

* Third-party messaging and data rates may apply. Terms and conditions are available at www.lumicera.com/Patients/Text-Messaging-Program.aspx.

** Some medications are not eligible for two-way texting. In that case, you can still receive one-way text reminders to call Lumicera for your refill.

Lumicera Health Services

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ORLAND UNIFIED
SCHOOL DISTRICT

Diabetes Management Program

Livongo

personify HEALTH

Livongo by Teladoc Health



Modern diabetes management, at no cost to you

$0 cost to you

Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.

Program benefits

- An advanced blood glucose meter
- Unlimited strips and lancets
- Personalized insights
- One-on-one coaching
- Guidance on healthy habits

Get started

Text **"GO HEALTHCOMP"** to 85240 to learn more and join

You can also join by visiting **Join.Livongo.com/HEALTHCOMP/register** or call **800-945-4355** and use registration code: **HEALTHCOMP**

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/HEALTHCOMP

The program is offered at no cost to members and covered dependents with diabetes with coverage through the health plan.

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Eat a rainbow of foods for better health

Nature offers vegetables and fruits in an incredible array of colors. There are the vivid reds of berries and beets, the brilliant yellows of squashes and citrus fruits and the deep purples of eggplant, cauliflower and cabbage. Finding your favorite color should be a breeze.

With the bold colors comes important phytonutrients that give plants their rich colors, distinctive tastes and aromas.[1]

Phytonutrients strengthen a plant's immune system. They protect the plant from threats in their natural environment, such as disease and excessive sun.

When we eat plants, their phytonutrients also protect us. Research suggests that eating fruits and vegetables helps our immune systems protect us from many chronic diseases, including cardiovascular disease and certain types of cancers.[1]

Every day,[2] adults should eat

2½ cups of vegetables

2 cups of fruit

Rainbow nutrients

The more color you eat, the better. Each hue offers different nutrients and benefits, so be generous when assembling the rainbow on your plate. And leave the skins on. In foods like apples, peaches, potatoes and eggplants, the skin contains beneficial nutrients and fiber.

Green

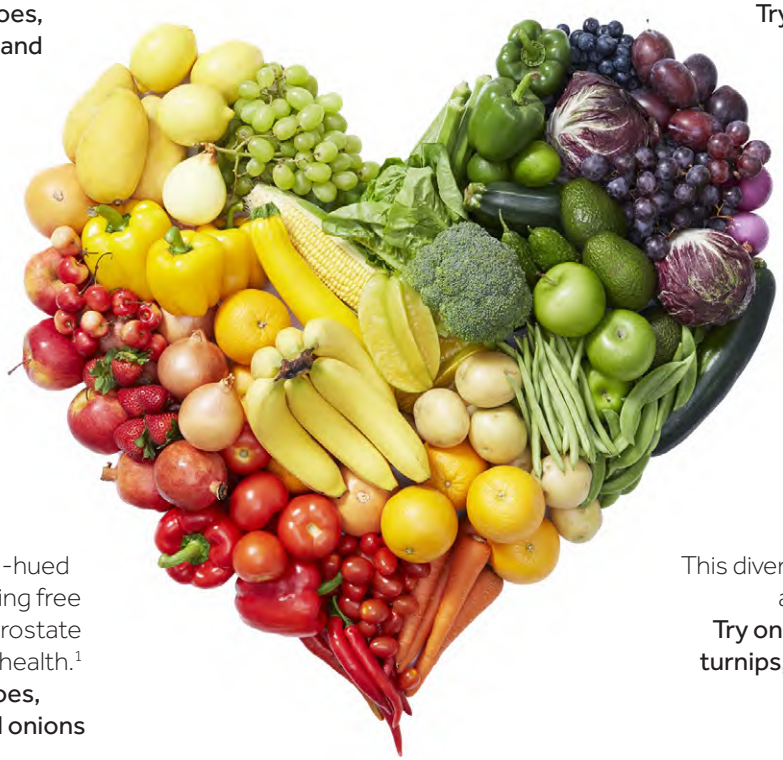
Rich in beta-carotene and lutein, these boost eye and heart health and help protect against cancer.[1]
Try spinach, kale, broccoli, brussels sprouts, collard greens, lettuce and artichokes.

Orange and yellow

Beta-carotene supports your immune system, vision, skin and bone health.[1]
Try carrots, sweet potatoes, pumpkin, winter squash and apricots.

Blue and purple

Containing powerful anthocyanins, they help keep your blood vessels healthy.[1]
Try blueberries, blackberries, plums and radishes.



Pink and red

Lycopene, found in crimson-hued delights, fights gene-damaging free radicals, protecting against prostate cancer and promoting heart health.[1]
Try strawberries, tomatoes, pink grapefruit, cherries, red onions and red bell peppers.

Brown and white

This diverse group boasts anthoxanthins, a powerful antioxidant.[1]
Try onions, garlic, ginger, parsnips, turnips, cauliflower and mushrooms.

Improve your microbiome

Eating a wide variety of vegetables and fruits helps keep your microbiome healthy. This collection of bacteria and other microorganisms that live in your intestines influences your body's physiology, metabolism, immunity and nutrition.[3]

Fruits and vegetables, especially the high-fiber ones, feed this organ and keep it healthy.

Fermented foods give your body probiotics and work to maintain the balance of the microflora in your digestive system. Consider naturally fermented foods like pickles, sauerkraut and kimchi as supercharged veggies and add them to your daily diet. Other probiotic foods with live active cultures include yogurt, kefir, kombucha, tempeh, miso and some cheeses.[4]

Taste the rainbow in the following recipes. Your body will thank you.



Spicy pickled vegetables

Makes 8 servings | Prep: 15 min | Total: 3-5 days

These spicy pickles are inspired by escabeche, a cooking technique from the Mediterranean and Latin America.[3] This quick fermentation method leaves the vegetables crispy. Feel free to substitute in your favorite veggies.

Ingredients

- 2 cups filtered water
- 1 Tbsp sea salt
- 2 Tbsp apple cider vinegar
- 1 jalapeño or a few small hot chilies, sliced
- 1 large carrot cut into ¼ inch rounds
- 2 cups chopped cauliflower or small cauliflower florets
- 3 small stalks celery, cut into 1-inch sticks
- 1 bay leaf
- 1 cabbage leaf, rinsed

Preparation

Warm the water. Stir in sea salt until it dissolves completely. Set aside to cool. Add the vinegar just before using. This brine can be made ahead of time and stored in a sealed glass jar on the counter to use when ready to pickle.

Set a quart-size canning jar in the sink and fill it with boiling water to sterilize. Empty the jar and tightly pack the vegetables and bay leaf inside. Leave one to two inches from the top of the jar. Pour the brine over the vegetables, stopping one inch from the top of the jar. Wedge the cabbage leaf over the top of the vegetables and tuck it around the edges to hold the vegetables beneath the liquid.

Set the jar on the counter and cover it with a fermentation lid. (Alternatively, use a standard lid. Loosen it a bit each day for the first few days, then every other day, to allow gasses to escape.) Let pickle for three to five days, depending on the indoor temperature. Check the taste after a couple of days using clean utensils. Vegetables will pickle faster in warmer rooms. Make sure the vegetables stay packed beneath the level of the liquid. Add salted water (two teaspoons sea salt dissolved in one cup warm water) as needed.

When the vegetables are pickled to your liking, seal the jar with a regular lid and refrigerate. Vegetables will continue to slowly pickle in the refrigerator. Taste for saltiness before serving and, if desired, rinse gently to remove excess salt. They will keep for about one month.

Nutrition

Serving size: ⅛ of container

Calories: 12 | total fat: 0 g | saturated fat: 0 g | sodium: 707 mg | cholesterol: 0 mg
total carbs: 2 g | fiber: 1 g | sugars: 1 g | protein: 0 g | potassium: 135 mg

Korean avocado kimchi salad cups

Makes 8 servings | Prep: 15 min

This handheld salad offers the double benefit of fermented vegetables and good fats in one delicious bite.[5] If you're looking for more protein, add shredded chicken, salmon, tofu cubes or edamame.



Ingredients

- 2 avocados (diced)
- 2 cups kimchi, prepared
- 1 large head butter (bibb) lettuce, leaves separated
- 1 large carrot (grated)
- 1 cup red cabbage (shredded)
- 2 green onions (sliced)
- 1 Tbsp toasted sesame seeds
- 1 lemon (quartered)

Preparation

In a medium bowl, mix the diced avocado, kimchi, carrot and cabbage. To serve, top butter lettuce leaves with avocado-kimchi mixture. Top with chopped green onions and a sprinkle of toasted sesame seeds. Serve with lemon wedge.

Nutrition

Serving size: ½ cup

Calories: 65 | total fat: 4 g | saturated fat: 0 g | sodium: 200 mg | cholesterol: 0 mg
total carbs: 5 g | fiber: 3 g | sugars: 1 g | protein: 1 g | potassium: 292 mg

Learn how Livongo can help support you on your wellness journey. To sign up or learn more, go to Go.Livongo.com.

[1]https://fruitsandveggies.org/stories/what-are-phytochemicals/
[2]https://www.heart.org/en/healthy-living/healthy-eating/add-color/fruits-and-vegetables-serving-sizes
[3]https://www.health.harvard.edu/blog/fermented-foods-for-better-gut-health-2018051613841
[4]https://www.health.harvard.edu/nutrition/prebiotics-understanding-their-role-in-gut-health
[5]https://recipes.heart.org/en/recipes/hcm-korean-avocado-kimchi-salad-cups

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ORLAND UNIFIED
SCHOOL DISTRICT

Voluntary
Emergency Medical Transport Insurance

MASA
(3 plan options)

masa Access

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.



Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage[1]

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage[1]

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage[1]

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage[1]

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Coverage territories

1: United States and Canada.

Disclaimers

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masa Access

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.

Our Emergent Premier membership plan includes:

Emergency Ground Ambulance Coverage[2]
Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage[2]
Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage[2]
When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage[3]
Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Minor Return Transportation Coverage[3]
In the event your minor child traveling with you is left unattended due to your emergency transport, MASA coordinates services and covers expenses to return your child safely home.

Pet Return Transportation Coverage[3]
If you are traveling with your pets and an emergency occurs requiring your medical transport, MASA coordinates services and covers expenses for returning up to two pets to your home

Post Admission Continued Care Transportation Coverage[1]
Should you need care in a rehabilitation facility, skilled nursing facility, long-term care facility, hospice, or at home after an emergency, your out-of-pocket expenses for transport are eased with MASA.

Sick While Away From Home Expense Protection[4]
Should you contract a communicable disease while traveling away from home, your out-of-pocket expenses are eased with MASA.



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51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

masa Access

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.

Our Platinum membership plan includes:

Emergency Ground Ambulance Coverage[2]

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage[2]

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage[2]

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation to Hospital Near Home Coverage[4]

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Patient Return Transportation Coverage[4]

Once you're discharged from medical care and able to travel without medical transport, MASA coordinates and covers the costs associated with your commercial airline transport home.



Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no "out-of-network" ambulance. Just send us the bill when it arrives and we'll work to ensure charges are covered. Plus, we'll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family's financial future with MASA.

Companion Transportation Coverage[3]

MASA coordinates services and covers the cost for a companion to accompany you during your emergency air ambulance transport.

Hospital Visitor Transportation Coverage[3]

Should you be hospitalized more than 100 miles from home, MASA coordinates and covers the cost of round-trip air transportation for a companion to join you.

Minor Return Transportation Coverage[3]

In the event your minor child traveling with you is left unattended due to your emergency transport, MASA coordinates services and covers expenses to return your child safely home.

Pet Return Transportation Coverage[3]

If you are traveling with your pets and an emergency occurs requiring your medical transport, MASA coordinates services and covers expenses for returning up to two pets to your home.

Mortal Remains Transportation Coverage[4]

In the event that you pass away more than 100 miles from home, MASA coordinates services and covers the cost of air transport for your remains to be returned home.

Vehicle & RV Return Coverage[3]

Should a travel emergency occur requiring you to leave your vehicle or RV by ambulance, MASA provides services and covers expenses associated with returning your vehicle or RV to your home.

Organ Retrieval & Organ Recipient Transportation Coverage[1]

Should you need an organ transplant, MASA coordinates and covers the cost of getting you or the organ to the transplant location.

masa Access

Coverage territories

1: United States only.

2: United States and Canada.

3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

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masa Access

How to use your MASA benefits

Transportation coordination services

Access transport services for the following benefits:

- Repatriation Near Home Coverage
- Child, Pet, and Vehicle Return Coverages
- Companion Transportation Coverage
- Hospital Visitor Transportation Coverage
- Patient Return Transportation Coverage
- Sick While Away from Home Expense Protection
- Organ Retrieval & Organ Recipient Transport Coverage
- Mortal Remains Transportation Coverage

When to access:
During or immediately following your emergency care treatment.

How to access:
Call 800-643-9023.
The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

Note: *If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.*

View your benefits online at: masaaccess.com/member or through the MASA app.

Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Emergency Air Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage

When to file your claim:
When you receive the ambulance bill.

Note: *Be sure to file within 180 days of the transport.*

How to file your claim:

Online: masaaccess.com/member
Email: ambulanceclaims@masaglobal.com
Fax: (877) 681-2399

Mail: MASA Global / ATTN: Claims
1250 S. Pine Island Road, Suite 500
Plantation, FL 33324
Include your member number

Note: *To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.*

Check the status of your claim at: masaaccess.com/member, through the MASA app, or call (800) 643-9023.

MASA connections

Member services: (800) 643-9023

Member site: masaaccess.com/member

Download on the App Store GET IT ON Google Play

MASA app

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About MASA

Did you know there are 28M emergency transports dispatched by 911 each year? That means every one second, an ambulance is dispatched in the U.S.[4] with an average cost of more than $2,000[1] and a 80% chance of having an out-of-network bill[3], a ground ambulance ride can be unexpected and costly. That's why there's MASA, the industry-leading medical transportation coverage provider. No one should have to worry about unexpected bills during or after an emergency. By signing up for MASA, you protect yourself and your family from medical transportation emergencies and get coverage built to shield against sudden financial shock.

Coverage questions

Which ambulance company can I use?

We work hand-in-hand with the benefits health plan administrators and transport companies to ensure you and your family have no out-of-pocket costs** no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and while traveling in Canada. Coverage extends globally if you have a plan that includes global coverage. Additionally, our coverage applies regardless of network. In the event of an emergency, simply call 911 and get to the hospital.

Will you pay my copay or deductible?

Yes! Our goal is to leave you with complete peace of mind. We will cover out-of-pocket costs including copays and deductibles.

What do you guarantee?

- No health questions
- No age limits
- No claim forms (bill must be submitted within 180 days)
- No deductibles
- No network limitations

When should I call you?

You should call us after you receive a bill from any emergency medical transportation ambulance provider.

Who is covered by your plans?

With our family plans, we cover you, your partner, and all children under the age of 26 in your household.

How much does an ambulance ride cost?

The average cost of a ground ambulance is $2,008.[1] Depending on which provider picks you up, the personnel on board, and the amount of miles you travel, your bill can get expensive.

Why would an ambulance be out-of-network?

There are over 27,000 ambulance companies operating in the United States.[2] Some companies are run by cities and states, others are run by local or national companies. Many insurance plans only cover in-network ambulance companies. Even if you're heading to an in-network hospital, the ground ambulance itself could be out-of-network and leave you with a "balance bill". We offer coverage for ALL ambulance companies operating within the continental United States, Alaska, Hawaii and while traveling in Canada.

Why might I have to pay out-of-pocket for an ambulance bill?

The ambulance that picks you up may be out-of-network, the reason for your trip may not be deemed a medical necessity, or you might still have to meet your health insurance deductible. Research shows that there's nearly an 80% chance you could be responsible for a large portion of your ground emergency transportation bill.[3]

What is medical necessity?

Medical necessity is established when any other transportation method (besides an ambulance) would endanger the patient's life. For example, let's say you're experiencing symptoms associated with a heart attack and end up taking an ambulance to the hospital. If your health insurance decides that the cause of your symptoms (perhaps indigestion, heartburn, or a panic attack) doesn't meet their requirements for an ambulance, they could deny your claim and potentially leave you on the hook for thousands of dollars.

Enrollment questions

When can I enroll?

One of the great things about us is that you never need to wait for an enrollment period. You can enroll in our plans at any point in the year, with coverage beginning the start of the next month. Contact your Group Benefits Manager for details about your enrollment period.

How do I file a claim?

Filing a claim is easy. Simply send the ambulance bill to us with your member number clearly written on the front. You can either email your bill to ambulanceclaims@masaglobal.com, fax it to 817-681-2399, or mail the invoice to: MASA – Claims Department, 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. You can also log in and upload your bill or check the status of an existing claim in the "Members" section of our web site.

I had your benefit at my previous job, but my new employer doesn't offer it. What can I do?

Introduce your employer to us and send them the following link for more information: https://www.masamts.com/employers/contact/

This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. For a complete list of coverage and exclusions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, click or visit: https://info.masamts.com/masa-mts-disclaimers

**If a member has a high deductible health plan ("HDHP") that is compatible with a health savings account ("HSA"), benefits may become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code (IRC) section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for HDHP coverage that is compatible with a HSA.

Out-Of-Pocket Expenses are costs that remain after applying any primary insurance that needs to be paid for by the insured with personal financial resources.

Sources:
1: MASA Ground Ambulance Charges; Average Group Capture Rate; March 2023
2: IBISWorld - Industry Market Research - Ambulance Services Industry Report, 2023
3: Consumer Reports, 2021
4: National Association of State EMS Officials, 2020

Get the MASA Global App

MASA Global

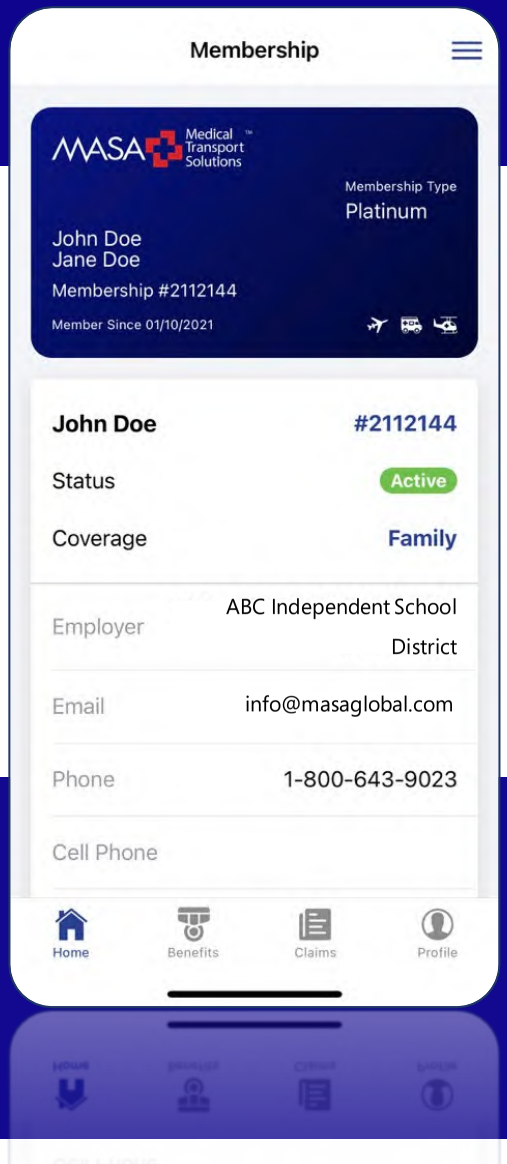
MASA Global

GET IT ON Google Play

DOWNLOAD ON THE App Store

Register today with your Member ID!

- Access your Digital ID Cards
- View Plan Documents and Benefits
- Get your Claim History



DOWNLOAD FOR **ANDROID**
Scan the WR code to get the MASA Global App from the play store.

DOWNLOAD FOR **IPHONE**
Scan the WR code to get the MASA Global App from itunes.

ORLAND UNIFIED
SCHOOL DISTRICT

Dental

Sun Life Financial
$3,000 Annual Maximum

Dental

Sun Life®

COMMONLY COVERED

- Exams and cleanings
- X-rays
- Fillings
- Tooth extractions
- Adult and child braces

PROTECTS YOUR SMILE.
You can feel more confident with a dental plan that encourages routine cleanings and checkups. A dental plan helps protect your teeth for a lifetime.

PREVENTS OTHER HEALTH ISSUES.
Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

LOWERS OUT-OF-POCKET EXPENSES.
Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

HOW CAN DENTAL CARE HELP?

Gum disease may cause tooth loss and may be linked to other health problems such as heart disease and diabetes.[1]

Brushing, flossing, and seeing your dentist regularly can help reduce the impact of gum disease.[2]

ORLAND UNIFIED SCHOOL DISTRICT

All Eligible Employees

PLAN # 955839

Sun Life Assurance Company of Canada

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Good news! *Your plan covers routine services like cleanings and exams at* ***100%.***

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type II, III (Basic and Major Services)	$3,000 per person	$3,000 per person
Type IV Ortho Service	$1,000 annual child and adult	$1,000 annual child and adult

Type I Preventive Services do not count toward your Calendar Year maximum.
Services performed by in-network and out-of-network providers share the same deductible application and benefit maximums.

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	$0 individual	$0 individual
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	100%	100%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment – 2 in any calendar year
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 2 in any calendar year
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases
- Biopsy (including brush biopsy)
- Dental implants – subject to 5 year replacement limit

Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 2 in any calendar year (frequency combined with routine dental cleanings)
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit

Type IV Ortho Services, including:

- No orthodontic treatment age limitation

Waiting Periods

For a complete description of services and waiting periods, please review your plan document. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

Frequently asked questions

How does a PPO work?
PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge and could be higher.

How do I find a dentist?
Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 145,000+ unique dentists[3].

Do I have to choose a dentist in the PPO network?
No. You can visit any licensed dentist for services.

Are my dependents eligible for coverage?
Yes. Your plan offers coverage for your spouse[4] and dependent children. An eligible child is defined as a child to age 26.[5]

What if my spouse and I work for the same employer?
Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

What if I have already started dental work, like a root canal or braces, that requires several visits?
Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?
Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to Sun Life, PO Box 311, Milwaukee, WI 53201-0311.

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app – Sun Life Dental (U.S.), which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742 any time, day or night, to access our automated system.

What value added benefits does my plan include?
Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth, and brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Max Waiver® which allows covered dental expenses for preventive services to not apply to the annual maximum.

When should I consider a pre-determination of benefits?

We recommend them for any dental treatment expected to exceed $500. Pre-determinations allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover.

1. Provided for informational purposes only. For further details you should talk to your dental provider.
2. Provided for informational purposes only. For further details you should talk to your dental provider.
3. Sun Life's dental networks include its affiliate, Dental Health Care Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.
4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

To become covered, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Plan and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Plan Document for details.

Limitations and exclusions

Exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your plan document or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in your plan document. A plan participant must be a covered dental plan participant under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit.

This Overview is preliminary to the issuance of the Plan. Refer to your Plan document for details. Receipt of this Overview does not constitute approval of coverage under the Plan. In the event of a discrepancy between this Overview, the Plan Document and the Plan, the terms of the Plan will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Administrative Services Only services for self-funded dental plans are administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York.

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GVBH-EE-8384 SLPC 29579

ORLAND UNIFIED SCHOOL DISTRICT

Vision

EyeMed Frequency: 12/12/24

(Exam/Lenses/Frames)

Orland Unified School

(Insight CA Network)

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	$0 copay	$0 copay	Up to $40
Retinal Imaging	Up to $39	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to $40	Up to $40	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame - Retail	**$0 copay; 20% off balance over $230 allowance**	$0 copay; 20% off balance over $180 allowance	Up to $126
Frame - Wholesale*	Not covered	$0 copay; 100% of balance over $126 allowance	Up to $126
LENSES			
Single Vision	$0 copay	$0 copay	Up to $30
Bifocal	$0 copay	$0 copay	Up to $50
Trifocal	$0 copay	$0 copay	Up to $70
Lenticular	$0 copay	$0 copay	Up to $70
Progressive - Standard	$0 copay	$0 copay	Up to $50
Progressive - Premium Tier 1 - 4	$10 - 110 copay	$10 - 110 copay	Up to $50
LENS OPTIONS			
Anti Reflective Coating - Standard	$45	$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	$57 - 68	$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	20% off retail price	Not covered
Photochromic - Non-Glass	$0 copay	$0 copay	Up to $38
Polycarbonate - Standard	$40	$40	Not covered
Polycarbonate - Standard < 19 years of age	$0 copay	$0 copay	Up to $20
Scratch Coating - Standard Plastic	$15	$15	Not covered
Tint - Solid and Gradient	$15	$15	Not covered
UV Treatment	$15	$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	$0 copay; 15% off balance over $180 allowance	$0 copay; 15% off balance over $180 allowance	Up to $126
Contacts - Disposable	$0 copay; 100% of balance over $180 allowance	$0 copay; 100% of balance over $180 allowance	Up to $126
Contacts - Medically Necessary	$0 copay	$0 copay	Up to $300
OTHER			
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1-877-203-0675	Up to 66% off hearing aids; call 1-877-203-0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

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

*Available at wholesale providers, such as Costco Optical; discounts do not apply. View the provider locator to find wholesale providers. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

Savings plus convenience plus choice

PLUS Providers add another layer of coverage



$230

Frame - Retail allowance

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

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



The choice is yours

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

Need extra assistance? Contact us at 866.804.0982 or visit eyemed.com.

This information is available broadly and is not plan or state specific.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 OPTICAL

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HOW TO: enjoy your own eye site

MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at eyemed.com is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit eyemed.com and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number (You'll get an email asking to confirm your account.).*
4. Finish setting up your new account with your email address and a password (To keep it secure, we list some password "musts.").
5. Come back anytime to change your password, email address and billing preferences (It's all under Manage Profiles.).

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online**
- View health and wellness information
- Get special offers

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now

* Depends on how your benefit administrator entered you into the system.

** Most, but not all, network providers offer this.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 TARGET OPTICAL

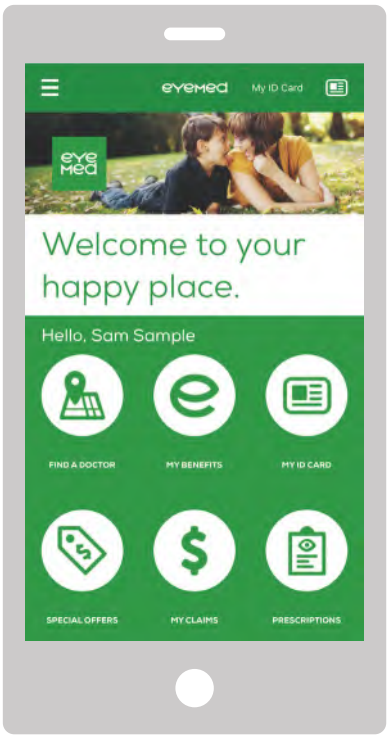
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On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app

This information is available broadly and is not plan or state specific. Offers are not valid in the state of Texas.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 OPTICAL



ORLAND UNIFIED SCHOOL DISTRICT

Employer Paid Life/AD&D

Unum
Benefit Amount: $15,000

Term Life with Accidental Death & Dismemberment (AD&D) Insurance



How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you can receive coverage for:

You:	You can receive a benefit amount of $15,000. You can get up to $15,000 with no medical underwriting.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of $15,000.

No medical underwriting is required for AD&D coverage.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.
Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.
Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 42% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

Work-life balance Employee Assistance Program

The Work-life balance Employee Assistance Program, provided by HealthAdvocate, is available with select unum insurance offerings, Terms and availability of service are subjet to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.
Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
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ORLAND UNIFIED SCHOOL DISTRICT

Voluntary Life/AD&D

Unum
Guarantee Issue: $130,000
(Not previously waived)

Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D)



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to $130,000 to meet your growing needs — with no medical underwriting.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You:	Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to $130,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to $500,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to $30,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to $10,000 of coverage in $2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is $1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to $500,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage for your children in $2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
   (Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	$_____,000	÷ $10,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $5,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $2,000 = $_____	X $_____	= $_____
			Total cost	

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per $10,000 of coverage	Per $5,000 of coverage	$0.480 per $2,000 of coverage
	Cost	Cost	
15-24	$0.480	$0.240	
25-29	$0.600	$0.270	
30-34	$0.720	$0.360	
35-39	$1.080	$0.540	
40-44	$1.200	$0.600	
45-49	$1.800	$0.900	
50-54	$2.760	$1.380	
55-59	$5.160	$2.580	
60-64	$7.200	$3.600	
65-69	$13.440	$6.720	
70-74	$24.720	$12.360	
75+	$24.720	$12.360	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	$_____,000	÷ $10,000 = $_____	X $0.240	= $_____
Spouse	$_____,000	÷ $5,000 = $_____	X $0.120	= $_____
Child	$_____,000	÷ $2,000 = $_____	X $0.048	= $_____
			Total cost	

AD&D monthly rates		
	Coverage amount	Rate
Employee	per $10,000 of coverage	$0.240
Spouse	per $5,000 of coverage	$0.120
Child	per $2,000 of coverage	$0.048

Billed amount may vary slightly.
If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.
An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.
Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 67% of the original amount when you reach age 70, and will reduce to 45% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.
Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Unum complies with state civil union and domestic partner laws when applicable.
Underwritten by:
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ORLAND UNIFIED
SCHOOL DISTRICT

Employee Assitance Program

Work/Life Balance Services

unum®

Help, when you need it most

With your Employee Assistance Program and work-life balance services, confidential assistance is as close as your phone or computer.



Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief, loss
- Job stress, work conflicts
- Family, parenting problems
- And more

Work-life balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our work-life Specialists can answer your questions and help you find resources in your community.

Ask our work-life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills
- And more

Who is covered?

EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver® — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better benefits at work.™

unum.com

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.
**State mandated restrictions for legal services in WA apply.
Work-life balance employee assistance programs may not be available in New York.
Other state-specific restrictions may apply based on the product offering.

The Unum Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-3 FOR EMPLOYEES (9-24)

ORLAND UNIFIED
SCHOOL DISTRICT

Contact Information

Carrier Contacts

Medical TPA

Personify #E70

https://hconline.healthcomp.com

NEW - 833-423-4750

Claims: hconline portal/scanform@healthcomp.com/Fax 559-499-2464

Pharmacy

Costco

www.pharmacy.costco.com

Mail Order Costco: 800-607-6861

Specialty Drug - Lumicera: 855-847-3553

Virtual Care

LiveHealth Online

https://livehealthonline.com

888-548-3432

Find Care In-Network

Anthem #HEA

anthem.com/ca

Employer Paid - Diabetes Management Program

Livongo

join.livongo.com/healthcomp/register

800-945-4355

Emergency Medical Transport

MASA #B2BOUSD

wwwmasaaccess.com/member

800-643-9023

Dental

Sun Life #955839

www.sunlife.com/us

800-442-7742

Vision

EyeMed #1039839

www.eyemed.com

844-409-3401

Base and Voluntary Life/AD&D

Unum #473398/473399

www.unum.com

800-275-8686

Employee Assistance Program

UNUM

www.unum.com/lifebalance

800-854-1446



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