



Santa Maria Joint Union
HIGH SCHOOL DISTRICT

2025 BENEFITS GUIDE

Effective January 1, 2025 - December 31, 2025

Welcome!

WELCOME TO YOUR 2025 BENEFITS!

Your health and the health of your family is as important to us as it is to you. That's why we have carefully considered the available healthcare options and selected the plans that we feel offer first-rate benefits at a good value. During this enrollment period, please carefully review each of your options so that you can choose the plans that will best meet your needs. If you have any questions regarding your benefits, please contact us in Human Resources.

Regards,

Kevin Platt

Assistant Superintendent- Human Resources

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IMPORTANT CONTACTS

YOUR BENEFITS TEAM

Santa Maria Joint Union High School District

Email: SMJUHSD-Benefits@smjuhsd.org

Lauren Campbell | 805-922-4573 x 4206

(inquiries from Employee's last name stating with A-K)

Krystal Luna | 805-922-4573 x 4333

(inquiries from Employee's last name stating with L-Z)

ONEDIGITAL HEALTH & BENEFITS

Megan Dickson | Client Advocate

(800) 264-9918 ext. 50842 | megan.dickson@onedigital.com

CARRIER CONTACTS

MEDICAL: CALPERS

Blue Shield

Access+ HMO: (800) 334-5847

Gold & Platinum PPO: (855) 633-4436

<https://myoptions.blueshieldca.com/calpers>

Included Health

(855) 633-4436 | <https://includedhealth.com/microsite/calpers/>

Anthem Blue Cross

HMO: (855) 839-4524 | PPO: (877) 737-7776

<https://www.anthem.com/ca/mcr/calpers>

United Healthcare

(877) 359-3714 | www.uhc.com/calpers

OptumRX

(855) 505-8110 | <https://welcome.optumrx.com/calpers/landing>

DENTAL

Delta Dental | Group #07075

(800) 422-4234 | www.deltadental.com

VISION

VSP | Group #12179285

(800) 877-7195 | www.vsp.com

SUPPLEMENTAL

Aflac | Contact your Aflac Agent: Tirzo Lopez

(661) 910-2342 | tirzo_lopez@us.aflac.com

<https://www.aflacenrollment.com/SantaMariaJoint/102825056572>

FLEXIBLE SPENDING ACCOUNT (FSA)

HealthEquity

(866) 346-5800 | www.healthequity.com

LIFE

Reliance Standard | Group #GL130692

(800) 351-7500 | www.reliancestandard.com

DISABILITY

LTD: Reliance Standard | Group #LTD105983

(800) 351-7500 | www.reliancestandard.com

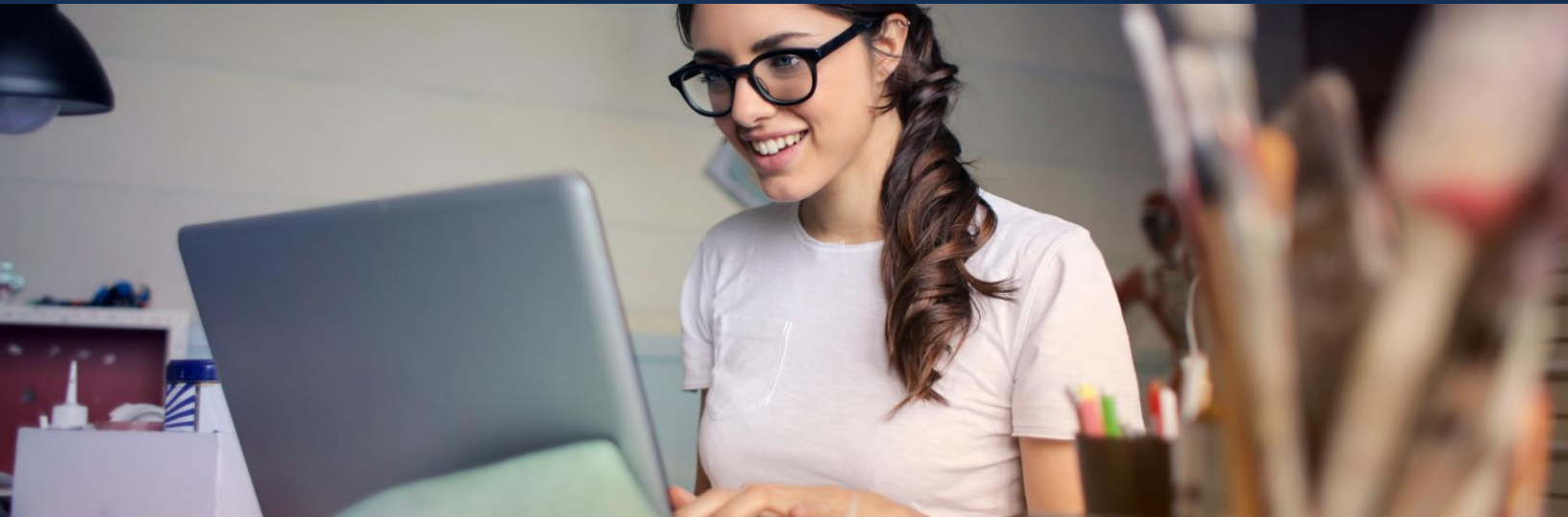
EAP Plan

Uprise Health | Claremont Health

(800) 834-3773 | <https://www.claremonteap.com/>



ENROLLMENT & ELIGIBILITY



EMPLOYEE ELIGIBILITY

You can enroll on the plans included in this guide if you are an employee who is consistently working **at least 4 hours per day**.

As a new hire, your benefits will be effective the **first of the month following your date of hire**.

FAMILY ELIGIBILITY

Your **dependents** can be enrolled on the plan with you if they meet one of the following requirements:

- Legal Spouse or registered domestic partner
- Dependent Children (**under the age of 26 for medical, dental and vision**)
- Children of your spouse or domestic partner
- Dependent children of any age who are incapable of self-sustaining employment because of mental or physical handicap, and who receive from you or your spouse all of their support and maintenance, and who were continuously enrolled on the current medical plan before the age of 26.

DEPENDENT AGE LIMITATIONS

Your dependent children will no longer be eligible to be enrolled on your plan beyond these age limits:

MEDICAL: Age 26

DENTAL: Age 26

VISION: Age 26

WHEN CAN I MAKE CHANGES?

Mid-year, you can make changes if one of these occur: Marriage, Birth of a child, Adoption, Involuntary loss of coverage from a qualified group plan, Divorce, Legal separation, Death of spouse or dependent child.

You will have 30 days from the date of the event to make the appropriate change to your benefit elections.

Open Enrollment happens once a year and allows you to freely make changes to your plans and who is enrolled. Your company's annual Open Enrollment takes place in **September and October** for an effective date of **January 1st**.

HOW MUCH WILL IT COST?

You will pay for your portion of the benefit cost through payroll deductions. The cost of each plan is included in the Ease enrollment site to show you the amount you will pay per paycheck.

The deduction amounts are subject to change at any time as deemed appropriate. Any revisions and changes will be provided in writing with a minimum of 30 days prior to the implementation of the change in contributions.

COMMON TERMS

Throughout this Benefits Guide, you may come upon a few terms that you don't recognize or fully understand. Refer back to this page as needed to define common benefits terminology you come across.

HMO NETWORK PLAN

A **Health Maintenance Organization (HMO)** plan limits coverage to care from doctors who work for/contract within a specified network. An HMO requires you and enrolled dependents to select a Primary Care Physician (PCP) & Medical Group who will direct the majority of your health care needs.

PPO NETWORK PLAN

With a **Preferred Provider Organization (PPO)** plan you have greater flexibility and choice to use both in-network and out-of-network physicians. However, you are encouraged to receive services from the in-network doctors, specialists or facilities. By doing so, you obtain a higher level of benefit than if services were rendered from an out-of-network provider.

PREMIUM

A premium is the total cost for your medical insurance. You and your company share this cost. You pay your portion through payroll deductions.

DEDUCTIBLE

A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

- **Embedded Deductible:** A policy with a deductible for each person covered. Benefits kick in for a family member when they meet their individual deductible and for the whole family when at least two members do so. Embedded policies tend to have higher premiums to accommodate lower deductible options.

COPAY

A **fixed amount** (for example, \$35) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

COINSURANCE

Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.

OUT-OF-POCKET MAXIMUM

The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay, including your deductible and copay, for eligible expenses during the year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for covered services.

SBC & UNIFORM GLOSSARY

Your employer is required to provide you with an easy-to-understand summary about the health plan benefits available to you, aka Summary of Benefits and Coverage (SBC) and a Uniform Glossary that outlines insurance definitions.

- **SUMMARY OF BENEFITS & COVERAGE (SBCs)** are available free of charge. Please reach out to Human Resources to obtain copies of the medical plans that are offered to you during your plan year.
- The **UNIFORM GLOSSARY** is a glossary of insurance definitions in standard, consumer-friendly terms. You may find this helpful as you are evaluating your options. To access the glossary visit: www.healthcare.gov/glossary.



LEARN MORE

Want to learn the language of insurance? Scan the QR Code or click [HERE](#) to learn more.



MEDICAL INSURANCE

Illustrative Benefits Summary

	CalPERS Blue Shield Platinum PPO	CalPERS Blue Shield Gold PPO
IN-NETWORK BENEFITS	Blue Shield PPO Network	Blue Shield PPO Network
Calendar Year Deductible (Single/Family)	\$500/\$1,000 Embedded	\$1,000/\$2,000 Embedded
Calendar Year Max Out-Of-Pocket (Single/Family)	\$2,000/\$4,000 (Rx \$2,000/\$4,000) Embedded	\$3,000/\$6,000 (Rx \$2,000/\$4,000) Embedded
Office Visits (PCP/Specialist)	\$20 Copay/\$35 Copay	\$10 Copay/\$35 Copay
Urgent Care	\$35 Copay	\$35 Copay
Diagnostic Laboratory/X-Ray	10%*	20%*
Inpatient Care (Includes Maternity)	\$250 per Admission* 10%	20%*
Outpatient Surgery	10%*	20%*
Emergency Room (Waived if Admitted)	\$50 Copay* 10%	\$50 Copay* 20%
Separate Prescription Deductible	None	None
Rx Generic	\$5 Copay	\$5 Copay
Rx Brand	\$20 Copay	\$20 Copay
Rx Non-Formulary	\$50 Copay	\$50 Copay

Benefits with an asterisk () require that the deductible be met before the plan begins to pay.

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out of network coverage, please consult the detailed benefit summary from the insurance carrier.



MEDICAL INSURANCE

Illustrative Benefits Summary

	CalPERS Anthem Traditional HMO	CalPERS Blue Shield Access+ HMO	CalPERS UHC Alliance HMO
IN-NETWORK BENEFITS	Traditional HMO (Blue Cross HMO CACare- Large Group)	Blue Shield Access+ HMO	UHC Alliance HMO
Calendar Year Deductible (Single/Family)	None	None	None
Calendar Year Max Out-Of-Pocket (Single / Family)	\$1,500/\$3,000 (Rx \$7,700/\$15,400) Embedded	\$1,500/\$3,000 (Rx \$7,700/\$15,400) Embedded	\$1,500/\$3,000 (Rx \$7,700/\$15,400) Embedded
Office Visits (PCP/Specialist)	\$15 Copay/\$15 Copay	\$15 Copay/\$15 Copay \$30 Specialty Self-Referral Copay	\$15 Copay/\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay
Laboratory/X-Ray	0%	0%	0%
Inpatient Care (Includes Maternity)	0%	0%	0%
Outpatient Surgery	0%	0%	0%
Emergency Room (Waived if Admitted)	\$50 Copay	\$50 Copay	\$50 Copay
Separate Prescription Deductible	None	None	None
Rx Generic	\$5 Copay	\$5 Copay	\$5 Copay
Rx Brand	\$20 Copay	\$20 Copay	\$20 Copay
Rx Non-Formulary	\$50 Copay	\$50 Copay	\$50 Copay
Rx Specialty	N/A	\$30 Copay	N/A

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out of network coverage, please consult the detailed benefit summary from the insurance carrier.



MAKING THE MOST OF YOUR MEDICAL INSURANCE

WHERE TO SEEK CARE

You can benefit from significant savings using an urgent care or virtual care facility versus a hospital Emergency Room (ER) without sacrificing quality of care. Please consult the previous pages of this booklet or plan documents for urgent care and emergency room costs and benefits.

URGENT CARE

For injuries and illnesses that aren't life threatening but need fast care.

- Sprains
- Strains
- Minor broken bone
- Mild asthma attacks
- Minor infections
- Small cuts
- Minor burns
- Urinary tract infections
- Pelvic infections

LEARN MORE



Scan the QR code or click [HERE](#) to learn more about the differences between Urgent vs ER

EMERGENCY ROOM

For serious and/or life-threatening conditions.

- Heavy bleeding
- Trouble breathing
- Severe head injury
- Chest pain or pressure
- Sudden or severe pain
- Coughing or vomiting blood
- Sudden dizziness, weakness, or changes in vision
- Severe or persistent vomiting or diarrhea
- Changes in mental status, such as confusion
- Loss of consciousness
- Major burns
- Spinal injuries

VIRTUAL CARE

For minor conditions and convenience. Get care from the comfort of your own home or on the road.

- Flu
- Minor rashes
- Tooth pain
- Pink eye
- Allergies
- Cold & fever
- Sore throat
- Skin infections
- Headache
- Diarrhea

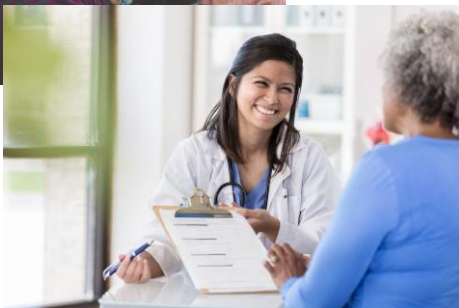
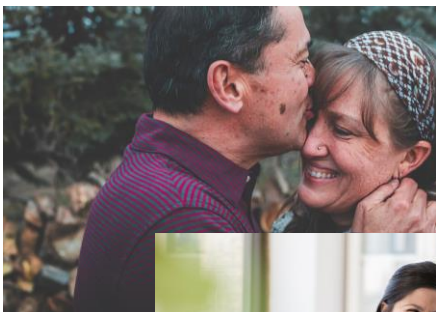
See page 9 for your Virtual Care details.

USING YOUR IN-NETWORK PREVENTIVE CARE BENEFITS

Preventive care visits can help detect unhealthy habits before they become a risk and potentially save your life. Our health plans offer an annual **in-network** well check at **no cost to you**. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket.

Get more out of your well checks by preparing yourself:

- Make a list of health concerns.
- Make a list of medications you are taking.
- If you are seeing a new doctor, get copies of your medical records and your family medical history.
- Review your health plan in advance to be sure you understand your coverage.
- Call your doctor in advance to see which tests and screenings are usually run. You can request that your doctor not perform tests not covered by your health plan.





INCLUDED HEALTH FOR CALPERS MEMBERS

As a CalPERS Basic PPO member, you now have access to **Included Health**. Partnering with Blue Shield of California, Included Health is dedicated to ensuring you receive the highest quality care for your unique healthcare needs. Select an option below to get started.

Included Health is dedicated to ensuring you receive the highest quality care for your unique need and is available by phone, online, or mobile app to help you navigate your healthcare and CalPERS health benefits. Whether you need a new primary care doctor, have questions about a medical bill, or want an easy way to keep track of your insurance information, use **Included Health** as your first stop for comprehensive, personalized healthcare.

For more information about this program and how to access this benefit, see the link below:

Visit: <https://includedhealth.com/microsite/calpers/>



CARRIER MOBILE APPS & ONLINE PORTALS

You can access your medical, dental and vision member ID cards and enrollment details any time, anywhere through your carrier mobile app or carrier website. You can also use these resources to view claims, find providers, and more!

MEDICAL: Blue Shield

- Visit <https://myoptions.blueshieldca.com/calpers>

MEDICAL: Anthem

- Visit <https://www.anthem.com/ca/mcr/calpers>

MEDICAL: United Healthcare

Visit <https://www.whyuhc.com/calpers>

DENTAL: Delta Dental

- Visit www.deltadental.com
- Download the Delta Dental mobile app

VISION: VSP

- Visit www.vsp.com
- Download the VSP mobile app



CARRIER RESOURCES

DENTAL INSURANCE

Delta Dental DPPO		
BENEFITS	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Network Name	Delta Dental PPO*	Non-Delta Dental PPO (including Delta Dental Premier)*
Calendar Year Deductible (Single/Family)	\$0	\$0
Maximum Calendar Benefit	\$1,700	\$1,500
PREVENTIVE SERVICES		
Oral Exam	0%	0%
X-Rays	0%	0%
BASIC SERVICES		
Resin-Based Fillings	10%	10%
Root Canal	10%	10%
Deep Cleaning	10%	10%
Single Extraction	10%	10%
Impaction	10%	10%
MAJOR SERVICES		
Complete Denture	40%	40%
Partial Denture	40%	40%
Crowns	40%	40%
ORTHODONTICS		
Child Only	50% \$1,500 Lifetime Max Benefit	50% \$1,500 Lifetime Max Benefit

*Reimbursement is based on PPO contracted fees for Delta Dental PPO dentists, Premier contracted fees for Delta Dental Premier dentists, and program allowance for non-Delta Dental dentists.

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, please consult the detailed benefit summary from the insurance carrier.

Please note: You must be enrolled in a Medical plan through SMJUHSD to be eligible to enroll in the Dental plan.



VISION INSURANCE

VSP VISION	
IN-NETWORK BENEFITS	
Network Name	VSP Choice
BENEFIT FREQUENCIES	
Examination	12 months
Lenses	12 months
Frames	24 months
VISION EXAM	
Examination	\$0 copay
LENSES & FRAMES	
Single Vision Lenses	\$0 copay
Bifocal Lenses	\$0 copay
Trifocal Lenses	\$0 copay
Frames	Up to \$80*
CONTACTS	
Elective	Up to \$105*
BENEFIT REQUENCY RESET	
	Date of Service

*Insurance provider reimburses up to this amount.

The copays listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out-of-network benefits, please consult the detailed benefit summary from the insurance carrier.

Please note: You must be enrolled in a Medical plan through SMJUHSD to be eligible to enroll in the Vision plan.



FINDING IN-NETWORK PROVIDERS

Your insurance plan contracts with a number of doctors, specialists, hospitals, labs, pharmacies, etc. These providers make up your **network**. By selecting a provider within your network, **you can secure your low costing health services while maintaining high quality of care**. See below for instructions on finding an in-network provider near you:

MEDICAL – CalPERS

- For the CalPERS Anthem Traditional HMO
 - Go to www.anthem.com/ca/calpers/find-care/
 - Select a plan/network
 - For **CalPERS Anthem Traditional HMO** choose “Traditional HMO (Blue Cross HMO CACare-Large Group)”
- Enter your City, County or Zip code
 - Search by doctor (name or specialty) or under Search for Care select “Primary Care”
- A list of providers will appear, search and filter as desired

- For CalPERS Blue Shield Access+ HMO
 - Go to <https://www.blueshieldca.com/fad/home>
 - Select a plan/network
 - For **CalPERS** Blue Shield Access+ HMO choose “Access+ HMO plan” on the left-hand side
- Enter your City, County or Zip code
 - Search by doctor (name or specialty) or under Search for Care select “Primary Care”
- A list of providers will appear, search and filter as desired

- For CalPERS Blue Shield Platinum PPO and Gold PPO: Visit: <https://includedhealth.com/microsite/calpers/>

- For CalPERS UHC Alliance HMO
 - Go to www.whyuhc.com/calpers/search-for-a-provider
 - Under **UnitedHealthcare SignatureValue Alliance HMO Plan** click “Search the provider network”
 - Update your location, search for a provider by name and service or select “People” under Find Care by Category
 - A list of providers will appear, filter options as desired

Important Note for HMO Members:

If this is your first time enrolling in an HMO plan, you may elect your Primary Care Physician during your enrollment. If you'd like to change your PCP outside of our initial enrollment window, you must call the carrier directly in order to make the change.

FINDING IN-NETWORK PROVIDERS

DENTAL – Delta Dental

- Go to: www.deltadentalins.com
- Click on “Find a dentist” at the top of the page
- Enter your Location (address, city or ZIP code)
- Under Network select **“Delta Dental PPO”** or **“Delta Dental Premier”** (note seeing providers in the Delta Dental PPO network will help you have lower out of pocket costs)
- Click on “Find a Dentist”
- The results page will have a list of network providers based on the plan and location that you selected
- Adjust your search parameters as needed

VISION – VSP

- Go to: www.vsp.com
- Choose the Members tab on the home page.
- Under the tab, click “Find a Doctor”
- Choose how you would like to search. If you want to find providers in your area, click “Search by Location”
- Enter your zip code or address and select “Advance Search”
- Make sure the Doctor Network is set to **“Choice”**. Then click “Apply Filters”
- When you have entered all your specific search criteria click “Search”. You will then be provided with a list of providers in your area



LEARN MORE

Scan the QR Code or click [HERE](#) to learn more about the cost saving benefits of staying in-network!



SUPPLEMENTAL INSURANCE

For added protection we are pleased to offer supplemental insurance options through AFLAC. These coverages are voluntary and are paid for by you, the employee, through payroll deductions. All benefits through these plans are paid directly to you, or a specified beneficiary.

ACCIDENT INSURANCE

Accident insurance can help you pay for the out-of-pocket costs you may experience after an accident.

CRITICAL ILLNESS INSURANCE

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehab facility. The benefit amount is determined by the type of facility and the number of days you stay.

SHORT TERM DISABILITY INSURANCE

Short Term Disability Insurance offers income replacement benefits to help with the loss of income due to a covered illness or injury.

WHOLE LIFE INSURANCE

Life Insurance helps financially protect your loved ones when you pass away. You may also buy coverage for your spouse or children. Whole Life coverage can also be a great investment vehicle as it's designed to build a cash value at a guaranteed rate of return.

LEARN MORE & ENROLL

To enroll in coverage and to obtain full plan offerings, rates and detailed information on your plans, please contact your AFLAC Enrollment Benefit Counselor directly at the number below and refer to the benefit summary published by the carrier.

AFLAC Benefit Counselor: Tirzo Lopez | (661) 910-2342 | tirzo_lopez@us.aflac.com

Scan the QR Code to see the Aflac insurance products offered to you!

You can also click [HERE](#) to be taken to your Aflac benefits website.



FLEXIBLE SPENDING ACCOUNT

HOW DOES IT WORK?

- Regular elected amounts are deducted from your gross wages and credited to your spending account.
- Health Care Account funds are completely available the first pay cycle of the plan year.
- Dependent Care Account funds are available as they are deducted from your paychecks.
- You can use the funds in your accounts to pay for applicable expenses as they arise.
- Accounts abide by the “use it or lose it rule”, which means any funds remaining in your accounts at the end of the plan year will be forfeited to your employer.
- IRS law states that you can’t have both a Health Care FSA and an HSA. You may only be enrolled in one of the two plans.

Important Note: If FSA participants use their funds for non-IRS eligible expenses, they may be subject to tax penalties on the amount of ineligible funds used. It is the sole responsibility of the participant to ensure appropriate use of pre-tax funds from their accounts.

HEALTH CARE ACCOUNT FSA

You can set aside pre-tax dollars to pay for health care expenses not covered under the medical, dental or vision plan. This also includes many medical related qualifying items as well, such as over-the-counter medications, contact lens solution, and prescription sunglasses.

SAMPLE LIST OF ELIGIBLE HEALTH CARE EXPENSES: Doctor visit co-payments, Prescription drugs co-payments, Hospital co-insurance payments, Dental co-payments, Contact Lenses, Prescription Sunglasses

DEPENDENT CARE ACCOUNT FSA

You can set aside pre-tax dollars to pay for dependent care expenses, such as a child’s day care, extended care, after school or assistance for an elderly parent or incapacitated dependent

SAMPLE OF ELIGIBLE EXPENSES FOR CHILDREN: Nanny, babysitter, pre-K, before and after school care through age 12. Expenses paid to a relative are also eligible if they are age 19+ and are not a tax dependent of the FSA participant.

SAMPLE OF ELIGIBLE EXPENSES FOR ADULT/ELDER CARE: Nurse fees, expenses paid to a relative are also eligible as long as they are age 19+ and are not a tax dependent of the FSA participant.

FLEXIBLE SPENDING ACCOUNTS	HealthEquity
IRS MAXIMUM ANNUAL CONTRIBUTION	
Health Care FSA (including Limited Purpose)	\$3,300
Dependent Care FSA	\$5,000
COMMON QUESTIONS	
Does my plan have a debit card?	Yes, Health Care Account Only
Is there a grace period to incur eligible expenses?	No
Is there a run-out period to submit claims?	Yes, 90 days
Does any funding rollover to the next plan year?	Yes, \$660 (Health Care only)
Is the same debit card used for Health and Dependent Accounts?	No

To enroll in FSA, contact our Alfac representative: Tirzo Lopez
(661) 910-2342 | tirzo_lopez@us.aflac.com

LIFE & DISABILITY INSURANCE



GROUP TERM LIFE & AD&D – Reliance Standard

Your employer provides you with life and accidental death and dismemberment (AD&D) insurance coverage at no cost!

- **Coverage Amount: \$20,000**
- **Age Reductions: Age 65: 35%; Age 70: 80%**

Don't forget to designate a beneficiary for your Life and AD&D benefits when enrolling!

LONG TERM DISABILITY – Reliance Standard

Long term disability insurance will start paying out at the end of your state disability period. Please view the carrier's full plan summary document for a detailed description of what is or is not covered.

This benefit is 100% employer-paid!

RELIANCE STANDARD LONG TERM DISABILITY

MONTHLY BENEFIT	
Percentage of Salary	66.67%
Maximum Monthly Benefit	\$1,500
PLAN DETAILS	
Definition of Disability (Own Occupation)	2 Years
Elimination Period	150 Days
Maximum Benefit Period	1 Year or Social Security Normal Retirement Age (SSNRA) depending on your eligibility
Pre-Existing Limitations	3/12*

*Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 months prior to coverage are excluded.

HELP WHEN YOU NEED



Insurance is confusing. We love to help. You have someone dedicated to assist you with the following:

- **YOUR ENROLLMENT:** As a new hire, during open enrollment and if you have a mid-year qualifying event
- **ACCESSING CARE:** Locating in-network medical, dental and vision providers, hospitals and urgent care facilities near you and how to receive treatment by a specialist through the referral and authorization process
- **UNDERSTANDING YOUR BENEFITS:** Helping you understand the benefits available to you and how to use your insurance plans
- **DETERMINING YOUR COSTS:** Explaining the cost of service for in-network providers
- **CLAIMS RESOLUTION:** Effectively resolving claims disputes and confirming your claims were processed correctly by your carrier

Employee Advocacy



Megan Dickson

(800) 264-9918 ext. 50842

megan.dickson@onedigital.com

Employee Assistance Program



CLAREMONT

Powered by uprisehealth

Sometimes life is stressful. When situations seem too tough to get through on your own, you have a lifeline for help. **You and your household members can access confidential, professional assistance from an Employee Assistance Program (EAP).** Every session is 100% confidential and can provide you with assistance for issues such as:

- Financial Help
- Legal Services
- Online Legal Forms
- Child & Parenting Services
- Adult & Eldercare Services
- Webinars & Trainings

Your EAP includes **6 confidential counseling and coaching**, and **unlimited calls**.

GET STARTED TODAY!

- Phone: (800) 834-3773
- Web: <https://app.uprisehealth.com/sign-in>
- Access Code & Password: smjuhsd



LEARN MORE

Scan the QR Code or click [HERE](#) to learn more about the support that your EAP can offer

HOW TO ENROLL



ease

Our online enrollment platform is EASE! Quickly and conveniently make your enrollments online through a computer or with the convenience of a smart phone. No app required, just follow the directions below.

HOW TO GET STARTED

1

LOOK FOR AN EMAIL FROM EASE!

You will receive an email from **EASE** when it is time to make your enrollment. Read the email for information on the enrollment process and click the 'Sign Up' button to be taken to the **EASE** portal to complete setting up your account.

You can also login to Ease by going to <https://www.ease.com/>, Click Login, and enter SMJUHSD, to be taken to your login.



2

SUBMIT YOUR ELECTIONS

Once you are logged in, simply select 'Start Enrollment' in the banner of the home page. **EASE** will walk you through the steps of completing your enrollment. Select to enroll in or waive each plan. Make sure to verify your personal information is correct and enter any dependent information. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

Start Enrollment

3

SIGN FORMS & CLICK 'FINISH'

Once you have completed making your enrollments, you can sign your forms electronically! **EASE** will ask you to type your name as well as use your mouse or finger to sign your name to input onto the forms! Select the 'Finish Signing' button when complete. You will receive a confirmation email once your elections are submitted successfully.

Sign Forms

Finish Signing

NOTICES & ENROLLMENT



EMPLOYEE NOTICES

Please review the required employee notices detailing your rights and options by clicking the link below. You can also request a paper copy of any of these notices at any time.

[DOWNLOAD NOTICES HERE](#)



READY TO ENROLL?

Are you ready to make your benefit elections? Click the link below to log into your enrollment system and begin your enrollment.

[ENROLL NOW](#)



The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.



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