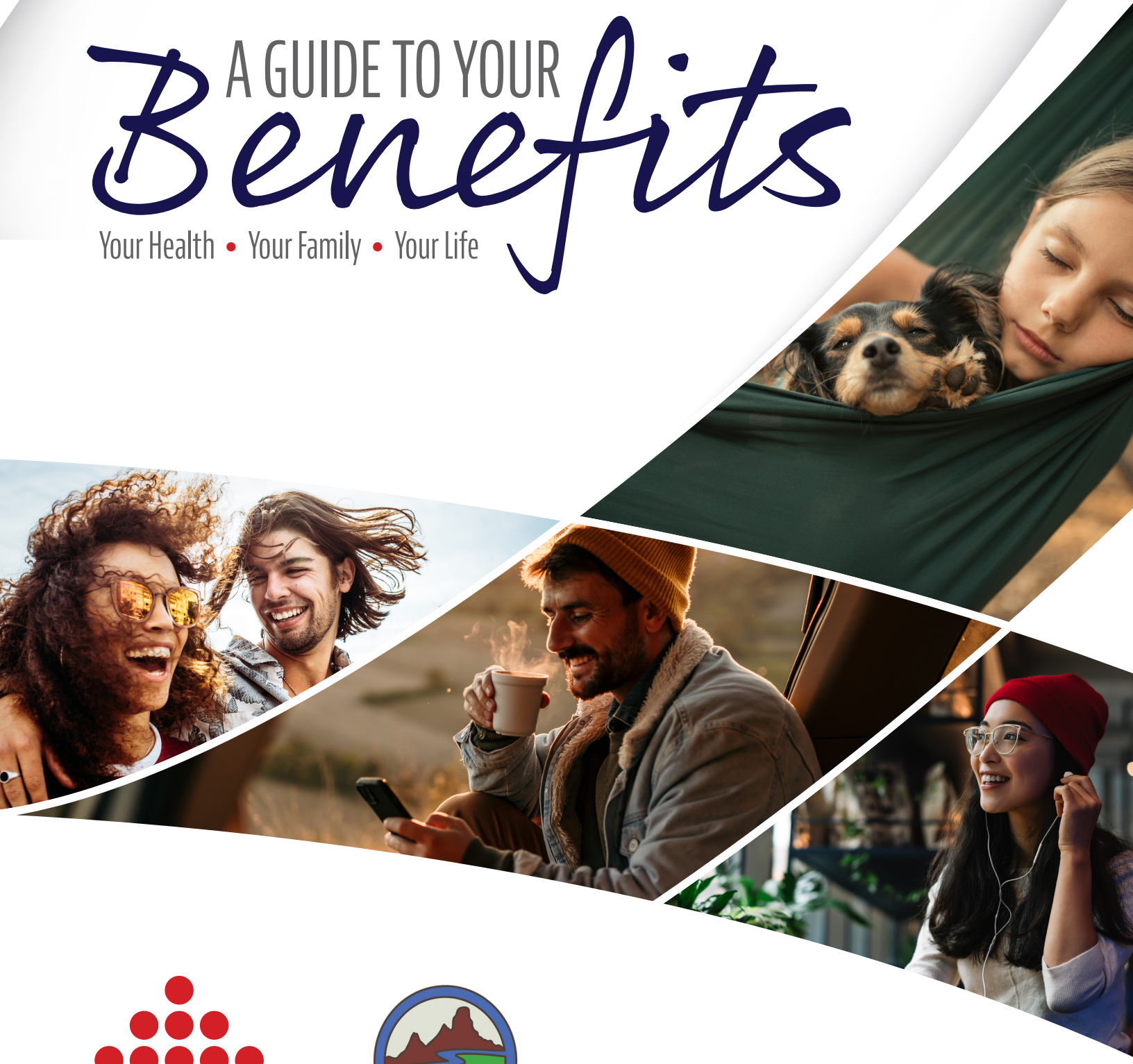
A GUIDE TO YOUR *Benefits*

Your Health • Your Family • Your Life



ICSVEBA

San Pasqual Valley
Unified School District

2026–2027

WELCOME

About ICSVEBA

The **Imperial County Schools Voluntary Employees Benefits Association (ICSVEBA)** is a group of school districts, joined to form a benefit purchasing pool to ensure the best benefits options for employees of these school districts.

Your District believes that providing a competitive employee benefits program is one of the most important investments. We appreciate the tremendous value and contributions of employees and recognize that good employee health is good business. Each year, the benefit programs are evaluated to ensure those covered in the ICSVEBA benefits continue to have robust, competitive and cost-effective choices.

This guide has been prepared to assist you in making informed decisions regarding your benefits. We are pleased to offer a benefits package with a variety of coverage options, which allows you to choose the option that best meets your needs. We encourage you to read this guide carefully and to keep it as a reference.

Please contact the **ICSVEBA Member Services** at **800.633.2683** should you have any questions regarding your benefits package. Page 5 includes information on how they can help.

ICSVEBA

Contents

03	Benefits Overview
04	Eligibility
05	Member Services
06	Medical
09	Prescription (Rx)
10	EAP
11	Value Added Services
13	Dental
14	Vision
15	Life Insurance
Back	Contacts

BENEFITS OVERVIEW

BENEFIT	COVERAGE OPTIONS
COSTS SHARED BY YOU AND YOUR EMPLOYER	
MEDICAL Blue Shield & SIMNSA	• Blue Shield Comprehensive Option • Blue Shield Basic Option • Blue Shield Bronze Option • SIMNSA HMO Option
DENTAL Navia Benefit Solutions/First Dental Health	• Standard Option • Premier Option
VISION Navia Benefit Solutions/EyeMed	• PPO
MENTAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM (EAP) Carelon Behavioral Health, Inc.	• Offers private sessions at a copay based on the medical plan you are enrolled in
BASIC LIFE AND AD&D Mutual of Omaha	• Benefit equal to a flat $20,000 for employee coverage
EMPLOYEE-PAID ADDITIONAL OPTIONS	
VOLUNTARY LIFE Mutual of Omaha	• **Employee** additional coverage up to a Guaranteed Issue amount of $250,000 ($500,000 with underwriting) • **Spouse:** additional coverage up to a Guaranteed Issue amount of $50,000 ($250,000 with underwriting) • **Child(ren):** additional coverage up to $10,000

CHOOSE CAREFULLY!

The benefits you select during enrollment will stay in place through September 30, 2027, unless you have a **qualifying event** as defined by the IRS. Examples include:

- You have a change in your marital status
- You have a baby or adopt a child (Plan allows 60 days to notify of a newborn)
- Your dependent child loses eligibility due to age or marriage
- You become disabled
- You end your employment with the District
- You or your dependent passes away
- Your spouse gains or loses coverage

You must notify your employer within 31 days of the qualifying event. Benefits elections will then remain in force for the remainder of the plan period.

ELIGIBILITY

Who is Eligible

You are eligible if you are a regular full-time employee and are working 30 hours or more per week.

You may also enroll your eligible dependents in the medical, dental, vision and life insurance plans. Your eligible dependents include:

- Your legal spouse
- Your children or stepchildren up to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children or stepchildren of any age, if they are incapable of self-care due to a physical or mental disability

When Coverage Begins

Your benefits will commence on the first of the month following your date of hire.

Cost for Coverage

Contributions for the plans where you share the cost with your employer are deducted from your pay on a pre-tax basis. This means that the income you use to pay for these benefits is not taxed, putting dollars back into your pocket.

Newly Hired Employees

You must make your benefits elections within **31 days** of your date of hire. If you do not enroll for coverage during your eligibility period, you must wait until the next Open Enrollment period unless you have a qualifying event.

Open Enrollment

Open Enrollment occurs each year and is your opportunity to review your benefits options to determine what best meets your needs. The selections you make will remain in effect for the entire plan year unless you have a qualifying event.

MEMBER SERVICES

ICSVEBA Member Services is here to answer your questions and help make your employee benefits easier to use. Member Services is the only number you need to call with employee benefit and wellness questions, and best of all, it's free. Within 24 hours of your initial call, Member Services will either resolve the issue or provide an update on next steps, including the expected time frame. Below are some of the questions Member Services can answer.

How do I enroll?

Is my provider in-network?

How does my plan work?

How do I get a new ID card?

Am I eligible for Medicare?

What is a qualifying event?

- **Benefit Questions:** I need to have surgery; does my insurance cover it? How much will my portion of the cost be?
- **Referral:** I need to see a specialist, but I'm having trouble getting a referral. What do I do?
- **Claims Assistance:** I received a bill from my doctor. I thought these services were covered. What do I do now?
- **Eligibility Issues:** I tried to pick up a prescription today, but the pharmacy is saying that I'm not covered. Why?

ICSVEBA Member Services

800.633.2683

ICSVEBAService@hubinternational.com

Monday–Friday, 7:30 a.m.–4:30 p.m. PT

All inquiries will be responded to within 24 hours of your call or email.

MEDICAL

We recognize that you have different needs when it comes to your medical options. We provide you with options that help you and your family achieve optimum health. We offer you the choice of five health options, including:

- **Blue Shield** Comprehensive Option (PPO)
- **Blue Shield** Basic Option (PPO)
- **Blue Shield** Bronze Option (PPO)
- **SIMNSA** HMO Option

PPO Options

The **Blue Shield** PPO Options offer a network of physicians who have agreed to discount fees for their services. You may choose to have your treatment provided by an in-network PPO physician and may receive a higher level of benefit with potentially lower out-of-pocket costs to you.

You may also choose to go outside the network; however, benefits are generally reimbursed at a lower level and you may have higher out-of-pocket costs.

With a PPO plan, you have a choice every time you need care. Your in-network physicians will submit claims for you. If you receive treatment from a non-network physician, they may require you to pay the entire amount at the time of service and submit a claim for reimbursement based on plan benefits.

HMO Option

The **SIMNSA** HMO is an option for U.S. workers who reside or have dependents in Mexico (Tijuana, Mexicali and Tecate).

This option offers comprehensive medical coverage that includes preventive care and fixed copays for most services. There are **no annual deductibles or lifetime dollar maximums**.

You will have the ability to choose your own **SIMNSA** personal physician, who will be responsible for providing or coordinating all of your medical care, including specialty care referrals.

Medical Plans Overview

KEY MEDICAL BENEFITS	COMPREHENSIVE		BASIC		BRONZE *This is an ACA compliant Minimum Value Plan and can be selected as the default plan.*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual/Family	$750/$2,250	$1,500/$4,500	$1,500/$4,500	$3,000/$9,000	$5,000/$10,000	$15,000/$30,000
Coinsurance	20%	50%	20%	50%	30%	50%
Out-of-Pocket Maximum (includes deductible)						
Individual/Family	$3,000/$9,000	$9,000/$27,000	$6,600/$13,200	$10,000/$30,000	$6,350/$12,700	$25,000/$50,000
Physician Services						
Preventive Care Services	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Office Visit - PCP/Specialist	$15 / $25 copay	50% after deductible	$35 / $70 copay	50% after deductible	30% after deductible	50% after deductible
Diagnostic Lab and X-Ray	No charge	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospital Services						
Inpatient	$500 per admission + 20% after deductible	$500 per admission + 50% after deductible	$250 per admission + 20% after deductible	$250 per admission + 50% after deductible	30% after deductible	50% after deductible
Other Benefits						
Emergency Room	$250 copay (waived if admitted)		$250 copay (waived if admitted)		$100 copay + 30% after deductible	$100 copay + 50% after deductible
Ambulance	20% after deductible		20% after deductible		30% after deductible	50% after deductible
Urgent Care	$15 copay		$30 copay		30% after deductible	Not covered unless pre-approved
Durable Medical Equipment	20% (maximum $500 out-of-pocket)	50% after deductible	20% (maximum $500 out-of-pocket)	50% after deductible	30% after deductible	50% after deductible
Mental Health and Employee Assistance Program Provided through Carelon Behavioral Health, Inc., and "carved out" of your core benefits.						
Annual Deductible	$750/$2,250	$1,500/$4,500	$1,500/$4,500	$3,000/$9,000	$5,000/$10,000	$15,000/$30,000
Copayment	$15 copay	50% of UCR after deductible	$35 copay	50% of UCR after deductible	30% after deductible	50% of UCR after deductible

Copays and coinsurance percentages shown in the above chart represent what the member is responsible for paying.

Medical Plans Overview (continued)

KEY MEDICAL BENEFITS	SIMNSA *Stateside benefits only for life threatening medical emergencies* In-Network only
Annual Deductible	
Individual/Family	None
Coinsurance	None
Out-of-Pocket Maximum	
Individual/Family	$6,350/$12,700
Physician Services	
Preventive Care Services	No charge
Office Visit - PCP/Specialist	$5 copay
Diagnostic Lab and X-Ray	No charge
Hospital Services	
Inpatient	No charge
Other Benefits	
Emergency Room	$250 copay
Ambulance	No charge
Urgent Care	$25 copay
Durable Medical Equipment	Not covered
Mental Health and Employee Assistance Program Provided through Carelon Behavioral Health, Inc., and "carved out" of your core benefits.	
Annual Deductible	EAP only
Copayment	

PRESCRIPTION

It is important to be an informed consumer, especially with your prescription drug options. All of your medical plan options include prescription drug coverage through **RxBenefits**.

Present your medical plan ID card at a participating pharmacy. You will receive up to a 30-day supply for your prescription. You will pay a copay based on the type of prescription you receive.

RxBenefits (Pharmacy Benefits Optimizer)

RxBenefits acts as an informed advocate for **ICSVEBA** members and their covered dependents regarding their prescriptions. **ICSVEBA** uses the **Express Scripts** network; however, any questions you have regarding your prescriptions will be handled by **RxBenefits**.

The **RxBenefits** customer service team is available to answer your questions Monday–Friday, 5:00 a.m.–6:00 p.m. PT at **800.334.8134** or via email a **RxHelp@rxbenefits.com**.

KEY Rx BENEFITS	COMPREHENSIVE	BASIC	BRONZE	SIMNSA
Generic	$5 copay	$5 copay	$5 copay	$5
Preferred	$25 copay	$25 copay	$25 copay	N/A
Non-Preferred	$55 copay	$55 copay	$55 copay	N/A
Specialty	20% coinsurance per prescription, up to annual out-of-pocket maximum of $1,000			N/A

Copays and coinsurance percentages shown in the above chart represent what the member is responsible for paying.

Who handles mail order scripts and specialty medications?

Express Scripts and **Accredo** administer mail order and specialty medications under the plans.

SaveOnSP Program

The Rx plan includes the **SaveOnSP** program for specialty medications. The goal of this program is to administer plan benefits designed to provide cost savings for you, the member.

The **SaveOnSP** team works to implement cost-reducing strategies on some of the most commonly used specialty medications by maximizing manufacturer copay assistance program dollars to help eliminate member cost share and generate plan savings. **SaveOnSP** keeps plan members front of mind and helps ensure a seamless experience.

EAP

Life has its ups and downs, and balancing work, family and personal responsibilities can be challenging at times. We are proud to offer a program designed to support the emotional health and well-being of our employees and their families.

Employee Assistance Program

Administered by **Carelon Behavioral Health, Inc.**, the Employee Assistance Program (EAP) is a confidential program for you, your family and all household members.

EAP Benefits

- Unlimited access by phone
- 24/7 crisis response by licensed counselors
- Each member of your household receives five in-person visits per issue per year
- Educational and wellness resources, including webinars and interactive tools, designed to support overall well-being.

Confidential Clinical Counseling

EAP benefits include up to five sessions per incident per calendar year and provide support for a range of everyday life matters, including:

- Bereavement or grief
- Legal
- Financial
- Childcare/eldercare referrals
- Marital/relationship issues
- Parenting issues
- Substance abuse
- Depression/anxiety
- Anger
- Stress management

Carelon Behavioral Health, Inc.

866.533.4278

carelonwellbeing.com/icsveba

VALUE ADDED SERVICES

Vitality

As an **ICSVEBA** member with **Vitality**, you earn points for completing healthy activities. Vitality is a comprehensive, interactive and personalized wellness program that makes it easy for you to make healthy choices.

Earn Vitality Bucks and spend them in the Vitality Mall. There are two ways to register. Visit their website at **PowerofVitality.com**, or download the app on the App Store or Google Play.

DHS TeamCare Diabetes Program

ICSVEBA members have access to a diabetes program through **TeamCare.** They offer live, real-time 24/7 diabetic monitoring, intervention and coaching. Along with education, guidance and support when registered with TeamCare, you receive testing supplies at no out-of-pocket copay or deductible.

Certified specialists lead 24/7 monitoring, intervention and coaching in real time upon receipt of a triggered adverse reading or trend. This results in fewer ER visits, absenteeism and overall reduction in acute health-related events.

Supplies such as BMG test trips, lancing device, lancets and other diabetes testing supplies, as well as CMG sensors and monitors, are automatically shipped to member's address when needed.

Please note that participation in the TeamCare Diabetes program is voluntary and you must actively enroll to participate.

Please schedule a 15-minute call today to check your eligibility and get started. Call **800.966.2046**, from 9 a.m. to 7 p.m. ET, Monday–Friday.

PlushCare

PlushCare is simple and convenient! It is an option where you can communicate with a physician telephonically, be diagnosed and, when appropriate, have prescriptions electronically sent to a local pharmacy of choice. Why pay and wait for an appointment when you can go online to **plushcare.com** or simply call **866.692.1986**.

Hinge Health

Conquer back and joint pain without drugs or surgery! Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition, wearable sensors for live feedback in the app, personal coaching and your own physical therapists. Best of all, it's free—**100% covered by ICSVEBA for you and eligible family members.**

Sign up for help with any of the following:

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

Join for your back, knee, hip, neck, shoulder or other pain. On average, Hinge Health participants cut their pain by nearly 70%!

To learn more, call **855.902.2777** or apply at **hingehealth.com/ICSVEBA**.

Carrum Health

Carrum Health is a new way to get surgery. Having an operation can be overwhelming; from figuring out the best surgeon to determining how much it will cost, to getting through the recovery. That's where **Carrum Health** comes in.

Carrum works with your current medical plan, and with no additional cost, you get:

- Exclusive access to top-quality surgical care at Scripps Health for hip/knee replacement, spinal fusion and coronary bypass surgeries
- **No medical bills! You pay zero out-of-pocket costs**
- Personalized "Concierge" support throughout your journey from selecting the best surgeon and gathering the paperwork to post-discharge recovery care
- World-class cancer care for you and your loved ones through Access Hope—one of the leading cancer centers in the country. You will receive guidance from experts for any type of cancer, ongoing virtual consultations with premier oncologists, access to compassionate nurses who focus on cancer care, surgery for breast and thyroid cancer, holistic, whole-body supportive care, family and caregiver support, and genetic testing for more targeted care.

To learn more or get started with the program, contact **Carrum Health** toll free at **888.855.7806** or visit **carrum.me/icsveba**.

Identity Theft (IDT)

You have the option to purchase identity theft protection and resolution services through **IDT**, offered by **ICSVEBA**. This coverage helps safeguard your privacy with 24/7 monitoring and identity restoration support. **IDT** monitors personal and financial information across public and private databases, social media and the internet. Educational tools and proactive resources are also available to help you take steps to protect yourself. Fraud specialists are available 24 hours a day, seven days a week to guide you through resolution.

The monthly cost is $8.95/individual and $17.95/family. *Family includes up to three dependents over age 18. All dependent minors have full restoration services included.*

AirMedCare Network

Since 2010, **ICSVEBA** has negotiated with **AirMedCare Network** to provide a benefit to all **ICSVEBA** members and their families. If you are in an emergency situation and in need of an air ambulance, and **AirMedCare Network** is dispatched first to transport you, there will be no out-of-pocket costs to you as an **ICSVEBA** member or for your family members living in the same household!

AirMed International

When a medical emergency occurs, you might find yourself on an adventure halfway around the globe or on a business trip just a few hours from home. Wherever you are and whatever the medical need, **AirMed International** provides access to a high level of medical care. AirMed operates a fleet of ICU-equipped aircraft staffed by highly trained doctors, nurses, and respiratory therapists who can transport you to the hospital of your choice. As an **ICSVEBA** member, this benefit is available 24/7/365, with no deductibles, claims forms, or out-of-pocket expenses.

DENTAL

Navia Benefit Solutions Dental Plans

In order to provide you with the level of dental coverage that best fits the needs of you and your family, we offer two dental plan options through the **Imperial Valley Schools Joint Powers Authority (IVSJPA)**, administered by **Navia Benefit Solutions**, which utilizes the **First Dental Health** and **Amexus** Networks.

Standard Option: The standard plan has a lower calendar year benefit maximum and lower premiums than the premier option. Implant and orthodontia coverage is not included.

Premier Option: The premier plan includes an enhanced calendar year benefit maximum, coverage for implants and orthodontia, and a progressive benefit for basic and major services**, with higher premiums than the standard option.

Both options allow you to choose any dentist. You receive the highest level of benefits when you use an in-network preferred provider and are not responsible for charges above the allowed amount for covered services. If you use an out-of-network provider, you may be responsible for charges that exceed the Usual, Customary and Reasonable (UCR) amount for your area.

KEY DENTAL BENEFITS	STANDARD		PREMIER	
	In-Network & Mexico*	Out-of-Network	In-Network & Mexico*	Out-of-Network
Calendar Year Deductible	$50/$150		$25/$75	
Calendar Year Maximum	$1,250 per individual		$2,000 per individual	
Preventive/Diagnostic Services				
Cleanings, X-rays	No charge	20% after deductible	No charge	20% after deductible
Basic Services				
Simple Extractions, Fillings (composite), Oral Surgery, Root Canals, Periodontics	20% after deductible	30% after deductible	0-30%** after deductible	20% after deductible
Major Services				
Dentures, Crowns, Inlays	40% after deductible	50% after deductible	0-30%** after deductible	50% after deductible
Implants	Not covered	Not covered	50% after deductible to $1,500	60% after deductible to $1,500
Orthodontia				
Child/Adult	Not covered		50% after deductible	
Lifetime Maximum			$1,500 per individual	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

***Mexico Providers:** Under each option, you may access coverage from the **Amexus Network** in Mexico. You may only visit an in-network provider.

****Progressive Benefit:** The Premier plan includes a progressive benefit for basic and major in-network services that pays more each year you are continuously enrolled in the plan, as outlined in the table below.

Basic Services	Year 1	Year 2	Year 3	Year 4
Member Pays (In-Network)	30%	20%	10%	0%

VISION

EyeMed Vision Plan

With the vision plan, you have the option to visit an **EyeMed** network doctor or a non-network doctor. However, when you visit an **EyeMed** network doctor, you will receive a higher level of benefit and are not required to complete any paperwork, including claim forms. In addition, you don't need an ID card to visit an **EyeMed** network doctor. Simply call an **EyeMed** network doctor to schedule an appointment and be sure to tell them you are an **EyeMed** member. The doctor and **EyeMed** handle the rest!

If you elect to visit a non-network doctor, you will be required to pay the provider in full at the time of service. **EyeMed** will then reimburse you up to the amount allowed under our non-network reimbursement schedule.

KEY VISION BENEFITS	EYEMED	
	In-Network	Out-of-Network Reimbursement
Deductible	None	
Exam Once every 12 months	No charge	Up to $40
Frames Once every 24 months		
Retail	$0 copay; 20% off balance over $250 allowance	Up to $175
Wholesale	$0 copay; balance over $175 allowance	
Lenses Once every 12 months Single / Bifocal / Trifocal / Lenticular	No charge	Up to: $30 / $50 / $70 / $70
Contacts Once every 12 months (in lieu of glasses)		
Conventional	$0 copay; 15% off balance over $210 allowance	Up to $147
Disposable	$0 copay; 100% of balance over $210 allowance	Up to $147
Medically Necessary	$0 copay; paid in full	Up to $300

LIFE INSURANCE

Mutual of Omaha Life and AD&D Insurance

Basic Life and Accidental Death and Dismemberment (AD&D)

This insurance coverage through **Mutual of Omaha** provides financial protection for you and your loved ones.

Full-time employees are eligible to enroll.

BASIC LIFE/AD&D COVERAGE	
Employee	$20,000

Voluntary Life

If you determine you need more than the basic life coverage provided to you, you may want to purchase additional coverage for yourself and your eligible dependents.

Voluntary life insurance is available for employees, spouses, and children at group rates through **Mutual of Omaha** to supplement employer-paid basic life.

Unlike basic life insurance, voluntary life coverage is 100% employee-paid. Premiums are deducted from your paycheck, and coverage is portable, allowing you to continue coverage if you leave employment.

VOLUNTARY LIFE BENEFIT OPTIONS	
Employee	Guaranteed Issue of $250,000 ($500,000 with underwriting)
Spouse	Guaranteed Issue of $50,000 ($250,000 with underwriting)
Child(ren)	Up to $10,000

CONTACTS

COVERAGE	POLICY NUMBER	TELEPHONE	WEBSITE/EMAIL
ICSVEBA MEMBER SERVICES	N/A	800.633.2683	ICSVEBAService@hubinternational.com
MEDICAL			
Delta Health Systems Comprehensive Basic Bronze	395	866.691.2443	deltahealthsystems.com
Delta TeamCare Disease Management **Maternity Management** **Health Education and Coaching**	395	888.819.4072	N/A
SIMNSA HMO	660	800.424.4652	simnsa.com
PRESCRIPTION			
RxBenefits	395	800.334.8134	RxHelp@rxbenefits.com
MENTAL HEALTH & EAP			
Carelon Behavioral Health, Inc.	ICSVEBA	866.533.4278	carelonwellbeing.com/icsveba
VALUE ADDED SERVICES			
Vitality	N/A	Contact your Benefits/HR Department	powerofvitality.com
DHS TeamCare Diabetes Program	N/A	800.966.2046	N/A
PlushCare	N/A	866.692.1986	plushcare.com
Hinge Health	N/A	855.902.2777	hingehealth.com/ICSVEBA
Carrum Health	N/A	888.855.7806	carrum.me/icsveba
DENTAL			
Navia Benefit Solutions/First Dental Health	0461ASI (IVJ)	866.777.1320	asischools.com firstdentalhhealth.com
VISION			
Navia Benefit Solutions/EyeMed	1039521	866.777.1320	asischools.com eyemed.com
LIFE AND AD&D (BASIC & VOLUNTARY)			
Mutual of Omaha	ICSVEBA	Contact your District Office to file a claim	

ICSVEBA HUB

DISCLAIMER: This Benefits eGuide was prepared for you by HUB International and is intended to provide a general overview of the benefits offered by ICSVEBA.It is not an offer of coverage or intended to offer medical advice. It does not contain all plan provisions, limitations and exclusions. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Insurance Certificate, Booklet, Booklet-Certificate, Group Policy) to determine governing contractual provisions relating to your plan. In the event of a conflict between this guide and your plan document, the plan documents will always govern.