



Eureka City Schools

BUSINESS SERVICES

MEMORANDUM

441-2430 FAX 441-0291

TO: Potential New Certificated or Management Employee
FROM: Jacquee Hagans, Health Benefits
RE: Health Benefits through Eureka City Schools

Thank you for showing interest in joining the team at Eureka City Schools. Enclosed you will find information regarding our health benefits plans. This is **NOT** an official enrollment packet. You will receive the official packet after accepting the offer of employment. Employees who work 90% or more of a full-time equivalent employee or qualify to receive 100% of the District's contribution toward health benefits **must** enroll in **all** of the health benefit plans.

Some Terminology to Know

- Composite Rate: No change in cost of the plan to include your spouse or children
- Tiered Rate (only applies to medical): Change in cost to include your spouse or children
- Incentive Plan (only applies to dental): new members start at a lower incentive level and must receive services at least once per calendar year to advance to the next level.
- Deductible: the amount you must pay for acceptable charges/claims before your plan begins to make payments.
- Maximum out-of-pocket: the most you will pay during a calendar year for acceptable charges/claims.
- Co-payment: a fixed amount you must pay for an in-network visit.
- Health Savings Account (HSA) Eligible – allows tax free dollars to be deposited through payroll into this special account. HSA accounts go with the employee if they leave their employer and unused dollars rollover from year to year.

MEDICAL (most plans have a composite rate > the Anchor Bronze plan has a tiered rate)

Full-Time Employees: the District's maximum contribution is \$1,100.00 per month

Seven different medical plans to choose from

Rate is adjusted each October

DENTAL (Incentive, Composite Rate Plan)

Full-Time Employees: the District pays 100%

Currently there are very few in network Delta Dental dentist

Rate is adjusted each July

VISION (Composite Rate Plan)

Full-Time Employees: the District pays 100%

Rate is adjusted each July



Eureka City Schools

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If you would like more detailed information than what is included, copies of each health plan's documents can be found on Eureka City Schools' website. Go to:

www.eurekacityschools.org > select "For Staff" > then "Health Benefit Plans"

If your official hire date is in November or on December 1st, health benefit coverage will become effective December 1st. It can take up to three (3) weeks for applications to be processed and members to reflect having coverage. Because of this completed enrollment applications should be returned as quickly as possible. However, you can have up to 30 days from the qualifying date to enroll in health benefits.

All health benefit premiums are paid through payroll deduction. When employees work less than 12 months, they must pay the District their share of cost for coverage over the summer break. Eureka City Schools collects the annual amount owed for July (and August if applicable) ahead of time.

The payroll program calculates the annual cost for health benefits, making adjustments throughout the year when changes are made to an employee's share of cost, and divides it by the number of payroll checks an employee receives during that academic year. Most certificated positions normally have 11 paychecks for the academic year. If an employee enrolls in health benefits later in the academic year, the summer benefits deduction will be from fewer paychecks. If an employee leaves employment, any refund owed will be returned to the employee on their final (or next regular) paycheck.

If you have any questions regarding health benefits, please feel free to contact Jacquee Hagans:

- By Telephone: 441-2430
- By Email: hagansj@eurekacityschools.org

Normal work hours are from 8:00 am to 5:00 pm and lunch break is from 11:30 to 12:30.

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	ANCHOR
2021-2022	Anthem PPO 100-D \$20	Anthem PPO 100-G \$20	Anthem PPO 90-G \$20	Anthem PPO 80-G \$20	Anthem PPO 80-J \$30	Anthem PPO Minimum Value	Anthem PPO Anchor Bronze
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$300/ \$600	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$750/ \$1,500	\$5,000/ \$10,000*	\$5,000/ \$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$4,000	\$3,000/ \$6,000	\$6,350/ \$12,700*	\$6,350/ \$12,700*
PROFESSIONAL SERVICES							*Includes Rx
Office Visit (OV) co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	30%	30%
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	30%	30%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required)	0%	0%	10%	20%	20%	30%	30%
Outpatient Hospital	0%	0%	10%	20%	20%	30%	30%
Surgery, Outpatient (performed in Surgery Center ¹)	0%	0%	10%	20%	20%	30%	30%
Surgery, Outpatient (performed in a Hospital)	0%	0%	10%	20%	20%	30%	30%

ECS Certificated Members
October 1, 2021 - September 30, 2022

PLAN A PLAN B PLAN C PLAN D PLAN E PLAN F ANCHOR

2021-2022	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	100-D \$20	100-G \$20	90-G \$20	80-G \$20	80-J \$30	Minimum Value	Anchor Bronze

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	30%

OTHER SERVICES

Acupuncture - Limits apply	0%	0%	10%	20%	20%	30%	30%
Ambulance (Ground or Air)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Chiropractic - Limits apply	0%	0%	10%	20%	20%	30%	30%
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	30%	30%
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	30%	30%

PHARMACY BENEFITS

Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35	Minimum Value Rx	Anchor Bronze Rx
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (Includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Medical OOP Max	Included w/ Medical OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$9	\$9
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Mail \$35	Mail \$35
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90

CERTIFICATED & MANAGEMENT PRORATION OF BENEFITS
Effective January 1, 2022 - September 30, 2022

Benefits Begin Adult Ed 15 hrs			EMPLOYEE MEDICAL RATE INFORMATION								
			PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	ANCHOR 1	ANCHOR 2	DIST MED
	%	7.25	\$ 1,466.00	\$ 1,435.00	\$ 1,364.00	\$ 1,250.00	\$ 1,205.00	\$ 914.00	\$ 575.00	\$ 903.00	\$ 1,100.00
	FTE	HRLY	EMP	EMP	EMP	EMP	EMP	EMP	EMP	EMP	DIST
	0.43000	3.12	993.00	962.00	891.00	777.00	732.00	441.00	102.00	430.00	473.00
	0.50000	3.63	916.00	885.00	814.00	700.00	655.00	364.00	25.00	353.00	550.00
	0.53000	3.84	883.00	852.00	781.00	667.00	622.00	331.00	0.00	320.00	583.00
	0.57000	4.13	839.00	808.00	737.00	623.00	578.00	287.00	0.00	276.00	627.00
	0.58000	4.21	828.00	797.00	726.00	612.00	567.00	276.00	0.00	265.00	638.00
	0.59000	4.28	817.00	786.00	715.00	601.00	556.00	265.00	0.00	254.00	649.00
Adult Ed 18 hrs	0.60000	4.35	806.00	775.00	704.00	590.00	545.00	254.00	0.00	243.00	660.00
C e r t i f i c a t e d 1 0 0 %	0.61000	4.42	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	671.00
	0.62000	4.50	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	682.00
	0.62500	4.53	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	687.50
	0.66000	4.79	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	726.00
	0.66670	4.83	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	733.37
	0.67000	4.86	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	737.00
	0.68000	4.93	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	748.00
	0.68750	4.98	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	756.25
	0.70000	5.08	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	770.00
	0.71000	5.15	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	781.00
	0.71850	5.21	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	790.35
	0.72000	5.22	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	792.00
	0.73000	5.29	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	803.00
	0.74000	5.37	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	814.00
	0.75000	5.44	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	825.00
	0.76000	5.51	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	836.00
	0.77000	5.58	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	847.00
	0.78000	5.66	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	858.00
	0.79000	5.73	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	869.00
	0.80000	5.80	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	880.00
	0.83330	6.04	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	916.63
	0.90625	6.57	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	996.88
	0.92760	6.73	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	1020.36
	0.93750	6.80	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	1031.25
	0.96875	7.02	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	1065.63
	1.00000	7.25	366.00	335.00	264.00	150.00	105.00	0.00	0.00	0.00	1100.00

DENTAL 75.00
VISION 15.00

COBRA RATES

DENTAL 76.50
VISION 15.30

		FULL PREMIUM					
CAP		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
\$1,100.00		\$ 1,466	\$ 1,435	\$ 1,364	\$ 1,250	\$ 1,205	\$ 914
75%		\$ 1,099.50	\$ 1,076.25	\$ 1,023.00	\$ 937.50	\$ 903.75	\$ 685.50
COBRA		\$ 1,495.32	\$ 1,463.70	\$ 1,391.28	\$ 1,275.00	\$ 1,229.10	\$ 932.28
DUAL EE		\$ (0.50)	\$ (389.75)	\$ (412.00)	\$ (426.50)	\$ (346.25)	\$ (519.50)

		Anchor 1	Anchor 2
75%		\$ 575	\$ 903
COBRA		\$ 431.25	\$ 677.25
		\$ 586.50	\$ 921.06

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Eureka City Schools
(Certificated & Classified)

Group No: 07092 – 00326 & 00327

Effective Date: 7/1/2020

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	None			
Maximums D & P counts toward maximum?	\$2,000 per person each calendar year Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings and x-rays	70 - 100 %	70 - 100 %
Basic Services Fillings, posterior composites and sealants	70 - 100 %	70 - 100 %
Endodontics (root canals) Covered Under Basic Services	70 - 100 %	70 - 100 %
Periodontics (gum treatment) Covered Under Basic Services	70 - 100 %	70 - 100 %
Oral Surgery Covered Under Basic Services	70 - 100 %	70 - 100 %
Major Services Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
Prosthodontics Bridges, dentures and implants	50 %	50 %
Orthodontic Benefits Dependent children	50 %	50 %
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime
Dental Accident Benefits	100 % (Separate \$1,000 maximum per person each calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

Delta Dental of California
560 Mission St., Suite 1300
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

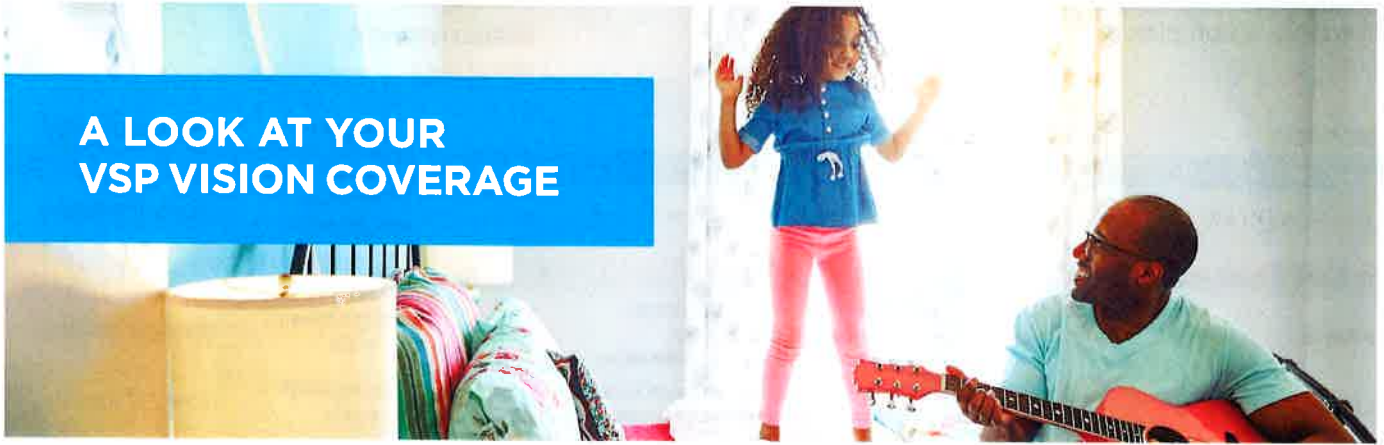
This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

HLT_PPO_INCEN_DDC (Rev. 04/30/2020)

BENEFIT HIGHLIGHTS

DELTA DENTAL PPOSM

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM EUREKA CITY SCHOOLS AND VSP.



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%
TO SPEND ON
FEATURED FRAME BRANDS*
SAVINGS ON LENS
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE  NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers)



Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

EUREKA CITY SCHOOLS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

07/01/2020



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$5 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$140 allowance for a wide selection of frames \$160 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
PRIMARY EYECARE	<ul style="list-style-type: none"> As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details. 	\$5	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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VSP, VSP Vision Care for Life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.



Eureka City Schools

2100 J St, Eureka, CA 95501 (707) 441-2430

DUAL HEALTH INSURANCE COVERAGE **ACTIVE EMPLOYEES**

When both husband and wife/domestic partners both work for a district that is covered by a SISC medical plan, the medical plan's premium is reduced 25 percent. The following criteria must be followed in order to receive this 25% discount:

Both husband and wife/domestic partners must be:

- 1) Employees of a SISC medical plan member district; and
- 2) Enrolled separately in a SISC medical plan with a **composite rate** (for example, the Anchor Bronze plan is excluded); and
- 3) Eligible to participate according to SISC Eligibility Guidelines

Should the husband or wife/domestic partner lose eligibility, the cost of coverage for the member remaining on the plan will increase to 100% the first of the month following the loss of the 25% discount. The remaining member will be allowed to move to a different medical plan if this event occurs. Retroactive adjustments will not be approved for the premium reduction option.