



North Coast Schools
Medical Insurance Group

Employee Benefits Guide 2024 - 2025

An overview of the benefits provided by
North Coast Schools Medical Insurance Group

ncsmig.org

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INTRODUCTION

As a member of North Coast Schools Medical Insurance Group, enjoying your work and making a valuable contribution to your school district are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but they also play an important role in the success of your district.

North Coast Schools Medical Insurance Group has worked hard to offer a competitive package that includes valuable and competitive benefit plans. These programs reflect our commitment to keeping you healthy and secure. We understand that every situation is unique, and North Coast Schools Medical Insurance Group is offering an overall benefits package that can be shaped to fit your needs.

This benefits guide is a summary description of your North Coast Schools Medical Insurance Group benefit offerings. If there is a discrepancy between this guide and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits guide, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

UPDATE OF HEALTH CARE REFORM

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).



ELIGIBILITY

All employees working **full time (FTE 1.0)** are required to enroll in all available district plans (Medical, Dental and Vision), with no exceptions. However, eligible members must be enrolled in a district Medical plan in order to have access to the Dental and Vision plans. Members may not enroll in a Dental or Vision plan separately.

Part time employees with an FTE .50 to .99 may enroll in district offered plans.

Part time employees with less than FTE .50 are not eligible to participate in district health plans. Any employee that experiences a reduction of hours below FTE .50 is not eligible to continue participation in any district health plan. However, they may be eligible to continue coverage under COBRA for a limited time. Please contact our office for COBRA information. *[COBRA is administered by Navia, a third-party vendor. All eligible members will receive correspondence from Navia directly when applicable.]*

New hires must complete the enrollment process within 30 days of your hire date. Coverage is effective on the first day of the month coinciding with or following the date of hire. All coverage requires submission of a completed application form and any required supporting documentation, including official documents required for enrolled dependents.

Failure to enroll on time or submit required documents will make you ineligible to receive benefits until the next Open Enrollment window.

REQUIRED INFORMATION

When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA) otherwise known as Health Care Reform, requires NCSMIG to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and



CHANGES & QUALIFYING EVENTS

Open Enrollment NCSMIG offers an annual Open Enrollment period to give members the opportunity to change their Medical plan, enroll eligible part-time employees as new participants, and add eligible dependents not currently enrolled. Changes can be made during this period. Any changes made during Open Enrollment will become effective July 1. Members should receive information from their employer prior to Open Enrollment.

Qualifying Events Eligible employees may enroll or make changes to their benefits elections during the annual Open Enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid

Termination of coverage Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated. The termination will become effective the last day of the month following the termination trigger (e.g. resignation, retirement, etc.). Coverage may be continued if eligible under COBRA. Please consult with your employer for determination of eligibility and deadlines.

Deadlines For any enrollment, change, or termination requests, a completed application form, along with all required documentation, must be submitted to, and received by, your employer within 30 days from the qualifying event effective date (except for the birth of a child which is 60 days from date of birth).



OVERVIEW OF BENEFITS

North Coast Schools Medical Insurance Group provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet every day needs. These benefits are affordable, comprehensive, and competitive.

The table below summarizes the benefits available to eligible members and their dependents. These benefits are described in greater detail in this booklet.

COVERAGE	CARRIER	CUSTOMER SERVICE	CARRIER LINK
Medical	Blue Shield of California PPO	855.256.9404	www.blueshieldca.com
Pharmacy	CVS Caremark (Pine Plan members have pharmacy coverage through Blue Shield of CA)	866.260.4646	www.caremark.com
Dental	Guardian	800.541.7846	www.guardiananytime.com
Vision	Vision Service Plan (VSP)	800.877.7195	www.vsp.com
Livongo (Diabetes Management Program)	Livongo	800.945.4355	www.livongo.com/NCSTMIG



MEDICAL BENEFITS DETAILS

Medical plans are administered by Blue Shield of California and are PPO plans. PPO means you do not need to select a primary care provider, nor do you need a referral to see a specialist (unless the specialist requires one), as long as your providers are in-network. You will maximize your benefits and reduce your out-of-pocket expenses if you choose a provider, facility or supplier who is contracted with a Blue Shield of California PPO network.

Preventive Care is covered at 100% regardless of plan when a preventive primary diagnosis code is utilized. The service must be a covered preventive care benefit by Blue Shield of California. Please consult with Blue Shield of California for more information. Plan documents can be found on our website at www.ncsmig.org under Resources.

Teladoc Registered members have access to U.S. licensed doctors 24/7. Doctors can diagnose, treat, and prescribe medications when needed for non-emergency conditions, by phone, web or Teladoc app.

Teladoc Behavioral Health Registered members, 13 years and older, can receive mental health care by appointment 7 days a week, 7am – 9 pm Pacific time, from a psychiatrist, psychologist, licensed clinical social worker or therapist. Teladoc does not offer a crisis hotline, appointments must be scheduled online. Teladoc is a supplemental service that is not intended to replace care from your physician or mental health professional.

Livongo Diabetes Management Program Available for NCSMIG Medical health plan members. When enrolled in Livongo Diabetes Management Program you will receive a connected blood glucose meter that offers automatic data uploading, real-time insights and feedback on your readings. access to certified diabetes educators and unlimited test strips and lancets, that can be ordered from your glucose meter to be delivered to your door. All provided at no cost to you. Members with hypertension can get individualized support for dyslipidemia, weight management and mental health, all with physician oversight.

Maven Maternity Program provides virtual support for pregnancy, postpartum, and returning to work after parental leave for employees and their partners. You can use Maven to book video appointments with practitioners across more than 30 specialties, including OB-GYNs, mental health specialists, and sleep coaches; get personalized resources for you and your family; and connect with other working parents.

North Coast Schools Medical Insurance Group

Plan Comparison July 1, 2025



Plan Type	Oak & Oak PLUS ⁺ PPO Plan		Source & Source PLUS ⁺ PPO Plan		Pine & Pine PLUS ⁺ PPO HDHP (HSA Compatible)		Maple & Maple PLUS ⁺ PPO Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits	Blue Shield of California PPO		Blue Shield of California PPO		Blue Shield of California PPO		Blue Shield of California PPO	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Annual Deductible	Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise	
Individual	\$350		\$500		\$1,600		\$5,000	
Family	\$1,050		\$1,500		\$3,200		\$10,000	
Out-of-Pocket Maximum (OOPM)	Allows in Network (INN) OOPM to accrue to Out of Network (OON) OOPM and vice versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.		Allows in Network (INN) OOPM to accrue to Out of Network (OON) OOPM and vice versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.		Allows in Network (INN) OOPM to accrue to Out of Network (OON) OOPM and vice versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.		Allows in Network (INN) OOPM to accrue to Out of Network (OON) OOPM and vice versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.	
Individual	Individual OOPM is Embedded in the Family OOPM		Individual OOPM is Embedded in the Family OOPM		Individual OOPM is Embedded in the Family OOPM		Individual OOPM is Embedded in the Family OOPM	
Family	\$2,000 \$4,000		\$3,000 \$6,000 \$10,000 \$20,000		\$7,000 \$14,000 \$7,000 \$14,000		\$6,350 \$12,700 \$10,000 \$20,000	
Professional								
Primary Care Physician (PCP)	\$20 copay; Deductible waived		\$20 copay; Deductible waived		\$0 copay		\$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	
Specialist	\$30 / PLUS ⁺ \$20 copay; Deductible waived		\$30 / PLUS ⁺ \$20 copay; Deductible waived		\$0 copay		\$70 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	
Physical Therapy	10%		20%		20%		30%	
Home Health Care	10%		20%		20%		30%	
Preventive Care	10%		20%		20%		30%	
Baby	\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived	
Adult	\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived	
Hearing Test	\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months	

North Coast Schools Medical Insurance Group

Plan Comparison July 1, 2025



Plan Type	Oak & Oak PLUS ⁺ PPO Plan		Spruce & Spruce PLUS ⁺ PPO Plan		Pine & Pine PLUS ⁺ PPO HDHP (HSA Compatible)		Maple & Maple PLUS ⁺ PPO Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits								
Hospital Services								
Inpatient	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Outpatient	10%	30%	20%	40%	20%	30%	30%	50%
Urgent Care	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60/PCP copay for the first 3 visits, before the deductible	50%
Emergency Room	\$100 copay, then 10% Copay waived if admitted		\$100 copay, then 20% Copay waived if admitted		\$100 copay, then 20% Copay waived if admitted		Note, Maple PLUS⁺ Urgent Care visits are considered in the same manner as any other PCP or Specialist Visit. \$100 copay, then 30% Copay waived if admitted	
Lab & X-Ray								
Diagnostic Lab	10%	30%	20%	40%	20%	30%	30%	50%
X-Ray	10%	30%	20%	40%	20%	30%	30%	50%
Durable Medical Equipment								
Maternity								
Office Visits	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60/PCP or \$70/Specialist copay, Annual Deductible applies after first 3 visits	50%
Hospitalization	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Mental Health & Chemical Dependency								
Inpatient	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Outpatient	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	50%
Teladoc Telehealth Visits								
General Visits	Note: Not Applicable to PLUS⁺ Plans \$10 copay; Deductible waived	N/A	Note: Not Applicable to PLUS⁺ Plans \$10 copay; Deductible waived	N/A	Note: Not Applicable to PLUS⁺ Plans \$0 copay	N/A	Note: Not Applicable to PLUS⁺ Plans \$10 copay; Deductible waived	N/A
Behavioral Health Visits	\$10 copay; Deductible waived	N/A	\$10 copay; Deductible waived	N/A	\$0 copay	N/A	\$10 copay; Deductible waived	N/A

North Coast Schools Medical Insurance Group

Plan Comparison July 1, 2025



Plan Type Medical Benefits	Oak & Oak PLUS ⁺ PPO Plan		Spruce & Spruce PLUS ⁺ PPO Plan		Pine & Pine PLUS ⁺ PPO HDHP (HSA Compatible)		Maple & Maple PLUS ⁺ PPO Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Chiropractic Office Visits	10%	30% limited to \$25/visit 24 visit annual maximum	20%	40% limited to \$25/visit 24 visit annual maximum	20%	30% limited to \$25/visit 24 visit annual maximum	30%	50% limited to \$25/visit 24 visit annual maximum
Prescription Drug Benefit Annual Deductible Out of Pocket Maximum (OOPM): Individual Member Family Member / Family Retail:	Carved out to CVS/Caremark Not Applicable The individual OOPM is embedded in the family OOPM		Carved out to CVS/Caremark Not Applicable The individual OOPM is embedded in the family OOPM		Carved out to CVS/Caremark Integrated; See Medical Deductible Integrated; See Medical OOPM		Carved out to CVS/Caremark Not Applicable The individual OOPM is embedded in the family OOPM	
	\$4,600 \$4,600 / \$9,200 Maximum 30-day supply		\$3,600 \$3,600 / \$7,200 Maximum 30-day supply		\$250 / \$500 Maximum 30-day supply		\$250 / \$500 Maximum 30-day supply	
	Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program		Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program		Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program		Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program	
Tier 1 (Normally Generic)	\$10		\$10		\$10		\$19	
Tier 2 (Normally Preferred)	\$30		\$30		\$30		\$50	
Tier 3 (Normally Non-Preferred)	\$40		\$40		\$40		\$75	
Mail Order:	Maximum 90-day supply		Maximum 90-day supply		Maximum 90-day supply		Maximum 90-day supply	
Tier 1 (Normally Generic)	\$15		\$15		\$15		\$38	
Tier 2 (Normally Preferred)	\$45		\$45		\$45		\$100	
Tier 3 (Normally Non-Preferred)	\$80		\$80		\$80		\$150	
Specialty Drugs	Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; 30% otherwise		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; 30% otherwise		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; 30% up to a \$150 coinsurance per Rx otherwise		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; 30% otherwise	
	NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	

Notes & Assumptions

Deductible Definitions:

- Embedded: In a health plan with an embedded deductible no individual on a family plan will pay higher than the individual deductible amount.
- Aggregate: In a health plan with an aggregate deductible, benefits are not covered for any individual on a family plan until the family deductible amount has been met.

Disclaimer: This information is intended as a summary only; benefits may contain limitations and exclusions. Refer to your Summary Plan Description for detailed information.

Outpatient Prescription Drug Coverage

Plan Year July 2025 - June 2026

This Prescription Drug Coverage Summary is to be added to the Blue Shield Schedule of Benefits for all North Coast Schools' Medical Insurance Group plans.

Covered Services	Oak	Spruce	Pine	Maple
Pharmacy Network	CVS/Caremark	CVS/Caremark	CVS/Caremark	CVS/Caremark
Annual Deductible	Not Applicable	Not Applicable	See Medical Plan	Not Applicable
Out of Pocket Maximum (OOPM)				
• Individual Member	\$4,600	\$3,600	\$7,000	\$250
• Family Member/Family	\$4,600/\$9,200	\$3,600/\$7,200	\$7,000/\$14,000	\$250/\$500
Retail Prescriptions	30-Day Maximum Supply	30-Day Maximum Supply	30-Day Maximum Supply	30-Day Maximum Supply
• Generic	\$10.00	\$10.00	\$10.00	\$19.00
• Preferred	\$30.00	\$30.00	\$30.00	\$50.00
• Non Preferred	\$40.00	\$40.00	\$40.00	\$75.00
Mail Prescriptions	90-Day Maximum Supply	90-Day Maximum Supply	90-Day Maximum Supply	90-Day Maximum Supply
• Generic	\$15.00	\$15.00	\$15.00	\$38.00
• Preferred	\$45.00	\$45.00	\$45.00	\$100.00
• Non Preferred	\$80.00	\$80.00	\$80.00	\$150.00
Specialty Prescription	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility
	30-Day Maximum Supply 0% if enrolled in PrudentRx; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	30-Day Maximum Supply 0% if enrolled in PrudentRx; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	30-Day Maximum Supply 0% if enrolled in PrudentRx; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	30-Day Maximum Supply 0% if enrolled in PrudentRx; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.

1. Amounts paid through copayments and any applicable pharmacy deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Summary Plan Description for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2. Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.

3. Select drugs require prior authorization by CVS/Caremark for medical necessity, or when effective, lower cost alternatives are available.

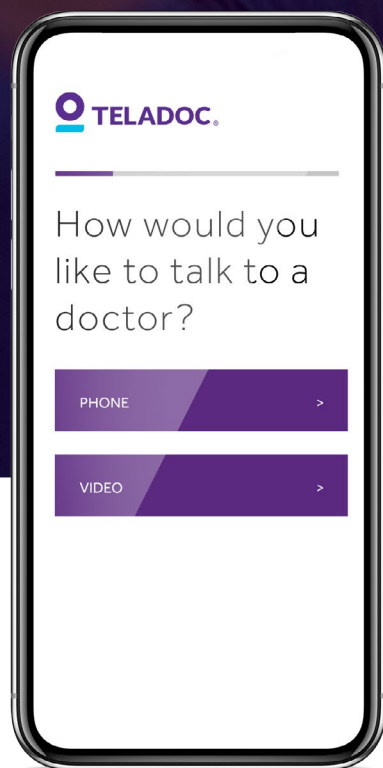
4. If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the Generic drug copayment plus the difference in cost to NCS between the brand drug and its generic drug equivalent.

5. Coinsurance is calculated based on the contracted rate. When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.

6. Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.

7. Specialty Drugs are available from CVS Specialty Pharmacy. A CVS Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup. Oral anticancer medications are not subject to the calendar year pharmacy deductible, if applicable.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would be subject to a late enrollment penalty in addition to your Part D premium.



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Avoid the long wait times of an urgent care or the ER




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Convenient and flexible

VirtualBlueSM PPO Plan

This plan is designed for people who prefer the convenience and lower out-of-pocket costs of virtual care and also want access to in-person providers, such as physicians, hospitals, urgent care centers, and labs. You can decide when you want virtual or in-person care and establish ongoing relationships with the doctors and specialists you choose.



Plan highlights

- Ability to choose the virtual-only or in-person doctors you want to see on an ongoing basis –including pediatricians, OB/GYNs, internal medicine and general practitioners, and doctors from 20 medical specialties. No referrals are needed to see specialists virtually or in person.
- Access to 24/7 medical care via phone or video. Health coaches and triage nurses are also available 24/7 via in-app chat.
- A dedicated virtual care team made up of your primary care physician, a health coach, and a mental health care manager who will work together to develop your personalized treatment plan.
- Assistance from a mental health care manager to help you locate a therapist or behavioral health specialist, both virtual and in person. They can also schedule appointments and recommend well-being programs.
- A Virtual Blue Vitals Kit – including a blood pressure cuff, smart scale, and thermometer – will be provided so you can track your stats from home.



Find network doctors

To search for doctors and other providers in this plan's network, visit blueshieldca.com/networkppo (for providers within California) or provider.bcbs.com (for providers outside of California) and enter "NCO" as the plan prefix in the "Find a plan by prefix" window.









We're here to help. If you have any questions, please call us at (855) 599-2650 (TTY: 711), 7 a.m. to 7 p.m. PT, Monday through Friday.

Three options for care:

Teladoc, urgent care centers and emergency rooms

Sometimes you can't wait for a doctor's appointment – and you don't have to. You have three options to choose from, depending on your situation. Here is some helpful information on when and where to get quick care.

	 Teladoc	 Urgent care centers	 Emergency rooms
Staff	Licensed medical doctors	Licensed medical doctors, nurses, physician assistants, medical assistants and other urgent care staff	Licensed doctors, nurses, physician assistants, medical assistants and other hospital staff
How to access care	<ul style="list-style-type: none"> Access 24/7/365. Available via phone, video, or Teladoc mobile app <p>Call 1-800-Teladoc (835-2362) or go to Teladoc.com/bsc to schedule a consultation via phone or video. Video consultation is available 7 a.m. to 9 p.m.</p>	<ul style="list-style-type: none"> Hours/days of service vary by center. Centers are standalone or adjacent to hospitals. <p>To find a network urgent care center, go to blueshieldca.com/find-a-doctor/help.</p>	<ul style="list-style-type: none"> Access 24/7. ERs are located in many hospitals. <p>In an emergency, call 911 or go immediately to the nearest ER.</p>
When to use	<ul style="list-style-type: none"> If you are considering the ER or an urgent care center for a non-emergency issue. On vacation, a business trip or away from home. For short-term prescription refills. 	In situations where your doctor is not available and in-person non-emergency care is needed. (Examples include animal bites and sprains.)	If you are experiencing a life-threatening or disabling condition.
Examples of conditions treated	<ul style="list-style-type: none"> Cold and flu symptoms Allergies Bronchitis Ear infection Rash, skin problems Pink eye Respiratory infection Sinus problems Medical counseling <p>If appropriate, the Teladoc doctor can write a short-term prescription and have it sent to the pharmacy of your choice.</p>	<ul style="list-style-type: none"> Cough, sore throat* Respiratory infections* Earaches* Burning with urination* Colds, sinus infections, allergies* Back pain, body aches Eye irritation, swelling or pain Sprains, muscle strains Minor cuts, scrapes Nausea, vomiting, diarrhea Animal bites <p>* Conditions that can also be treated by Teladoc.</p>	<ul style="list-style-type: none"> Injury, with loss of consciousness or fainting Uncontrolled bleeding Sudden numbness of limbs or face, difficulty speaking Severe shortness of breath or difficulty breathing Severe chest pain or pressure Major injuries, vehicle accidents, stab wounds Poisoning Sudden, severe abdominal pain Vomiting blood Broken bones
Wait time	Less than 22 minutes	Usually less than an hour ¹	Immediate care for emergencies, 5.5 hours (330 minutes) for non-emergency care ²

	 Teladoc	 Urgent care centers	 Emergency rooms
Out-of-pocket cost			
Oak PPO	\$10.00	\$20.00	\$100.00 / 10% (subject to the deductible)
Spruce PPO	\$10.00	\$20.00	\$100.00 / 20% (subject to the deductible)
Pine PPO	\$0 (subject to the deductible)	\$0 (subject to the deductible)	\$100.00 / 20% (subject to the deductible)
Maple PPO	\$10.00	\$60.00 (subject to the deductible after first 3 visits)	\$100.00 / 30% (subject to the deductible)

1486-NCS (10/17)

Discover your why

Explore new opportunities, set fresh goals and identify your core motivations for the year ahead.



Start now with Fitness Your Way[®] to get your \$0 enrollment offer!^{1,2} Learn more at bsca.fitnessyourway.tivityhealth.com and use code BSCPROMOJAN25 when you sign up.



Discover a new interest

You've heard "new year, new you!" But why not make it "new year, new opportunities." Pick something new to try this year. Whether it is a new workout, learning a new hobby, reading a new genre, traveling someplace new or anything else - explore something you haven't before.



Set your intentions for 2025

The new year is a time for new resolutions and goals. This year, start with setting an intention. These are more broad and cover multiple areas of your life. Do you want to focus more on your health this year? Set your intention, then break it down to SMART goals.



Don't forget to have fun

New beginnings are fun! Take a moment to ponder your wins from last year and build upon them. But don't forget to have fun. Your PRs in the gym don't mean as much if you're not enjoying the process. Find joy in the little things - it makes the bigger things even better.

Get started today

Fitness Your Way lets you join as many gyms as you want, wherever you live, work and play. Learn more at bsca.fitnessyourway.tivityhealth.com

- Seven gym packages, with three new options available, including studio and luxury locations, starting at \$19/month,³
- Join as many gyms as you want and get access to 13,000+ fitness locations⁴
- Digital only package also available for just \$10 a month⁵ (all digital content included with gym packages)
- On-demand videos available 24/7 and live virtual classes like cardio, bootcamps, barre, and yoga from Burnalong®

Scan the QR code with your smartphone to join or learn more



Always talk with your doctor before starting an exercise program.

¹ Offer valid from January 1, 2025 until January 31, 2025. Offer available to residents of the United States who are at least 18 years old and have benefits with a participating health plan. Member must provide the BSCPROMOJAN25 promo code at sign-up to receive the \$19 off waived enrollment fee. If member selects the digital only membership, they will not receive the promotional offer. Additional terms, conditions and limitations apply. See Program Agreement for details.

² Without offer, Fitness Your Way enrollment fee is \$19 plus applicable sales tax.

³ Fitness Your Way gym packages range from \$19 - \$239 per month plus applicable sales tax. For pricing information visit <http://bsca.fitnessyourway.tivityhealth.com>. Limitations apply. See Program Agreement for details.

⁴ Fitness locations are not owned or operated by Tivity Health, Inc. or its affiliates. Fitness Your Way membership entitles members to use the fitness location facilities and amenities available to the holder of a basic membership at the fitness locations. Facilities and amenities vary by location.

⁵ The digital only package is \$10 per month plus applicable sales tax. For pricing information visit <http://bsca.fitnessyourway.tivityhealth.com>. Limitations apply. See Program Agreement for details.

Blue Shield of California is an independent member of the Blue Shield Association. Tivity Health discounts are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans apply. Tivity Health discounts are available to all members with a Blue Shield medical, dental, vision, or life insurance plan. The network of Tivity Health providers and facilities in this program are managed outside of Blue Shield of California. Blue Shield does not review the services provided by Tivity Health, nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the providers, their availability, fees, services, or products.

Tivity Health Services, LLC is independent of Blue Shield of California and is contracted by Blue Shield to provide solutions to improve health and well-being. Fitness Your Way and Tivity Health are registered trademarks of Tivity Health, Inc. Burnalong is a registered trademark of Burnalong, Inc. © 2025 Tivity Health, Inc. All rights reserved. BSCA8148_1024

Mental Health

How to request a visit

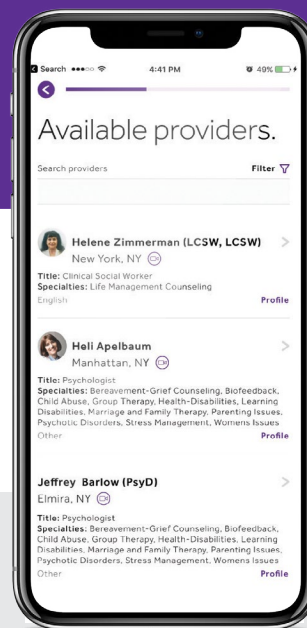
Scheduling a phone or video visit with a therapist is easy and convenient. You can make an appointment seven days a week, from 7 a.m. to 9 p.m. local time. Appointments are confirmed within 72 hours.

Please schedule your appointment online or via the Teladoc app. Although call center reps cannot schedule appointments for you, they can answer your questions.

Psychiatrist (initial visit) **Free**

Psychiatrist (ongoing visit) **Free**

Psychologist, licensed clinical social worker, counselor, or therapist **Free**



How to schedule a visit

- 1 Register your Teladoc account via web or app or log in to your account if you're already registered
- 2 Request a visit
- 3 Answer a few questions
- 4 Select your therapist
- 5 Request a time for your appointment

Confidential therapy on your terms

🖥️ Teladoc.com/hn 🍏 | 🤖 Download the app



Health Net contracts with Teladoc to provide telehealth services. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Refer to your Plan Contract for coverage details. Health Net Health Plan of Oregon, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. © 2020 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

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Peace of mind
happens here.

Speak with a licensed therapist from anywhere

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Mental Health, adults 18 and older can get care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

“As a working mom with two small children, finding 'me time' is almost impossible. So having easy access to an amazing psychologist through Teladoc has been an invaluable benefit.”

Ade O., Teladoc member

Why use Teladoc's Mental Health service

- ✓ Confidential treatment
- ✓ Convenience to speak with a therapist from anywhere
- ✓ Flexible scheduling
- ✓ Quick access to the right provider for you

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

Confidential therapy on your terms

🖥️ Teladoc.com/hn 🍏 | 🤖 Download the app



Health Net contracts with Teladoc to provide telehealth services. Teladoc services are not intended to replace services from your physician, but are a supplemental service. Refer to your Plan Contract for coverage details. Health Net Health Plan of Oregon, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. © 2020 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

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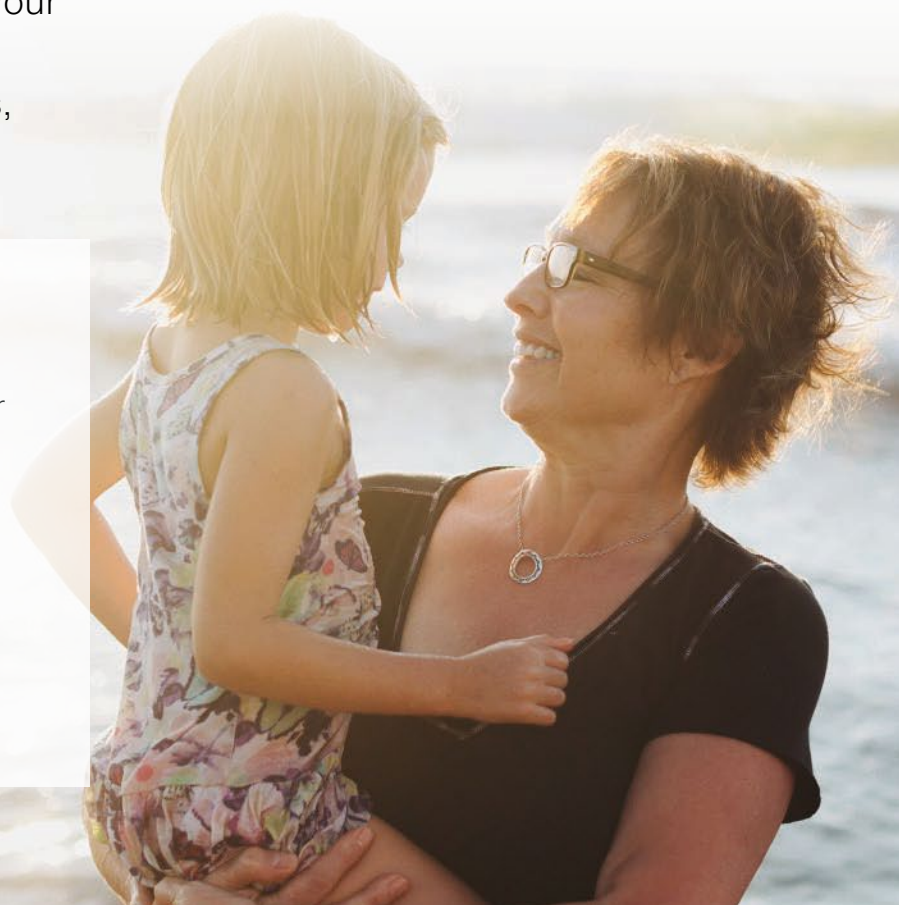
Modern Diabetes Management, At No Cost to You



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 NCSMIG"** to **85240** to learn more & join

You can also join by visiting join.livongo.com/NCSMIG/register or call **(800) 945-4355** and use registration code:: **NCSMIG**

The program is offered to you and your family members with diabetes and coverage through the company health plan.

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/NCSMIG

Are you at risk for diabetes?

More than 86 million Americans have prediabetes – and most don't even know it. Prediabetes means that blood sugar levels are higher than normal but not high enough yet to be classified as type 2 diabetes. Certain factors can increase one's risk of developing diabetes or prediabetes such as:

- **Weight:** Having a body mass index (BMI) over 25
- **Age:** Being age 40 or older
- **Ethnicity:** Being of Hispanic or African American origin
- **Activity level:** Having a more sedentary lifestyle

Support that's right for you

The Diabetes Prevention program offers:

- **In-person support:** Connect with a personal health coach.
- **Digital access:** Get peer support and real-time guidance.
- **Tools and resources:** You may be eligible to receive a wireless scale, activity tracker, and easy-to-understand tips.

Most participants lose 5% to 7% of their total body weight, which, according to the Centers for Disease Control and Prevention, results in a 58% risk reduction in developing type 2 diabetes.

See if you qualify

The Diabetes Prevention Program is brought to you in partnership with Solera Health. It is available as a covered benefit to eligible Blue Shield members at no additional cost.

Find out if you're eligible for the program by taking the following steps:

1. Visit **www.solera4me.com/bsca**.
2. Answer a few questions.
3. Get your results.
4. Select the program of your choice.

The Diabetes Prevention Program is provided by Solera Health, an independent company.

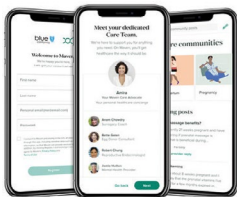
Wellvolution is a registered trademark of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Visit **solera4me.com/bsca** to see if you are eligible.

A PERSONAL GUIDE TO PARENTHOOD



If you're expecting, congrats! We're here, along with the Maven Maternity Program, to support you every baby step of the way. With Maven, you and your partner can get access to virtual care for pregnancy, postpartum, and returning to work after parental leave. Plus, you'll enjoy 24/7 access to Care Advocates, specialists, and coaches – as well as content tailored to your experience.



Sign up today to access:

- **On-demand virtual appointments** with Maven OB-GYNs, lactation consultants, doulas, mental health specialists, nutritionists, career coaches, and many more
- **Your own Care Advocate** who can help you find care, navigate your health benefits, find the right in-network providers, and more
- **Expert resources** including virtual classes, helpful articles, and community forums

Get support for every stage of your journey:

Pregnancy

- Midwives, OB-GYNs, doulas
- Birth planning
- Prenatal nutritionists
- Mental health specialists
- Loss support

Postpartum

- Infant care education
- Pediatricians
- Lactation counseling
- Infant sleep coach

Returning to work

- Back-to-work support
- Career coaching
- Emotional support



Get started today!

Visit blueshieldca.com/maven to enroll.



Wellvolution

Unveiling your personal
proven path to real health

Tap into decades of research and leading technology
for a more productive and healthy lifestyle

Wellvolution® offers the largest curated collection of scientifically-backed
apps and programs designed to help you:



Prevent and
reverse disease



Manage stress



Sleep better



Eat healthier



Move more



Ditch cigarettes

A digital health platform and in-person support network

Focus

Stay on track and
progress along the
proven path

Support

Receive digital
reminders, motivation,
and engagement

Results

All backed by real
science for real,
positive changes

Wellvolution

blue
california 

Thinking about surgery?

Let us help you avoid the pitfalls of traditional surgery...

>90%

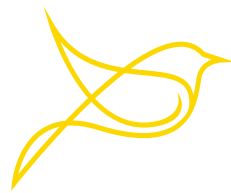
of surgeries are more
invasive than necessary

Invasive surgery

extends pain, recovery time
and return to normal life
by weeks to months

Invasive surgery is the

**#1 gateway to
opioid addiction**

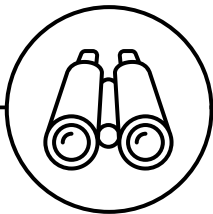


G O L D F I N C H

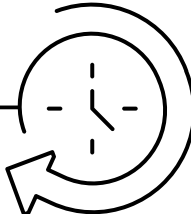
H e a l t h

There's a better approach to surgery and recovery.

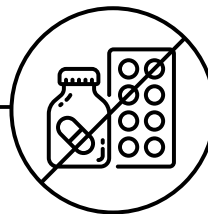
Your employer is providing you access to Goldfinch Health's team of surgery experts at no cost to you to help you and your family make the best decisions when it comes to surgery and the recovery that follows. Your personal Goldfinch Nurse Navigator will help you...



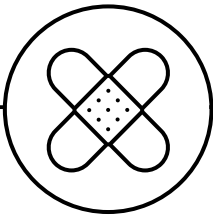
Find a great
surgeon



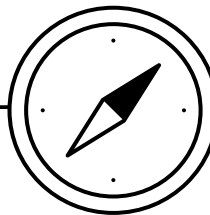
Shorten your
recovery time
after surgery



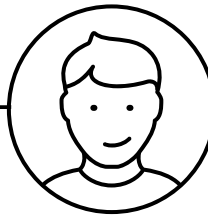
Have a surgery
experience that
minimizes opioid
painkiller use



Reduce pain and
complications



Get your questions
answered every step
of the way



Enjoy a better
surgery and
recovery

Get started at my.GoldfinchHealth.com

We're also available by email or phone:

Hello@GoldfinchHealth.com

or

833.GLD.FNCH (833.453.3624)

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PHARMACY BENEFIT DETAILS

NCSMIG Medical plans have prescription drug coverage through CVS/Caremark. Members enrolled on the Pine Plan have prescription drug coverage with Blue Shield of CA. Please consult your Summary Plan Description documents for additional information.

Register at Caremark.com



When you register at Caremark.com, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

There are three easy ways to register:

- Go to Caremark.com, click the "Register Now" button, and follow the instructions
- Download the CVS Caremark mobile app and create an account
- Call the number on the back of your prescription ID card and a representative will get you started with a personalized registration email or text

Once you've registered, you can:

- Refill your prescriptions
- Check the status of your order
- View and manage your profile information, including shipping addresses, payment methods, and notifications
- Set up and update family access
- Review your coverage and track annual spending
- Locate network pharmacies near you
- Check medication costs and find opportunities to save money

Use your Caremark.com login and password to manage your pharmacy benefits anywhere, anytime with the CVS Caremark mobile app.

Visit [Caremark.com/GetStarted](https://www.caremark.com/GetStarted) and register today or download the CVS Caremark mobile app



Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
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Outpatient Prescription Drug Coverage

Plan Year July 2025 - June 2026

This Prescription Drug Coverage Summary is to be added to the Blue Shield Schedule of Benefits for all North Coast Schools' Medical Insurance Group plans.

Covered Services	Oak	Spruce	Pine	Maple
Pharmacy Network	CVS/Caremark	CVS/Caremark	CVS/Caremark	CVS/Caremark
Annual Deductible	Not Applicable	Not Applicable	See Medical Plan	Not Applicable
Out of Pocket Maximum (OOPM)				
• Individual Member	\$4,600	\$3,600	\$7,000	\$250
• Family Member/Family	\$4,600/\$9,200	\$3,600/\$7,200	\$7,000/\$14,000	\$250/\$500
Retail Prescriptions				
• Generic	30-Day Maximum Supply \$10.00	30-Day Maximum Supply \$10.00	30-Day Maximum Supply \$10.00	30-Day Maximum Supply \$19.00
• Preferred	\$30.00	\$30.00	\$30.00	\$50.00
• Non Preferred	\$40.00	\$40.00	\$40.00	\$75.00
Mail Prescriptions				
• Generic	90-Day Maximum Supply \$15.00	90-Day Maximum Supply \$15.00	90-Day Maximum Supply \$15.00	90-Day Maximum Supply \$38.00
• Preferred	\$45.00	\$45.00	\$45.00	\$100.00
• Non Preferred	\$80.00	\$80.00	\$80.00	\$150.00
Specialty Prescription	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility			Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility
	30-Day Maximum Supply 0% if enrolled in PrudentRX; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	30-Day Maximum Supply 0% if enrolled in PrudentRX; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	30-Day Maximum Supply 0% if enrolled in PrudentRX; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	30-Day Maximum Supply 0% if enrolled in PrudentRX; 30% otherwise NOTE: If a Specialty Drug is not on the Prudent RX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.

- Amounts paid through copayments and any applicable pharmacy deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Summary Plan Description for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
- Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.
- Select drugs require prior authorization by CVS/Caremark for medical necessity, or when effective, lower cost alternatives are available.
- If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the Generic drug copayment plus the difference in cost to NCS between the brand drug and its generic drug equivalent.
- Coinsurance is calculated based on the contracted rate. When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.
- Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.
- Specialty Drugs are available from CVS Specialty Pharmacy. A CVS Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup. Oral anticancer medications are not subject to the calendar year pharmacy deductible, if applicable.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would be subject to a late enrollment penalty in addition to your Part D premium.



Maintenance Choice®

Save with 90-day supplies



Maintenance Choice helps keep your medication as affordable as possible. But you may need to make a few changes to enjoy these savings.

Make sure your medication is covered

Start filling medications you take regularly (such as asthma or high blood pressure medications) in 90-day supplies at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy. **If you fill in 30-day supplies or at another pharmacy, they won't be covered and you'll pay the entire cost.**

How to start saving with 90-day supplies

Filling in 30-day supplies or at another pharmacy? You'll need to transfer your prescriptions. Don't worry, we make it easy.

1. For pickup at CVS Pharmacy, visit **Caremark.com/MoveMyMeds**
2. For Rx Delivery by Mail, visit **Caremark.com/RxDelivery**
3. Don't want to save with 90-day supplies? **You can opt out by calling the Customer Care number on your member ID card**



Pick up your 90-day supplies at any CVS Pharmacy or get delivery from CVS Caremark Mail Service Pharmacy.

For savings opportunities and personalized support,
visit **Caremark.com** (after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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On-the-Go Prescription Flexibility?

There's an App for That.

As our lives become more mobile, we are finding even more ways to enjoy the freedom and flexibility of staying connected and getting things done anytime, anywhere. At CVS Caremark, our goal is to bring you expert care and innovative solutions that simplify your life.

As the first Prescription By Mail provider to bring you a way to order and manage your prescriptions from your mobile device, we help you seamlessly connect with Caremark.com—all so you can sync without saving personal data for secure, real-time transactions.

Why Go Mobile?

Once you download the free app to your mobile device you can log in and register to:

- Refill a prescription
- Confirm order status
- See prescription history
- Use FastStart®
- Check drug cost
- Find a pharmacy
- Contact CVS Caremark
- View a digital version of your Member ID card

Ready to go mobile?

Visit **www.caremark.com** to download the free app and start enjoying the ease of ordering and managing your prescriptions on the go, today.



An Exciting New Program for our Employees who take **SPECIALTY MEDICATIONS**



WHO NEEDS TO READ THIS NEWSLETTER?

If you received this newsletter, it is likely that you have been prescribed a specialty medication. This newsletter has some exciting new information about an innovative new program that will reduce your out-of-pocket cost to \$0 on select specialty medications. Action may be required on your part to take advantage of this new and innovative program so please read the entire newsletter and act soon!

What are Specialty Medications?

There are over 400 Specialty medications available today and that number is rapidly growing. Rare diseases requiring specialty medication affect between 25-30 million patients. Many patients are suffering, but few and limited treatment options are available. Fortunately, specialty medication research by public and private organizations is expected to account for 65% of new drug approvals between 2019 and 2023. Additional specialty medications will provide added relief for patients with Hepatitis C, Autoimmune disorders, Oncology and Multiple Sclerosis.

What do Specialty Medications Cost?

Specialty medications typically cost several hundred dollars monthly as they may require unique methods of administration such as injections, infusions, or nebulizers. In addition, routine patient monitoring may require lab test, office visits, enrollment and documentation into monitoring programs, medication risk evaluation and prior authorization by insurers.

What is the Role of The Specialty Pharmacy?

Specialty Pharmacies like CVS Specialty help the patient simplify the, sometimes complex, process of accessing and utilizing specialty medications. Specialty pharmacies assist with insurance paperwork and reimbursement services for potentially life-saving specialty medications. Importantly, they coordinate insurance benefits to save patients potentially enormous out of pocket costs. Specialty pharmacies connect patients who are ill with the medications that are prescribed for their condition by health care professionals. One of the most important services a specialty pharmacy can provide is patient care services to support patients who are facing insurance coverage and affordability reimbursement challenges.

**SERVICES FOR POTENTIALLY
LIFE-SAVING MEDICATIONS**

How Does my Employer and Specialty Pharmacy Work Together to Lower my Specialty Drug Costs?

We have partnered with PrudentRx to reduce specialty costs through an innovative copay plan design strategy. PrudentRx is integrated with CVS Specialty Pharmacy Operations as a third party to insure a seamless, premium member experience for our employees. PrudentRx will work with you and the drug manufacturer to get copay card assistance when available and will assist you when copay cards need renewal. Even if your specialty medication has no copay card, your out-of-pocket cost will be \$0 as long as you are enrolled in the PrudentRx program.

How will the PrudentRx Copay Optimization Program Benefit Me?

The PrudentRx program, in coordination with our company, is making it possible to get your specialty medications at no out of pocket cost to our employees on any covered specialty medication on our plan's designated specialty drug list when you fill your prescription at CVS Specialty Pharmacy.

How Do I Enroll in the PrudentRx Program?

- Step One: The first step of the enrollment process is complete, and your member information is on file with PrudentRx.
 - Step Two: You need to call PrudentRx at 1-800-578-4403 within the next 5-days to register for any copay assistance available from drug manufacturers.
- It is essential to complete step two and become fully enrolled to avoid being opted out of the program.

What Action Do I Need to Take to Complete Enrollment in the PrudentRx Program?

Some drug manufacturers require you to personally sign up via telephone to take advantage of their copay card assistance programs. To assist you with applying for a copay card with the manufacturer of your specialty medication, PrudentRx has a team of Member Advocates available Monday through Friday from 8 a.m. to 8 p.m. EST.

What Number Do I Call to Reach a PrudentRX Member Advocate?

1-800-578-4403 Monday through Friday 8 A.M. to 8 P.M. EST (English and Spanish language available). Language line available for other languages.

What Happens If I Fail to Contact the PrudentRx Member Advocate Team?

If you do not contact the PrudentRx Member Advocate team, they will reach out to you via telephone. If you do not answer or return the call and enroll in any copay card assistance program as required by manufacturer, you will be responsible for 30% of the cost of your specialty medications.

How Important is it for me to Call the PrudentRx Member Advocate Team Immediately?

It is very important that you reach out to the PrudentRx Member Advocate team within 5 days of receiving this newsletter at 1-800-578-4403.





PrudentRx

1-800-578-4403
Monday–Friday 8am to 8pm EST
prudentrx.com

PAGE2OF2



DENTAL BENEFIT DETAILS

NCSMIG members have dental coverage through Guardian. Your dental benefits are designed to save you money and protect your health. You may use a dentist of your choice, however utilizing a Guardian contracted dentist will reduce your out-of-pocket expenses and maximize your dental benefit. Guardian is committed to making it as easy as possible for you to use and understand your dental benefits.

BENEFITS AT-A-GLANCE

PLAN	CALENDAR YEAR MAXIMUM	ORTHODONTICS	PROSTHODONTICS
D-15	\$1,500	NA	50% Guard/50% Mbr
D-20	\$2,000	70% Guard/30% Mbr up to \$1,500 Lifetime Max	50% Guard/50% Mbr
D-30	\$3,000	75% Guard/25% Mbr up to \$2,500 Lifetime Max	75% Guard/25% Mbr

WHAT ARE MY DENTAL COSTS?

Your Pre-Determination Review Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Simply have your dentist fax your treatment plan to Guardian at 509-465-3404 for a pre-determination review. This includes orthodontic treatment if it's included in your plan.

View/print your ID card at GuardianAnytime.com If you do not have your ID card to use, simply provide your group ID number to your dental office at the first visit. However, if you'd like to print out a copy of your ID card, visit the Forms and Materials section of www.guardiananytime.com – it's fast and easy.

Real time assistance Speak to a live representative about your benefits, claims inquiries, or help using www.guardiananytime.com.



Dear Employee:

We are pleased to announce ComPsych® GuidanceResources® as the new provider of our Employee Assistance Program services. The GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year

Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life specialists can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a complimentary 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accountants, financial professionals and other specialists, simply by calling the toll-free number.

Digital Support

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts,

videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Online Will Preparation

Drafting a will and a living will can be a complicated and expensive process. With EstateGuidance® from your GuidanceResources® benefit, we eliminate the hassle and high costs with a complimentary, simple and secure online tool. Log on to GuidanceResources® Online to get started.

Wellness Support

Flexible 3-5 coaching session model

Your well-being is precious. We can help you maintain it. Take advantage of online self-guided programs or work one-on-one with a well-being coach to make improvements. Programs include tobacco and nicotine cessation, weight management, sleep improvement, self-motivation, back care, diabetes prevention and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak with a highly trained, caring professional who can listen to your concerns and guide you to the appropriate services.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. To view the ComPsych® HIPAA privacy notice, please go to www.guidanceresources.com/privacy.

We hope you will take some time to explore all the benefits the GuidanceResources® program has to offer.

COMPSYCH®
GuidanceResources® Worldwide

Guardian®



24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: Guardian

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Guardian Teledentistry

It is important to ensure our members have access to dental care – and teledentistry helps make that happen.

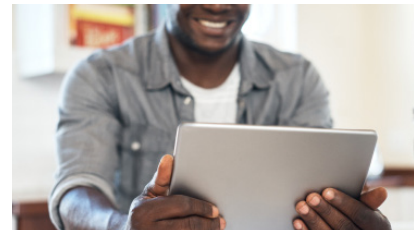
That's why Guardian is helping to provide an easy-to-use teledentistry option for when you or your family need urgent care and you don't have a dentist or your dentist is not available.*

Simply schedule an appointment and you will receive a secure, password-protected video conference link to use. Guardian Teledentistry is covered by your dental plan.**

During your virtual visit, a dental care professional can help you:

- Determine if you have a serious condition that requires urgent treatment
- Suggest things you can do at home to relieve your symptoms
- Assess toothaches, infections, and provide prescription medications if needed
- Offer guidance and advice
- Refer you to a Guardian network dentist if further care is needed

To get started, simply visit www.virtudent.com/guardianteledentistry or call 1-800-506-8305.



What are some concerns you can get help with?

- A loose or lost crown
- Breaking a tooth or a filling
- Bleeding or swollen gums
- Pain or tooth sensitivity
- Tooth discoloration
- Grinding or clenching your teeth
- Muscle soreness or discomfort while chewing
- Oral sores or lesions

Ask your employer for more information.

The Guardian Life Insurance
Company of America

New York, NY

guardianlife.com

2020-110101 (10/22)

*Teledentistry administrative services are provided by Virtudent, a third-party dental services company. **Standard plan limitations and exclusions apply. DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America® ©Copyright 2020 The Guardian Life Insurance Company of America, New York, N.Y.



Vision services are provided through Vision Service Plan (VSP). VSP does not issue cards to members. The Social Security number of the insured participant will be utilized. The following is a summary of your vision benefits when utilizing a contracted provider. [\(Note: Out of network benefits are available, but coverage will be reduced. Participants may be responsible for filing out of network claims.\)](#)

PLAN	PREMIUM	COPAY	EXAM	FRAME	LENS
A	\$17	\$15	Every 12 months	Every 24 months	Every 24 months
B	\$18	\$15	Every 12 months	Every 24 months	Every 12 months
C	\$22	\$15	Every 12 months	Every 12 months	Every 12 months

BENEFIT	PLAN DESCRIPTION	COPAY
WellVision Exam	Focuses on your eyes and overall wellness	\$15 for exam and glasses
Frame	<ul style="list-style-type: none"> > \$150 featured frame brands allowance > \$130 frame allowance > 20% savings on the amount over your allowance > \$70 Walmart/Sam's Club/Costco frame allowance 	Combined with exam
Lenses	<ul style="list-style-type: none"> > Single vision, lined bifocal, and lined trifocals lenses > Impact-resistant lenses for dependent children 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> > Tints and Photochromic lenses > UV Protection > Impact-resistant lenses for adults > Anti-reflective coating > Progressive lenses > Average savings of 40% on other lens enhancements 	\$0 \$0 \$10 \$30 \$40
Contacts (Instead of glasses)	<ul style="list-style-type: none"> > \$130 allowance for contacts and contact lens exam (fitting and evaluation) > 15% savings on a contact lens exam (fitting and evaluation) 	\$0
Essential Medical Eye Care	<ul style="list-style-type: none"> > Retinal screening for members with diabetes > Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration > Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members > Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details 	\$20
Lightcare	<ul style="list-style-type: none"> > \$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. 	\$15
Extra Savings	Glasses and Sunglasses <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. Routine Retinal Screening <ul style="list-style-type: none"> > No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> > Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

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.

eyeconic

vsp
Vision Care

SAVE TIME AND MONEY WITH EYECONIC.



Use your VSP® vision benefits to purchase contacts, glasses, and sunglasses online with Eyeconic®.

The best part? **You'll save an additional 20% on eyewear**, just for being a VSP member. Here's how to start saving:



1. **Find your product.** More than 50 brands you know and love. All at the best possible price when you apply your benefits.



2. **Customize your order.** Choose your lenses, upload your prescription, and see your savings in real time.



3. **We do the rest.** Eyeconic is the only site where you can buy eyewear with your VSP insurance—in-network.

MORE REASONS TO LOVE EYECONIC:

- Free shipping and returns
- A free frame adjustment or contact consultation—on us
- Save up to \$120 on contacts with an annual supply discount
- See yourself in any pair with our Virtual Try-On tool
- Choose from 50+ popular brands like CALVIN KLEIN, Cole Haan, Nike, ACUVUE, Biofinity, DAILIES, and more

START SAVING NOW. CHECK OUT EYECONIC.COM® TODAY.

Classification: Public

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BROWSE WITH BENEFITS

Your vision and wellness come first with VSP. Now, your benefit includes eyeconic.com, an eyewear store for VSP members.

Eyeconic® seamlessly connects your eyewear, your insurance coverage, and the VSP® doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.



eyeconic®

ONLINE SHOPPING WITH BENEFITS

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.*
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.



ALREADY USED YOUR BENEFITS FOR THE YEAR?

As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic.

IT'S EASY TO USE YOUR VSP BENEFIT

1. **Create an account at vsp.com.** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.** You can connect to your VSP benefits, upload your prescription, and order your glasses following your WellVision Exam®.

Experience eyeconic.com®, a convenient new retail option.

*Terms and conditions apply. Visit eyeconic.com/faqs for more details.

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SAVE UP TO 60% ON BRAND-NAME HEARING AIDS

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000¹, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 6,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High quality, low cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

TruHearing®

truhearing.com/vsp

HERE'S HOW IT WORKS:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

¹. Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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CHECK OUT VSP.COM

You have access to **vsp.com** with easy navigation and a personalized dashboard to get exactly what you need, when you need it!



QUICK VIEW OF YOUR BENEFIT INFORMATION



Once logged in, My Dashboard is your homepage. You'll see personalized benefit information, including previous doctor visits, and more!

INTUITIVE BENEFITS SECTION



The My Benefits tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

DOWNLOAD THE APP



The redesigned VSP® app is available for free in the Apple App store or Google Play store. Updated with a streamlined login process, easier navigation, and a personalized member dashboard to mirror the look and feel of your dashboard on **vsp.com**!

IMPROVED FIND A DOCTOR PAGE



The search capabilities are endless on the Find a Doctor page! You can view a map and use the drop-pin functionality to find the right eye doctor for you in your region.



GET ACCESS TO SAVINGS

up to \$3,000 with VSP Exclusive Member Extras when you log in to **vsp.com**.

Create an account on **vsp.com** to get the most out of your vision benefits.



LIFE INSURANCE BENEFIT DETAILS

If you are an active member of NCSMIG you are enrolled in a Guardian Life Insurance plan at no cost to you or your district.

PLAN FEATURES	GUARDIAN LIFE
Employee Benefit	Your employer provides \$5,000 Basic Term Life coverage for all eligible employees
Guarantee Issue	Guarantee Issue coverage up to \$5,000 per employee
AD&D Benefit	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage
Portability	Yes, with age and other restrictions, including evidence of insurability
Conversion	Yes, with restrictions
Waiver of Premium	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Benefit Reduction	35% at age 65 and 50% at age 70

Remember to complete a Guardian Life Beneficiary Designation form. This form can be found at www.NCSMIG.org. Forms must be returned to your district.



ADDITIONAL BENEFITS

EAP – ComPsych The Employee Assistance Program is provided by ComPsych GuidanceResources and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to you and your household family members.

24/7 Live assistance:

Online: guidanceresources.com

Call (855) 239-0743

App: Guidance Now

TRS: Dial 711

Web ID: Guardian

AirMedCare Network Member Discount If you or your family member have a medical emergency, AirMedCare's alliance of affiliated air ambulance helicopters and airplanes can provide medical transport to an emergency treatment facility. As a NCSMIG member you can receive a discount on your annual membership. The Membership enrollment form is available on the NCSMIG website at www.ncsmig.org

The Pulse Quarterly Newsletter Stay updated on events, plan updates and health information through our quarterly newsletter, The Pulse. Archives can be found at www.ncsmig.org.

Global Emergency Assistance Frequently Asked Questions



When Should I Contact Assist America?

Contact Assist America, our global emergency assistance program provider, when you need to connect to qualified health care providers, hospitals, pharmacies and other services if you experience an emergency while traveling more than 100 miles away from home or outside the country for up to 90 days.

What information will I need to provide?

- Name, phone number, and relation to the member
- Member's name, age, and home address
- Description of emergency and current location
- Reference number (01-AA-GLI-10231)

How do I contact Assist America?

You can contact Assist America's 24/7 Operations Center via:

Assist America Mobile App: Use the Tap for Help button to call or connect with the Operations Center using the Voice Over Internet Protocol feature.

Phone (Within US): 1-800-872-1414

Phone (Outside US): 609-986-1234

Email: medservices@assistamerica.com

Website: www.assistamerica.com

What costs are covered by Assist America?

Assist America arranges and pays for all of the transportation services provided. Assist America is not a medical insurer and does not pay for nor reimburse any medical expenses. Health claims should still be handled by your health insurance provider.

How can I download the app?

The Assist America Mobile App is available for free on the Apple App Store and Google Play. Once you have downloaded the app, enter Assist America reference number (01-AA-GLI-10231) to activate all the App's features. To turn the Coverage Indicator on, go to Set Up and enter your home address. This feature calculates your current distance from home. A highlighted status bar indicates when you are 100 miles away from home or in another country, thus eligible for services.

What if I plan on traveling for more than 90 days?

If you plan on traveling for more than 90 consecutive days, you can enroll in the Expatriate/Extended Program on the Assist America website at (www.assistamerica.com/expatriate) to enroll in the program and ensure coverage. The coverage will follow your active Guardian policy period.



Reference Number:

01-AA-GLI-10231

**Download the Assist America Mobile App
from Google Play or the Apple App Store**

Global Emergency Assistance Frequently Asked Questions



Identity Theft Protection

What actions can you take to prevent loss from a lost or stole credit card?

By proactively registering and storing all bank cards, credit cards, and important documents with www.cardpatrol.net/registration, you can protect yourself from preventable loss. If any of the registered items become lost or stolen, information can be retrieved quickly and easily. The recovery process can be immediately initiated by calling 1-877-409-9597 within the US or 1-816-396-9192 outside the US.

What should you do if a registered card has been lost or stolen?

You can call Identity Theft Protection Services at 1-877-409-9597 within the US, or 1-816-396-9192 outside the US, utilizing **access code 18327**. An agent will assist in contacting the necessary credit card companies or financial institutions to cancel the cards and request replacements.

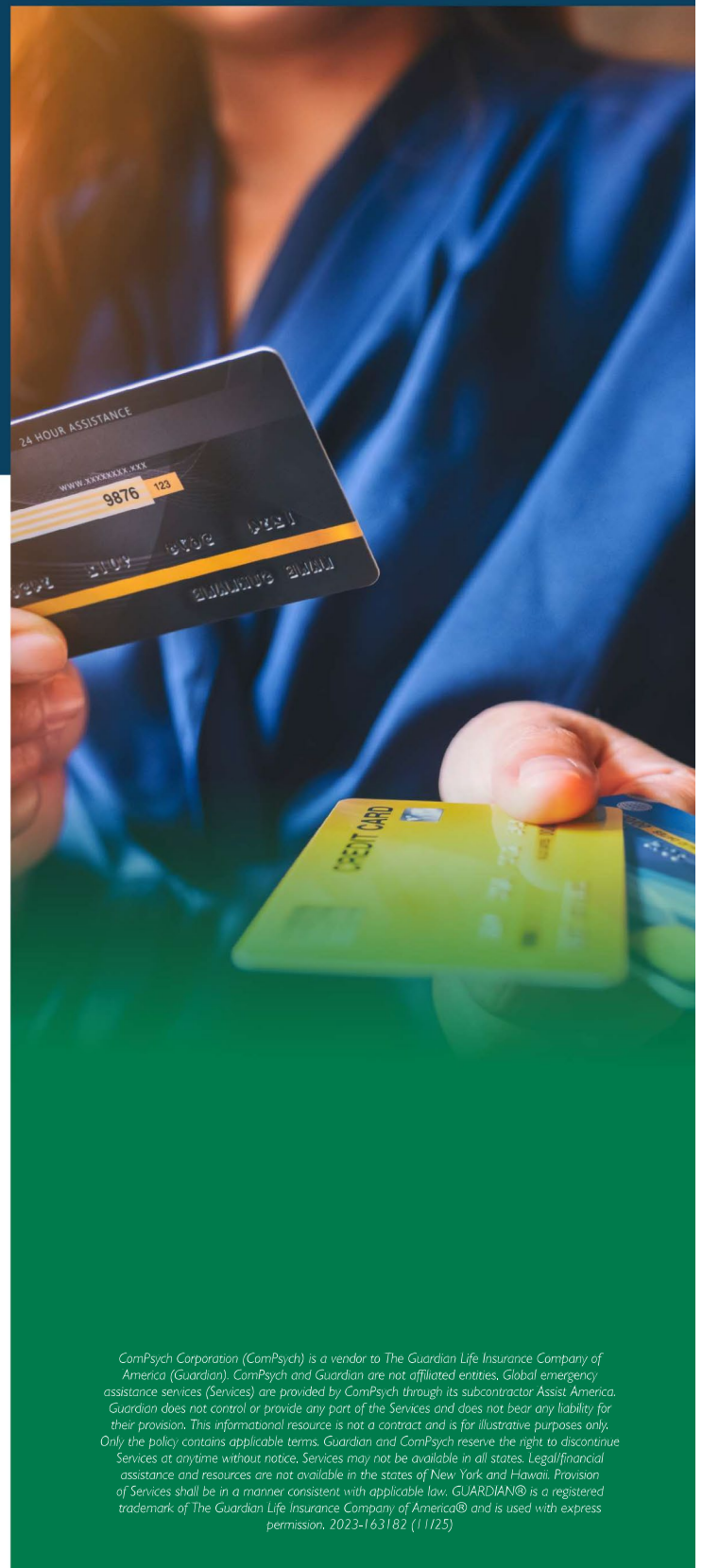
What if you become a victim of identity theft?

If you have, or suspect you have, become a victim of identity theft, a call to our support team at the numbers listed above will engage the necessary resources to help remedy the issue. You will be assigned a dedicated Fair Credit Reporting Act (FCRA)-certified caseworker, who will provide guidance through the required documentation and agencies, provide a customized Identity Fraud Support Service Kit, and work together with you to assist in speeding up the process of I.D. restoration.

In addition, the caseworker will enroll you in PrivacyGuard, a free six-month membership that enables you to monitor your credit report online from three major credit bureaus.

Is there monetary reimbursement for fraud through this program?

Identity Protection is not an insurance product and claims for reimbursement are not accepted.



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CONTACT INFORMATION

If you are an active member of NCSMIG you are enrolled in a Guardian Life Insurance plan at no cost to you or your district.

Blue Shield of California	855.256.9404 www.blueshieldca.com
Teladoc 24/7 Physicians	800.835.2362 www.blueshield.com/teladoc
Blue Shield 24/7 Nurse Line	877.304.0504
CVS Caremark	866.260.4646 www.caremark.com
Vision Service Plan (VSP)	800.877.7195 www.vsp.com
Guardian Dental	800.541.7846 www.guardiananytime.com
EAP	800.386.7055 www.worklife.uprisehealth.com
Livongo	800.945.4355 www.membersupport@livongo.com

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