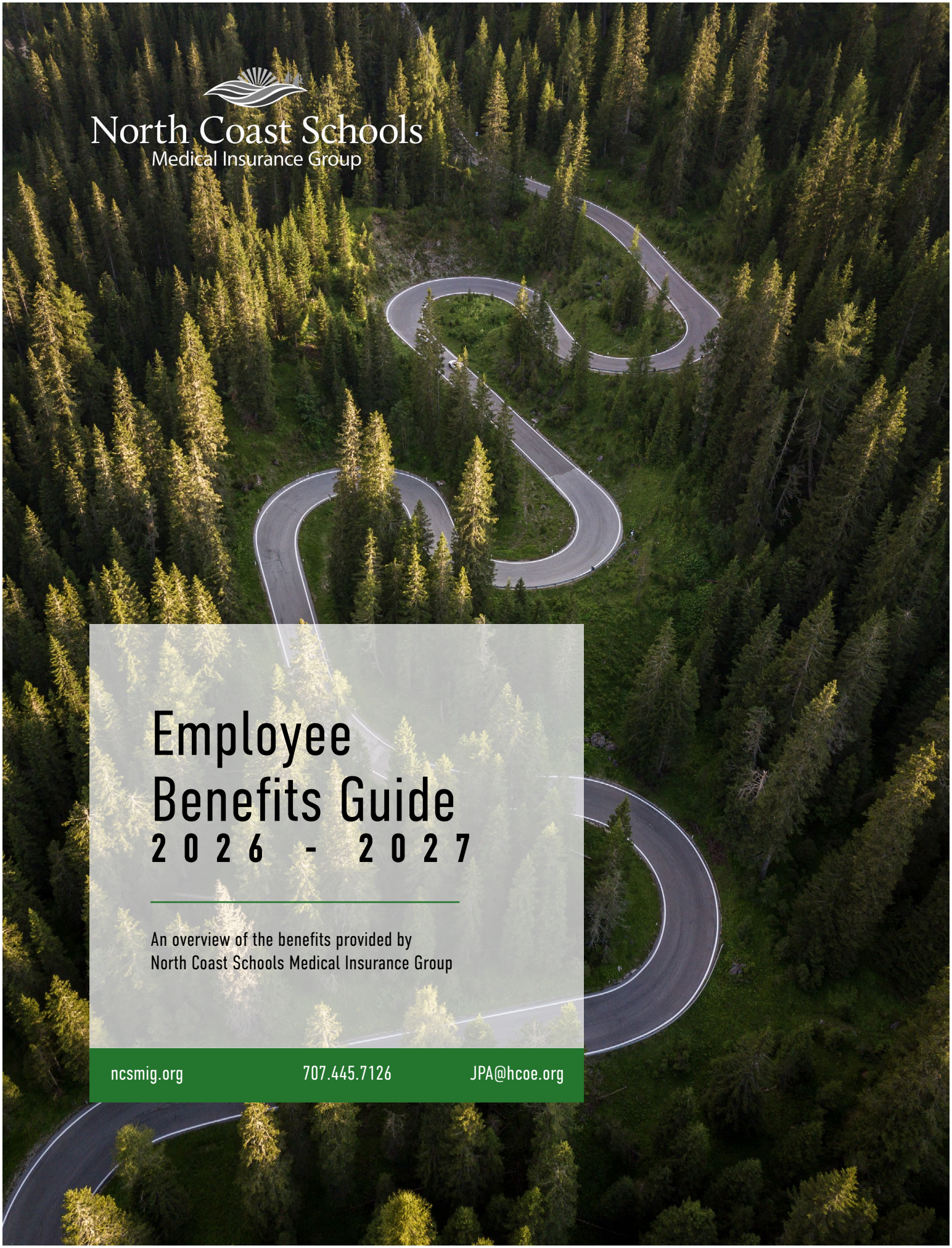
North Coast Schools
Medical Insurance Group
Employee
Benefits Guide
2026 - 2027
An overview of the benefits provided by
North Coast Schools Medical Insurance Group
ncsmig.org
707.445.7126
JPA@hcoe.org

INDEX

INTRODUCTION

As a member of North Coast Schools Medical Insurance Group (NCSMIG), 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.

NCSMIG 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 NCSMIG is offering an overall benefits package that can be shaped to fit your needs.

This benefits guide is a summary description of your NCSMIG 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.

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 their 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 employees 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 Afforable 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 will remain confidential.

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
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid

Termination of Coverage Your coverage under the benefit 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	855.599.2650	www.blueshieldca.com
Pharmacy	CVS Caremark	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

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 – 9pm 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.

Virtual Blue Plus+ Plans: Your Blue Shield of California Virtual Blue plan gives you access to quality care from the comfort of your home, or wherever you need it. With Accolade Care you can connect with trusted doctors and specialists online for everything from routine checkups to specialty care.

HEFFERNAN INSURANCE BROKERS
Because You're Different

Plan Comparison July 1, 2026

Plan Type	Oak & Oak *PLUS*$^+$ PPO Plan		Spruce & Spruce *PLUS*$^+$ PPO Plan		Pine & Pine *PLUS*$^+$ PPO HDHP (HSA Compatible)		Maple & Maple *PLUS*$^+$ PPO Plan	
Medical Benefits	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
Network	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		$1,700		$5,000	
Family	$1,050		$1,500		$3,400		$10,000	
Out-of-Pocket Maximum (OOPM)	*Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa 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 OOPM is Embedded in the Family OOPM*		*Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa 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 OOPM is Embedded in the Family OOPM*		*Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa 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 OOPM is Embedded in the Family OOPM*		*Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa 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 OOPM is Embedded in the Family OOPM*	
Individual	$2,000	$4,350	$3,000	$10,000	$7,000	$7,000	$6,350	$10,000
Family	$4,000	$8,700	$6,000	$20,000	$14,000	$14,000	$12,700	$20,000
Professional								
Primary Care Physician (PCP)	$20 copay; Deductible waived	30%	$20 copay; Deductible waived	40%	$0 copay	30%	$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist *PLUS*$^+$ $60 Annual Deductible Applies	50%
Specialist	$30 / PLUS$^+$ $20 copay; Deductible waived	30%	$30 / PLUS$^+$ $20 copay; Deductible waived	40%	$0 copay	30%	$70 copay, Annual Deductible applies after first 3 visits either PCP or Specialist *PLUS*$^+$ $60 Annual Deductible Applies	50%
Physical Therapy	10%	30%; Limited to $25/visit	20%	40%; Limited to $25/visit	20%	30%; Limited to $25/visit	30%	50%; Limited to $25/visit
Home Health Care	10%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
	120-day annual maximum		*120-day annual maximum*		*120-day annual maximum*		*120-day annual maximum*	
Preventive Care								
Baby	$0 copay; Deductible waived	30%	$0 copay; Deductible waived	40%	$0 copay; Deductible waived	30%	$0 copay; Deductible waived	50%
Adult	$0 copay; Deductible waived	30%	$0 copay; Deductible waived	40%	$0 copay; Deductible waived	30%	$0 copay; Deductible waived	50%
Hearing Test	20% $5,000 Maximum; every 24 months		20% $5,000 Maximum; every 24 months		20% $5,000 Maximum; every 24 months		20% $5,000 Maximum; every 24 months	

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HEFFERNAN INSURANCE BROKERS
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Plan Type	Oak & Oak *PLUS*+ PPO Plan		Spruce & Spruce *PLUS*+ PPO Plan		Pine & Pine *PLUS*+ PPO HDHP (HSA Compatible)		Maple & Maple *PLUS*+ PPO Plan	
Medical Benefits	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
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 ***Note, Maple PLUS+ Urgent Care visits are considered in the same manner as any other PCP or Specialist Visit.***	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*		$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	10%	30%	20%	40%	20%	30%	30%	50%
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	*Note: Not Applicable to PLUS+ Plans*		*Note: Not Applicable to PLUS+ Plans*		*Note: Not Applicable to PLUS+ Plans*		*Note: Not Applicable to PLUS+ Plans*	
General Visits	$10 copay; Deductible waived	N/A	$10 copay; Deductible waived	N/A	$0 copay	N/A	$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

PLUS+ $60 Annual Deductible Applies

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Plan Type	Oak & Oak *PLUS*+ PPO Plan		Spruce & Spruce *PLUS*+ PPO Plan		Pine & Pine *PLUS*+ PPO HDHP (HSA Compatible)		Maple & Maple *PLUS*+ PPO Plan	
Medical Benefits	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
Chiropractic								
Office Visits	10%	30% limited to $25/visit	20%	40% limited to $25/visit	20%	30% limited to $25/visit	30%	50% limited to $25/visit
	24 visit annual maximum		*24 visit annual maximum*		*24 visit annual maximum*		*24 visit annual maximum*	
Prescription Drug Benefit	**Carved out to CVS/Caremark**		**Carved out to CVS/Caremark**		**Carved out to CVS/Caremark**		**Carved out to CVS/Caremark**	
Annual Deductible	Not Applicable		Not Applicable		Integrated; See Medical Deductible		Not Applicable	
Out of Pocket Maximum (OOPM):	*The individual OOPM is embedded in the family OOPM*		*The individual OOPM is embedded in the family OOPM*		Integrated; See Medical OOPM		*The individual OOPM is embedded in the family OOPM*	
Individual Member	$4,600		$3,600				$250	
Family Member / Family	$4,600 / $9,200		$3,600 / $7,200				$250 / $500	
Retail:	*Maximum 30-day supply*		*Maximum 30-day supply*		*Maximum 30-day supply*		*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	Not Covered	$10	Not Covered	$10	Not Covered	$19	Not Covered
Tier 2 (Normally Preferred)	$30	Not Covered	$30	Not Covered	$30	Not Covered	$50	Not Covered
Tier 3 (Normally Non-Preferred)	$40	Not Covered	$40	Not Covered	$40	Not Covered	$75	Not Covered
Mail Order:	*Maximum 90-day supply*		*Maximum 90-day supply*		*Maximum 90-day supply*		*Maximum 90-day supply*	
Tier 1 (Normally Generic)	$15	Not Covered	$15	Not Covered	$15	Not Covered	$38	Not Covered
Tier 2 (Normally Preferred)	$45	Not Covered	$45	Not Covered	$45	Not Covered	$100	Not Covered
Tier 3 (Normally Non-Preferred)	$80	Not Covered	$80	Not Covered	$80	Not Covered	$150	Not Covered
Specialty Drugs	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.	
	0% if enrolled in PrudentRX; 30% otherwise	Not Covered	0% if enrolled in PrudentRX; 30% otherwise	Not Covered	0% if enrolled in PrudentRX; 30% up to a $150 coinsurance per Rx otherwise	Not Covered	0% if enrolled in PrudentRX; 30% otherwise	Not Covered
	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.

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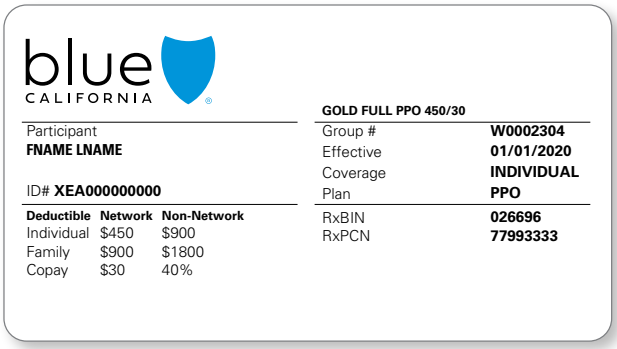
View, print, or order your ID card

Get easy access to your Blue Shield of California member ID



How to register online

1. Go to **blueshieldca.com**.
2. Select *Log in/Create account*.
3. Select *Create account*.
4. Complete the registration using either your member ID number, located on your Blue Shield ID card, or your Social Security number.

How to view or print temporary ID cards

1. Once you are registered and logged in, select the *ID Card* button on the dashboard.
2. Select *Print my ID card*.

How to order ID cards

1. Press the *ID Card* button on dashboard.
2. Select *Order ID card* (located in the "Request Replacement ID cards" section) and follow the prompts.

It's even easier to get your ID on your device

Access your member ID card and health plan information with the Blue Shield of California mobile app. Download on the App Store® or Google Play™, or learn more at **blueshieldca.com/mobile**.

Download on the App Store GET IT ON Google Play

blue california

How to find a network doctor

Simply go to your plan online to search doctors, specialists, hospitals, and pharmacies.

- PPO Plan (outside CA): **provider.bcbs.com**; (Note: In the "Find your plan by prefix" window, click on *Browse a list of plans.* Then find *California, Blue Shield.*)
- PPO Plan (within CA): **blueshieldca.com/networkppo**
- Virtual Blue PPO Plan: **blueshieldca.com/virtualbluenetwork**

How to find urgent or emergency care outside California

As a Blue Shield member, you are always covered for urgent and emergency care when away from home. To find providers in the U.S., visit **provider.bcbs.com** or call BlueCard Access at **(800) 810-BLUE (2583) (TTY: 711)**. To find international providers, visit **bcbsglobalcore.com** or call the Blue Shield Global Core service center collect at **(804) 673-1177** from outside the U.S.

Have questions?

If you need assistance, call Shield Concierge at **(855) 747-5800**, 7 a.m. to 7 p.m. PT, Monday through Friday.

Language Assistance Notice

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost. Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio. 如欲免費獲取中文協助，請撥打您 ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

Nondiscrimination Notice

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

blueshieldca.com

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blue CALIFORNIA

Here to support your health journey

Sign up for Shield Support today

What is Shield Support?

Shield Support puts a team of nurses, health coaches, social workers, and other specialists by your side. This includes a dedicated care manager to help support you and find ways to manage your health, **all at no additional cost to you.**

Customer service agents are here to assist you with any questions you have, including help finding a doctor, authorizations, claims, and more.

How can my care team help me?

Your Shield Support care team can:

- Explain treatment options
- Set health goals for a better quality of life
- Find treatment options for pain management
- Coordinate care with your healthcare team
- Answer questions on benefit coverage
- Connect you to support services and resources
- Help with so much more so you get the care you need, when you need it

Connect to a healthier you

To get started, **call (877) 455-6777 (TTY: 711), 8:30 a.m. to 7 p.m.**

Shield Support is a value-added program provided by Blue Shield of California and purchased by your employer. Please contact your employer's benefits administrator for any terms and conditions regarding eligibility for enrollment.

For more help and resources, visit blueshieldca.com or contact Shield Support customer service agents at the number located on your member ID card. If you do not have your ID card, you can call (800) 393-6130 (TTY: 711).

Language Assistance Notice
For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en Español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

Nondiscrimination Notice
The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

blue california

NurseHelp 24/7

Immediate answers to your health questions

Should I go see my doctor about my earache? Do I need to go to the ER for my swollen ankle, or can I wait until the morning and see my doctor? As a Blue Shield of California plan member, you have a registered nurse as close as your phone, day or night.

Call NurseHelp 24/7℠ toll-free at **(877) 304-0504 [TTY: 711]** and talk with a registered nurse anytime you have health-related questions. This phone number is on your Blue Shield member ID card for easy reference.

Or you can chat with a registered nurse online if you prefer. Use your Blue Shield login at **blueshieldca.com/nursehelp** to access one-on-one support in a secure environment.

With NurseHelp 24/7, experienced nurses can help you figure out how you can care for yourself, evaluate treatment options, and help you decide whether to see a doctor.

NurseHelp 24/7 is available to you and your family at no cost to you.* So, if it's 3 a.m. and your toddler has a fever, you can call NurseHelp 24/7 for tips on how to help them.

Use NurseHelp 24/7 for reliable information about:

- Minor illnesses and injuries
- Chronic conditions
- Medical tests and medicines
- Preventive care

It's like having a trusted nurse in your home whenever you need one.

Call **(877) 304-0504 [TTY: 711]** to talk to a nurse, day or night. You can also visit **blueshieldca.com/nursehelp** for an online chat option.

See all your care options in one place at **blueshieldca.com/care**.

If you believe you need emergency care, call 911 or go directly to the nearest emergency room.

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* Calls to NurseHelp 24/7 are welcome for Blue Shield members or their covered dependents. Some or all services may not be available to members living outside California or to self-funded (ASO) groups. Please check with your benefits administrator.

NurseHelp 24/7 is a service mark of Blue Shield of California. NurseHelp 24/7 is a healthcare advice line. Nurses do not provide medical services for treatment or diagnosis.

Language Assistance Notice
For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost. Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio. 如欲免費獲取中文協助，請撥打您 ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

Nondiscrimination Notice
The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Blue Shield of California is an independent member of the Blue Shield Association A16030-XLOB_0623

blue CALIFORNIA

VirtualBlue℠

Get started with your healthcare plan

Your Blue Shield of California Virtual Blue℠ plan gives you access to quality care from the comfort of your home, or wherever you need it. With Accolade Care, you can connect with trusted doctors and specialists online for everything from routine checkups to specialty care. Think of it like having your own virtual medical group, ready when you are.

To make your experience as smooth as possible, we suggest signing up for a Blue Shield online account. It's quick and easy and can help ensure faster access when you want to make an appointment. Whether it's a last-minute illness or a planned consultation, having your account ready means one less thing to worry about. Take a moment today to get connected.

Take the first step today

Learn more by scanning the QR code or visiting **blueshieldca.com/virtualbluewelcome**.

To set up a virtual visit:

- Log in to your account at **blueshieldca.com** or with our mobile app.
- Select *Book a visit*.
- You will enter the Accolade Care experience and will need to provide personal information to get started.
- Choose from our list of Virtual Blue℠ providers.
- Schedule your annual checkup to receive your Vitals Kit.
- Enjoy virtual visits online or by phone.

For in-person care

You can still visit your in-network doctors, specialists, hospitals, and mental health providers in person through your Blue Shield network. Remember that an in-network or out-of-network cost share may apply based on your plan's benefits.

Extra support for your health care

Use a Virtual Blue℠ health coach to help you book in-person or virtual appointments, manage your health, and create a care plan just for you.

Accolade is independent of Blue Shield of California and is contracted by Blue Shield to provide an integrated member experience by enabling access to virtual primary care and mental health services as well as support virtual specialist care service.

Virtual Blue℠ is a service mark of Blue Shield of California.

For more help and resources, visit blueshieldca.com or call Customer Service at the number on your Blue Shield member ID card. If you do not have your ID card, you can call (800) 393-6130 (TTY: 711).

To opt out of future nonrequired communications, please call Customer Service at the number on your Blue Shield member ID card.

Virtual services from Virtual Blue℠ providers have no or low copays, depending on plan design, after meeting any applicable deductible. You may receive covered services from other network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits they are subject to your plan's cost-sharing obligations and balance billing protections.

Language Assistance Notice

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

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La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Blue Shield of California is an independent member of the Blue Shield Association A56880IFP_0325

blue california

MAVEN

Virtual support for new and expecting parents

Blue Shield of California and Maven are here to support your pregnancy journey every step of the way. With Maven, you and your partner can get access to virtual support for pregnancy, postpartum, and returning to work after parental leave. You'll enjoy 24/7 access to Care Advocates, specialists, mental health support, and content tailored to your experience.

Sign up today to access:

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

Join now at no cost to you

Visit blueshieldca.com/maven to enroll

Get mental health, clinical and other social support for every stage of your journey:

Pregnancy

- Midwives, OB-GYNs, doulas
- Birth planning
- Prenatal nutritionists
- Miscarriage/pregnacy loss support

Postpartum

- Infant care education
- Pediatricians
- Lactation consultants
- Infant sleep coaches

Returning to work

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

Maven Maternity is available to most Blue Shield members and their enrolled partners during pregnancy and 3 months postpartum. Additional programs of 9 months or more in duration may be available based on your plan, and eligibility will be confirmed upon enrollment.

Maven is independent of Blue Shield of California and is contracted by Blue Shield to provide maternity benefits including care advocacy, virtual consultations, coaching, and education.

Maven is not intended to replace your in-person providers.

For more help and resources, visit blueshieldca.com or contact Member Services at the number on your member ID card. If you do not have your ID card, you can call (800) 393-6130 (TTY: 711).

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卡上的免費電話號碼。您也可免費獲得此文件的譯文或 其他格式版本,例如:大字版、盲文版和/或音訊 版。

Nondiscrimination Notice
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gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y
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blue CALIFORNIA

Wellvolution

A healthy you just got easier

Explore all that Blue Shield of California has to offer with Wellvolution®, the digital platform that guides you on your health journey. Wellvolution customizes your path to better health, matching you with clinically proven programs and apps that are right for you both in mind and body.

Through Wellvolution, you have access to lifestyle-based tools and support designed to help you lose weight, treat diabetes, nurture mental health, and more. You'll get personalized plans, on-demand tools, and health coaches to assist you in reaching your goals. All at no extra cost to eligible Blue Shield members.

Programs available

Emotional well-being	Headspace® and Headspace Care™ are now available as 12-month programs to help manage sleep, stress, anxiety, and depression, and boost resilience.[1]	headspace, headspace care
Weight management and diabetes prevention	Coaching and digital tools like a Fitbit®[2] to track your success across a 12-month program for losing weight, feeling healthier, and reducing your risk of chronic disease.	betr, habitnu, Transform, Weight Watchers, ciba health, wondr HEALTH
Diabetes care and hypertension	Programs up to 18 months for treating common conditions, such as diabetes, hypertension, and heart disease. Receive digital tools to help manage and monitor risk as appropriate for each condition.	dario
Tobacco and vaping cessation	Includes nicotine replacement therapy in the form of a patch, lozenge, or gum. A two-month supply can be delivered to your home.	eMLife
Physical therapy and fitness	Personalized digital therapy and health programs to reduce pain and increase strength. No matter your pain level or where it hurts, we have a program for you.	SWORKIT, kaia health, sword

How it works

1 **Create a Wellvolution account**
Visit wellvolution.com to get started. We'll confirm that you're qualified to receive the program at no extra cost.

2 **Get programs**
Pick one or more health goals you'd like to work on. We'll recommend the best program(s) for your needs. You can make your choice and get started.

3 **Become a healthier you**
With the assistance of your program, begin making healthier choices about diet, exercise, sleep, stress, and your overall health.

Start making changes at no extra cost

Take advantage of all of the tools available through Blue Shield at wellvolution.com

Need help?
We're here to answer questions and assist with joining programs at **(866) 671-9644**.

1 As part of our Wellvolution program, members have a choice between Headspace's meditation and mindfulness content or Headspace Care's mental heath coaching and clinical services. Video therapy and psychiatry sessions are available for a cost share as stated in your health plan coverage. Please contact Blue Shield of California for details. Headspace's medical affiliate, Headspace Care of California Medical P.C., is a licensed medical provider in California.

2 For members who complete program participation requirements. Requirements vary; check with your program for details. Applies to certain Fitbit® models. Limited to one per person. Solera Health reserves the right to substitute an alternate activity tracker.

All programs are reviewed by Blue Shield of California to help members 18 years old and older improve their health. Programs are available at no cost to eligible members. Apps may be removed or added throughout the year based on need and demand.

Wellvolution and all associated digital and in-person health programs and services are managed by Solera Health, Inc., a health company committed to changing lives by guiding people to better health in their communities. Solera Health, Inc., is independent of Blue Shield of California and is contracted by Blue Shield to deliver a select collection of lifestyle programs, tools, and apps. These program services are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice. Any disputes regarding Wellvolution may be subject to Blue Shield's grievance process. All trademarks, logos, and brand names are the property of their respective owners.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost sharing obligations and balance billing protections.

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A55756GRP_0226

blue CALIFORNIA

Wellvolution

Find your healthy weight

Sustainable strategies for reducing your risk of type 2 diabetes.

Make healthy living your reality with the Diabetes Prevention Program (DPP) – in-person, digital, and on-the-go support through Wellvolution® to help you lose weight and reduce your risk of developing type 2 diabetes.

See the reverse side for program details.

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:** Over the age of 40
- **Activity level:** Having a more sedentary lifestyle

Support that's right for you

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

See if you qualify

The DPP 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 **wellvolution.com**.
2. Answer a few questions.
3. Get your results.
4. Select the program of your choice.

Visit **wellvolution.com** to see if you are eligible

Teladoc® HEALTH

Get the emotional health support you want and deserve

At no cost to you

Discover Teladoc Health Mental Health, a flexible and convenient digital program with proven tools and dedicated support for stress, depression, sleep and more.

Teladoc Health empowers you with:

A personalized plan. Answer a series of questions, and Teladoc Health will create a plan designed just for you.

Recommended digital content and resources. Explore self-guided activities and tools based on your goals and needs.

In-the-moment tools. Learn calming techniques, shift your thinking, get inspired and feel more hopeful.

Teladoc Health® takes your privacy seriously. Your health information is protected by federal and state laws, including HIPAA. Please see our Notice of Privacy Practices for more information on how Teladoc Health uses your health information.

Get started

You can join by visiting **TeladocHealth.com/Peace**
or call **800-835-2362**

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Teladoc Health 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 800-835-2362 o visite TeladocHealth.com/Peace

North Coast Schools
Medical Insurance Group

Teladoc® HEALTH

Your path to better health

Personalized support at no cost to you.

Diabetes Management

A personalized way to help manage diabetes. Receive:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health and make managing your blood pressure easier. Receive:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Diabetes Prevention program

Reduce your risk of type 2 diabetes. Receive help from:

- A team of expert coaches to support you
- A smart scale that syncs to the app and web
- An all-in-one program that tracks weight, activity and food

Weight Management

Reach your goals with our interactive weight management program. Receive:

- A smart scale that syncs to the app and web portal
- An app to log food and set goals
- One-on-one support from a team of expert coaches
- Ability to share progress with doctor

Mental Health

Your way to connect with a licensed therapist.

- Connect with a licensed therapist 7 days a week from home
- Personalized plan tailored to your needs
- Activities and content designed for you

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Get started today

Visit **TeladocHealth.com/Go/NCSMIG or call 800-835-2362**
and use registration code: NCSMIG.

Las comunicaciones del programa Teladoc Health 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 800-835-2362 o visite TeladocHealth.com/Hola/NCSMIG

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

NCSMIG Medical plans have prescription drug coverage through CVS Caremark. Please consult your Summary of Benefits and Coverage documents for additional information.

CVS caremark®

Pharmacy Benefit Manager (PBM)

CVS Caremark® is your PBM

We manage your new prescription benefit plan and help keep your medication costs low.

Affordable medications when and where you need them
As a part of the CVS Caremark family, you have access to a wide range of cost-effective medications and thousands of network pharmacy choices (including home delivery) for you and your family.

More savings and convenience
We provide support and guidance so you get the most value from your plan.

Find a network pharmacy. Using a pharmacy that's covered by your plan keeps you from overpaying. You can pick up your medication, but many also offer home delivery.

Fill in 90-day supplies. Filling in 90-day supplies at a participating pharmacy ensures you'll be able to continue to take your medications without interruption. Have refills delivered to your door or pick up at your network pharmacy. You may even save on cost.

Stay on track and look for savings using our digital tools. Request refills, get email and text alerts about your prescriptions, and check medication costs — all on your own time.

Learn more at **Caremark.com/OpenEnrollment** (after your benefit begins) or scan the code.

To scan the QR code:
Open your camera
Scan the code
Tap the link

North Coast Schools
Medical Insurance Group

Outpatient Prescription Drug Coverage

Plan Year July 2026 - June 2027

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	Combined w/Medical Plan Indv $1,700 / Family $3,400	Not Applicable
Out of Pocket Maximum (OOPM)			Combined w/Medical Plan	
• 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 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.	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.	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.	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.

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.

CVS caremark®

Prescription benefits

Convenient and cost-effective medication options

Welcome to CVS Caremark® – we manage your prescription benefit on behalf of your new plan. We're here to help you get the medication you need and learn how to keep costs low.

Know how to get your medication

Find out where to fill your prescriptions. Use the *Pharmacy Locator* tool to find a pharmacy that's covered under your prescription benefit plan. Some plans offer home delivery. Review your plan summary to see your options.

Tap into savings with digital tools

Save time, compare costs and stay connected. Do it all at **Caremark.com** and the CVS Health® mobile app.*

- Using a pharmacy that's covered by your plan can help keep your costs low. Locate one that's convenient through our *Pharmacy Locator* tool.
- Check and compare drug costs across in-network pharmacies to find possible savings through our *Check Drug Cost* tool.
- Stay connected for benefit plan updates. Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.

Access everything you need, all in one place

Scan this code to download the CVS Health app today.*

To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

*Some app functions are not available yet, but coming soon.

North Coast Schools
Medical Insurance Group

CVS caremark®

Rx Home Delivery

Medications delivered right to you

Your benefit plan may offer home delivery options for medications you take regularly (like medication for asthma or high blood pressure). Here's how you can find out.

Check your pharmacy network

Sign in or register at **Caremark.com** and use the *Pharmacy Locator* tool to see if there is a mail service pharmacy in your network.

Ask your local pharmacy

Call or visit your local pharmacy to see if they offer home delivery.

Access everything you need, all in one place

Scan this code to download the CVS Health® app today.*

To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

*Some app functions are not available yet, but coming soon.

North Coast Schools
Medical Insurance Group

Reduce out-of-pocket costs on your specialty medications

We're introducing an innovative way to help you save

Your specialty prescription benefit plan may look a little different next year.

Here's what's new

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.*

How it works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.** Participating members will have a **$0 out-of-pocket** cost on eligible specialty medications!†

How to get started

Your enrollment in the program will begin automatically, but additional steps may be needed.†† You can choose to opt-out at any time.‡

We'll send more information before we make this plan change. In the meantime, you can continue to fill your prescriptions as usual.

*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on high-deductible health plans (HDHPs) with health savings accounts (HSAs) will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty® and will not include limited distribution drugs.

**Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

†Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final $0 out-of-pocket cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service.

††Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

‡If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

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-1500	$1,500	NA	50% Guard/50% Mbr
D-2000	$2,000	70% Guard/30% Mbr up to $1,500 Lifetime Max	50% Guard/50% Mbr
D-3000	$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.guardianantytime.com – it's fast and easy.

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

Guardian

Discounts on quality oral care products for you and your family

Dental members have access to exclusive discounts through Smile Brilliant in the Guardian mobile app and Guardian Anytime

Whether you realize it or not, your oral health often plays a big role in your overall well-being. Good oral health helps you maintain your day-to-day eating habits, positively impacts your self-esteem, and can even help prevent other serious health issues. That's why, as part of our commitment to overall wellness and preventive care, we're excited to partner with Smile Brilliant to bring you cost-effective dental wellness products.

Here's a sneak peek at what's available:

- **Teeth whitening** products to help you feel more confident in your smile
- **Electric toothbrushes** that help improve your brushing technique with less effort, so you can keep your smile bright while avoiding cavities
- **Mouth guards** for night and day use, to help prevent damage to your smile and jaw

And it's all available in the palm of your hand! Use the Guardian mobile app to find the right items to help protect the dental health of you and your family — at a price that feels better for your wallet, too. Talk to your network dentist if you need help determining what's best for you.

Download the Guardian mobile app to help you and your covered dependents get the most value out of your plan. Find network providers and access important information when and where you need it.

Available on Apple App Store and Google Play.

Download on the App Store | GET IT ON Google Play

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

79772701.1 (5/27)

The oral health products and services described herein are provided exclusively by Smile Brilliant Ventures, Inc. (Smile Brilliant). Smile Brilliant is solely responsible for its products and services and is not affiliated with The Guardian Life Insurance Company of America (Guardian). These products and services are NOT insurance and do not provide reimbursement for dental care. Some state restrictions may also apply. Discounts through Smile Brilliant are limited to oral care products only.

VISION BENEFIT DETAILS

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	$20	$15	Every 12 months	Every 24 months	Every 24 months
B	$21	$15	Every 12 months	Every 24 months	Every 12 months
C	$26	$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	> $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	> Single vision, lined bifocal, and lined trifocals lenses > Impact-resistant lenses for dependent children	Combined with exam
Lens Enhancements	> 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)	> $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	> 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 you VSP doctor for details	$20
Lightcare	> $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** > 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** > No more than $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** > 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.

Enjoy Savings Beyond Your Vision Benefits!

vsp exclusive member extras

With Exclusive Member Extras you, and the whole family get access to more than $3,000 in savings from VSP® and other popular brands that can help make your life healthier and easier. Click on the offers below to learn about the exclusive deals available from VSP network doctor locations and participating partners.

Glasses and Sunglasses

Extra **$20** to Spend

Get an **Extra $20** to spend on Featured Frame Brands.[1,2]

Up to **40% Off** Lens Enhancements

Save up to 40% off popular lens enhancements.[2,3]

eyeconic a vsp vision company

Shop and save online for glasses, sunglasses, and contacts with your VSP benefits.

enchroma WORLD'S BEST COLOUR BLIND GLASSES™

Get up to 20% off popular EnChroma collections.

HOYA

Get six month satisfaction guaranteed protection on HOYA lenses.

Maui Jim

Get up to a $40 rebate on a complete pair of Maui Jim prescription sunglasses.

Save 20% on additional pairs of Nike glasses and sunglasses.

sunsync

Save up to 40% on SunSync® Light-Reactive Lenses.[2,3]

techshield

Save up to 40% on all TechShield® Anti-Reflective Coatings.[2,3]

unity

Try Unity® lenses worry-free for six months with the Unity Promise.

Visionworks

Get 50% off a second pair of prescription glasses or prescription sunglasses.

ZEISS

Try ZEISS Lenses risk-free for six months.

vsp PREMIER edge

Maximize your savings with VSP Premier Edge™ Offers only available at Premier Edge locations.

Alcon

Save up to $325 on an annual supply of eligible contact lenses.

BAUSCH+LOMB See better. Live better.

Save up to $310 on an annual supply of contact lenses.

BAUSCH+LOMB Biotrue ONEday lenses

Get a free 30-day supply of Biotrue ONEday contact lenses and an exclusive up to $210 rebate.

Maui Jim

Get up to a $50 rebate on a complete pair of Maui Jim prescription sunglasses.

Premier Edge Promise

Get a worry-free eyewear guarantee with triple protection.[4]

HOYA sunsync techshield unity ZEISS

Try lenses and lens enhancements risk-free for 12 months from these popular brands.

Improve Your Health and Increase Your Savings

vsp exclusive member extras

Save on everyday products and services from contacts and hearing aids, to travel and entertainment, and even financial services—there's something for everyone.

Contacts

Alcon | BAUSCH + LOMB See better. Live better.

Save up to $325 on an annual supply of contact lenses.

Health & Wellness

Diabetes Management Support

Save on testing supplies and find resources to help prevent or manage diabetes.

Hadley

Get free help, connection, and support to manage vision loss. Services available online, by phone, or mail.

optomap

Get not-to-exceed $39 special pricing on optomap images.[2]

vision rescue

Get 20% off orders more than $89, or 15% off any order-plus shipping.

LASIK[5]

LasikPlus

Save up to $1,100 off LASIK.

The LASIK Vision Institute

Save up to $1,100 off LASIK.

NVISION EYE CENTERS

Save up to $1,200 off all custom LASIK and PRK.

TLC Laser Eye Centers

Save up to $1,100 off LASIK.

Hearing Health

TruHearing

Save up to 60% on prescription and over-the-counter hearing aids, get deals on batteries, and access a free online hearing screening.[6]

Leisure & Lifestyle

vsp simple values

Access a variety of savings on fitness, prescription drugs, entertainment, travel, cash rewards, and more.[7]

Money & Life Management

CareCredit

Get instant, in-office promotional financing offers for eye care and eyewear.

everplans

Be prepared for life's events, organize, securely store, and assign access to wills, medical wishes, passwords, and more. All for just $27 a year.

smartcredit®

Get smart about your credit, money, and privacy with SmartCredit, helping you meet your financial goals for just $8.95 a month.

See how your savings can add up at vsp.com/offers.

Offers subject to change without notice. Some members may not be eligible for all offers. Premier Edge Offers may not be available to some consumers in Texas. Members who participate in a Medicaid/state-funded plan are not eligible for the above offer. Visit **vsp.com/offers** for terms and conditions on specific offers.

1. Brands and promotions are subject to change. **2.** Available to VSP members with applicable plan benefits. Check your benefits to see if this offer applies. **3.** Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. **4.** Restrictions may apply; visit **vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise** for terms and conditions. **5.** Not all locations are on the VSP Laser VisionCare Network. Please call VSP Member Services at **800.877.7195** to confirm the location you're interested in visiting is in-network. **6.** VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information please visit **vsp.com/offers/special-offers/hearing-aids/truhearing**. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California. **7.** Some members may not be eligible for this program; visit **vsp.com/simplevalues** for terms and conditions.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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:
Call (855) 239-0743
TRS: Dial 711

Online: guidanceresources.com
App: Guidance Now
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.

Free Health Screenings: Our annual Health Screening program is the #1 way we can assist our members with keeping a pulse on their health status as well as catching any potentially life-threatening conditions early. Without this program in place, many of our members would not undergo an annual checkup, which can result in a negative impact in the overall health of our pool. Your good health equals good health for NCSMIG.

Jet Dental Events: Check *The Pulse* for upcoming events. Jet Dental offers comprehensive exams, cleaning, x-rays and teeth whitening services on-site

GuidanceResources®

For Employees: What is the Employee Assistance Program?

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.

Why is your employer providing access to an EAP?

Because your employer cares about you and your dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultant℠, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant℠ will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

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

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

ComPsych® GuidanceResources® Worldwide | Guardian®

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

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: Guardian

Secure Your Wishes With a Legally Binding Will

Drafting a will ensures that your assets pass on to your loved ones and your children are protected by a guardian of your choosing. EstateGuidance® makes it easy with online tools that walk you through the process in minutes. Just access the site using the directions provided and supply the information at the prompts. Your will can be completed online and downloaded to your computer or printed and shipped to you. In addition, you can draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

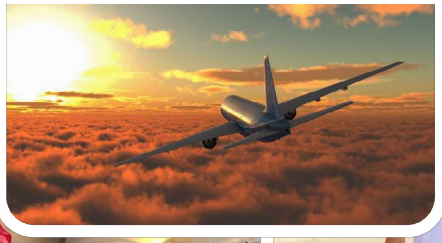
Log on to EstateGuidance® to:

- Complete a customized will: No cost to you
- Have your will printed and sent to you: $14.99
- Draft a living will: $14.99
- Draft a final arrangements document: $9.99

ComPsych® GuidanceResources® Worldwide | Guardian®

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

Online: estateguidance.com
Promotional Code: Guardian

Global Emergency Assistance Services

assist america® Innovative Assistance Solutions | Guardian®

The global emergency assistance program provided by Assist America® connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days.

Medical Emergency Assistance

Medical Consultation, Evaluation, & Referrals
Assist America's 24/7 Operations Center is staffed by multilingual assistance personnel to immediately support with recommendations for any emergency.

Medical Monitoring
Assist America's support team will closely monitor the course of treatment, and maintain regular communication with patients, their families, and the associated medical staff.

Emergency Medical Evacuation
If appropriate care is not available, Assist America will safely evacuate the member to the nearest qualified medical facility.

Foreign Hospital Admission Assistance
Assist America fosters prompt hospital admission by validating the member's health insurance as needed to the hospital. The member must repay funds within 45 days.

Medical Repatriation
When confirmed to be medically necessary, Assist America provides commercial transportation to home or to a rehabilitation facility proximate to the members residence, with a medical or non-medical escort as required.

Prescription Assistance
When a prescription is lost or left behind, Assist America will reach out to the prescribing physician and work with a local pharmacy to replace the member's medicine. The prescription cost is the member's responsibility.

Replacement of Prescribed Eyeglasses
If a member loses or breaks their prescription glasses, Assist America will assist the member in obtaining a replacement.

Travel Emergency Assistance

Care of Minor Children
If an injured member has minor children left unattended, Assist America will pay for them to return home to a family member, or will arrange for childcare at home.

Compassionate Visit
If the member is traveling alone and is expected to be hospitalized for more than seven days, Assist America will arrange and pay for a selected family member or a friend to join the patient.

Return of Traveling Companion
If travel arrangements for a member's travelling companion are disrupted due to a delay directly caused by a member's hospitalization, Assist America will make travel arrangements for the companion to return to their primary place of residence. The traveling companion is responsible for the associated costs.

Return of Vehicle
Assist America will arrange and pay for the member's fully-operable and non-commercial vehicle to be returned home when necessary due to the member's medical emergency.

Return of Mortal Remains
In the event of a member passing away, Assist America will arrange and pay for the required documents, preparation, and transport of the remains to a funeral home near the member's place of residence.

Other emergency assistance services include:
Lost Luggage and Document Assistance, Legal & Interpreter Referrals, Hotel Referrals, Pre-Trip Information, Emergency Travel Arrangements, Pet Care & Return, Emergency Message Transmission, & Emergency Cash & Bail Bond Coordination

ID Theft Protection Services

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

24/7 Access to Identity Protection Experts
You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

Credit Card and Document Registration
Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.

Loss & Stolen Card Assistance
Assist America arranges for notification to credit and debit card issuers that a card has been lost or stolen, for all such issuers who accept third party notifications. This Service requires advance registration of up to ten (10) debit or credit cards by the member.

24/7 Identity Fraud Support
If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

1-877-409-9597 (Within the US)
1-816-396-9192 (Outside the US)

Access Code: 18327

How to Activate Services

To activate the services, contact Assist America at:

- Use the **Tap for Help Button on the Mobile App**
- **1-800-872-1414** (Within the US)
- **1-609-986-1234** (Outside the US)
- Email **medservices@assistamerica.com**

Your Assist America Reference Number is:

01-AA-GLI-10231

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the Assist America Mobile App. Enter your Assist America Reference Number to set up the App:

01-AA-GLI-10231

►Tap for Help
Tap-to-call Assist America's 24/7 Operations Center

►Voice Over Internet Protocol (VoIP)
Avoid international phone charges by calling Assist America for free using a Wi-Fi connection

►Pre-Trip Information
Access detailed country-specific information to prepare for your trip

►Travel Alerts
Receive alerts on urgent global situations that may impact travel

►Travel Status Indicator
A GPS feature letting you know when you are eligible for services

►Embassy Locator
Locate the nearest embassy/consulate of 23 countries

►Mobile ID Card
Your Assist America ID card is conveniently stored within the app

►Available in 7 languages
The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

Available on Google Play and the App Store

Conditions & Limitations:

Assist America pays for all the transportation services it arranges. Requests for reimbursement for medical transport or other services arranged independently by the member will not be accepted. Assist America is not responsible for the cost of medical treatments and other non-medical services received by the member upon a referral made by Assist America.

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care
- Trips exceeding 90 days away from legal residence

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy beyond the 28th week
- With mental or nervous disorders unless hospitalized
- Spouse traveling on business

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local laws.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

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assist america® is a registered service mark of Assist America, Inc.

jet dental
We bring the dentist to your workplace.

+ North Coast Schools
Medical Insurance Group

Check *The Pulse* for upcoming Jet Dental events!

Jet Dental offers comprehensive dental exams, cleanings, x-rays, and teeth whitening services—all in one convenient location.

You do **not** need to have dental benefits through NCSMIG to attend.

Stay tuned for details!

zerigohealth

Painful, itchy rashes? Love your skin again[1]

Zerigo Health makes treatment for **psoriasis** and **eczema** easy by making proven NB-UVB phototherapy accessible at home. Zerigo is included in your benefits[2].

The program includes:

One-on-one support
from knowledgeable Care Guides[3]

Easy-to-use mobile app
Get treatment reminders and track your progress

FDA-cleared handheld UVB phototherapy light
device to use at home or on the go

Virtual visits with licensed providers
who can diagnose, prescribe, and provide expert guidance[4]

Sign up at:
zerigohealth.com
877.738.6041

What is Phototherapy?

Credibility

25+ years of clinical data[5] support NB-UVB as effective treatment for psoriasis and atopic dermatitis

Science

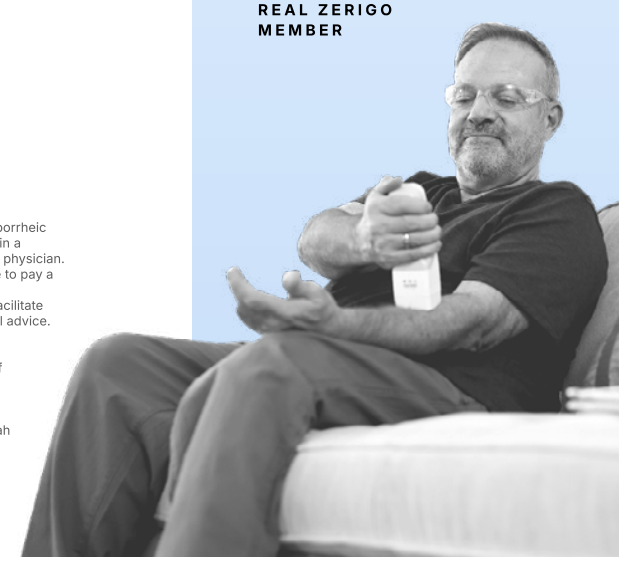
Improves skin by calming overactive immune cells and decreasing inflammation[5]

Results

94% of patients with psoriasis achieved clearance in 30 treatments[6]

"It would not have been possible to feel so normal without this light treatment. All of the nasty symptoms - the itching, the redness, the flakiness – are all in the rear view mirror."

REAL ZERIGO MEMBER



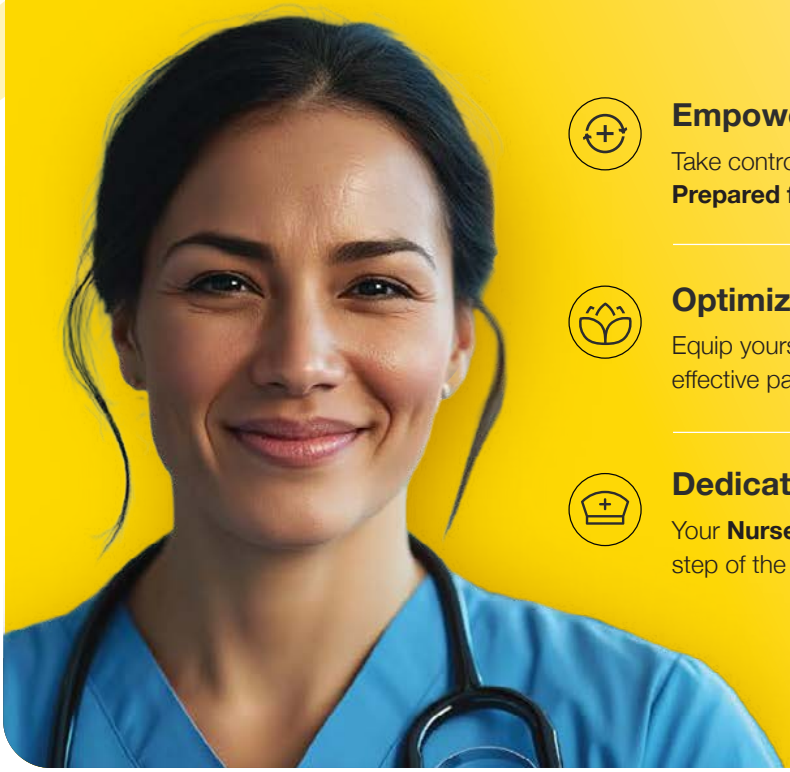
1. The Zerigo Skin Health Program is an ultraviolet-light-emitting medical device. It is intended for use in localized phototherapeutic treatment of dermatologic conditions such as psoriasis, vitiligo, atopic dermatitis (eczema), seborrheic dermatitis, and leukoderma on all skin types (I-VI). The device can be used in the comfort of a patient's home or in a physician's office. Individual results may vary. U.S. federal law restricts this device to sale by or on the order of a physician.
2. The Zerigo Health Solution is available through your healthcare benefits as a value-added service. You may have to pay a copay or coinsurance if you see your doctor to get a prescription for phototherapy treatment.
3. Zerigo Care Guides include RNs, MAs, and certified health and wellness coaches who can help coordinate and facilitate your discussion with your doctor. The Care Guides do not prescribe therapies or provide patient-specific medical advice. For questions about your prescription or treatment plan, please contact your doctor.
4. Offered in conjunction with independent virtual care provider, CirrusMD.
5. See, e.g., Elmets CA, et al., Joint American Academy of Dermatology: National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy, 2019 Sep;81(3):775804; Myers E, Kheradmand S, Miller R. An Update on Narrowband Ultraviolet B Therapy for the Treatment of Skin Diseases. Cureus. 2021 Nov 1;13(11):e19182.
6. See Matthews, DNP, et al., Phototherapy: Safe and Effective for Challenging Skin Conditions in Older Adults. Sarah W. Matthews, DNP; Kenneth Pike, PhD; Andy J. Chien, MD; MD Edge Dermatology, VOL. 108 NO. 1, July 2021 (https://cdn.mdedge.com/files/s3fs-public/CT108001015_e.PDF)

Planning for **Surgery?**

Prepare for Surgery and Recovery. **Your way.**

With Goldfinch Health, you'll unlock leading support and methods designed to help you take control of your recovery journey:

GOLDFINCH Health



Empowered Recovery:
Take control of your healing process with the **Prepared for Surgery Tool Kit.**

Optimized Pain Management:
Equip yourself with **science-based techniques** for more effective pain relief while minimizing opioid risk.

Dedicated Support:
Your **Nurse Navigator** will be by your side through every step of the process to provide personalized care.

To learn more, visit
my.goldfinchhealth.com

How can you **get started with Goldfinch?**

Your plan offers you no-cost access to Goldfinch Health to help you and your family make informed decisions about surgery and recovery.

TO GET STARTED VISIT:

my.GoldfinchHealth.com

Contact us at: **Hello@GoldfinchHealth.com**
or call **833.GLD.FNCH** (833.453.3624)

INCLUDED:

Prepared for Surgery Tool Kit.

This Tool Kit contains specially selected items backed by clinical research proven to reduce the discomfort of surgery and improve your recovery!

With you every step of the way.

CONTACT INFORMATION

Blue Shield of California	855.599.2650 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

DISCLAIMER

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.