



SISC Health Benefits Information

Rancho Santiago CCD

Presented by:
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May 21, 2026

SCHOOLS HELPING SCHOOLS

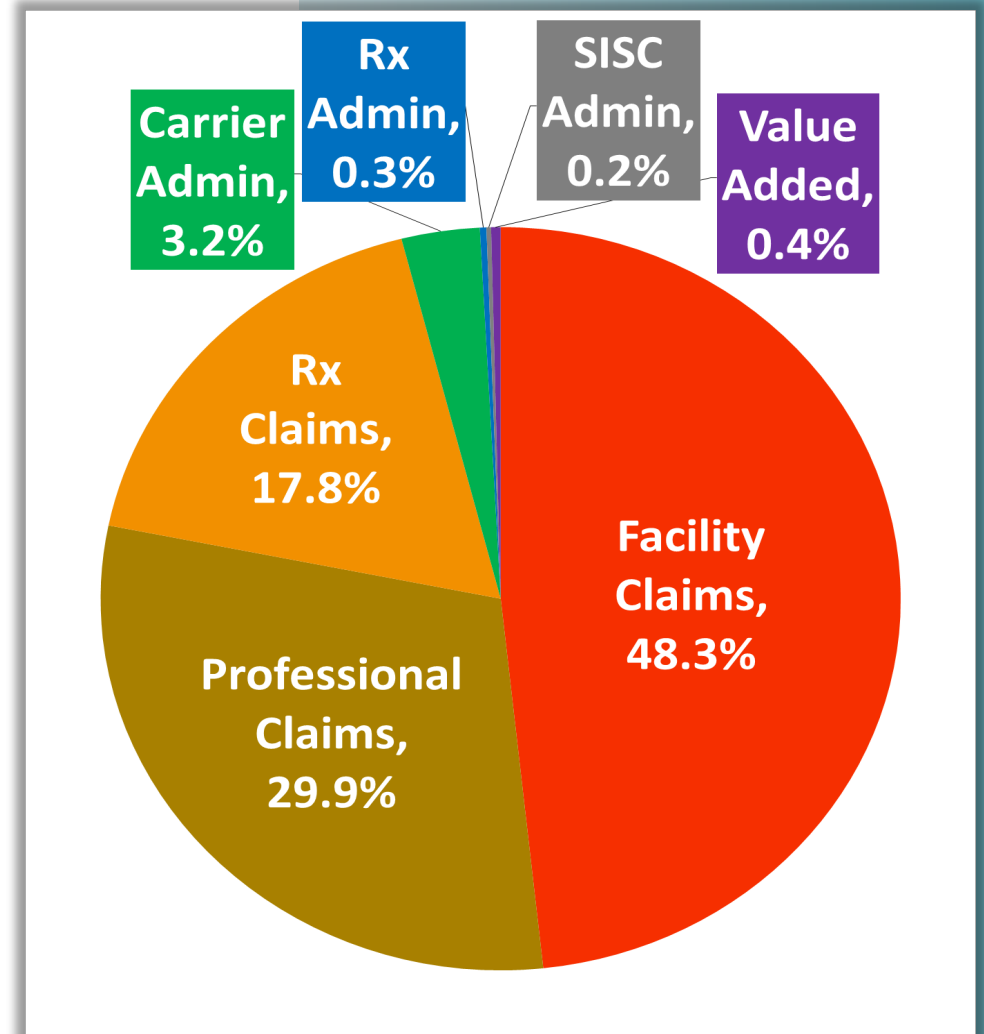
Almost every dollar we collect goes to pay directly for healthcare services

STRENGTH IN NUMBERS

With the combined power of 475 California school districts, SISC is a strong, stable health system. By pooling risk for over 424K employees and their families, we deliver predictable value to our membership.

As a public entity, SISC doesn't operate on profit margins. All SISC employees and Board Members are public school employees.

Providing value is our top priority. We are committed to serving the needs of our members.



GEOGRAPHIC DIVERSITY PROVIDES STABILITY

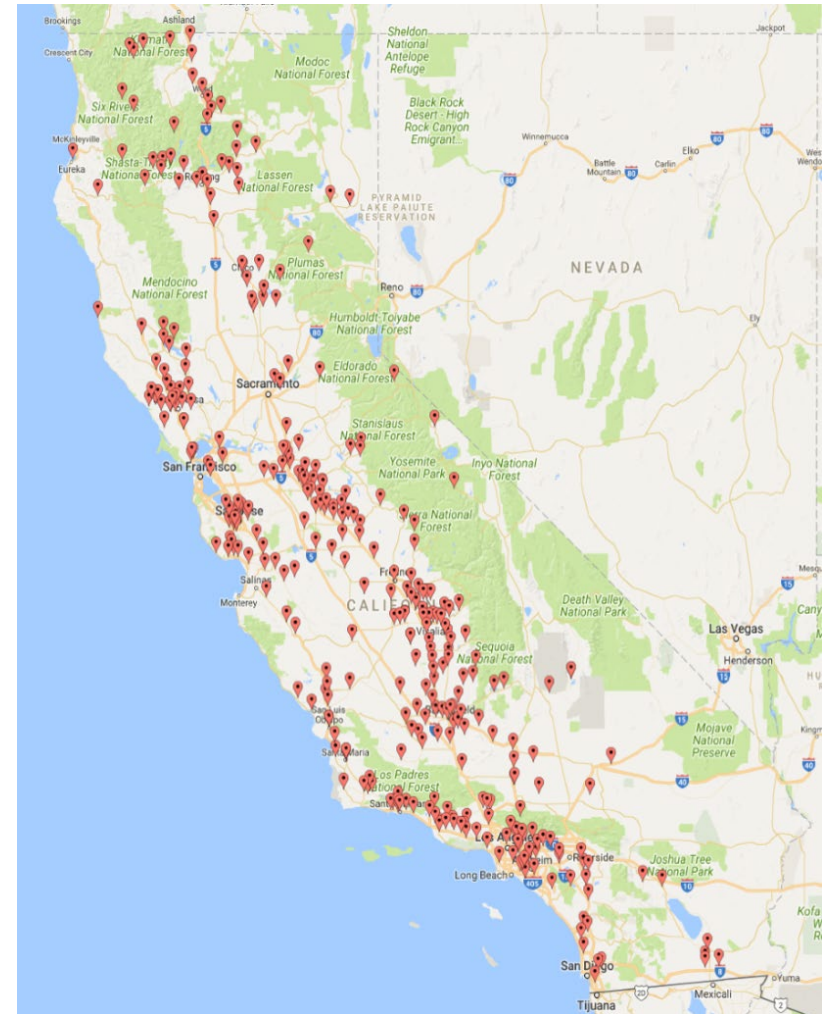
We treat having membership spread out over all of California like a diversified investment.

Renewal rates are based primarily on the experience of the entire statewide pool.

Regional differences in the cost of medical care are taken into consideration, but the size and diversity of our pool allow us to spread the risk and minimize the regional adjustments.

Low costs and stability are major reasons groups join SISC and stay for decades.

Our groups can depend on predictable and fair rate renewals.



ABOUT THE REGION

Public Entity Transparency:

Q: Is the pool a public entity?

Yes, SISC is a public entity. The administration is carried out by a staff of public school employees. Like public schools, we are subject to the Brown Act. Our board meetings are open to the public.

Timing of Renewals:

Q: When does the pool deliver renewal rates?

SISC delivers renewal rates in March and early April, six months in advance of the effective date.

Regions:

Q: Are renewals based on regions?

Renewal rates are based primarily on the experience of the entire statewide pool with regional differences in the cost of medical care taken into consideration.

THINGS TO CONSIDER

Regions:

Q: What region would we be in?

Rancho Santiago Community College District would be in the Orange/LA/San Bernardino/Riverside Region.

Q: What other groups are in this region?

Alvord Unified	Fullerton Jt. Union High	Orange County Dept. of Ed	Santa Clarita CCD
Anaheim Elementary	Glendale Unified	Orange Unified	Santa Monica-Malibu Unified
Arcadia Unified	Huntington Beach City Elem.	Palisades Charter High	Santa Rosa Academy
Azusa Unified	LA County Office of Ed.	Palm Springs Unified	So Orange County CCD
Buena Park	La Habra City	Pasadena Area CCD	Sulphur Springs Union Elem.
Coachella Valley Unified	Lake Elsinore Unified	Pasadena Unified	Temecula Valley Unified
College of the Desert	Lewis Center	Placentia-Yorba Linda	Victor Elementary
Corona-Norco Unified	Menifee Union Elem.	Pomona Unified	Westminster Elementary
Desert Sands Unified	Monrovia Unified	Redondo Beach Unified	Whittier City School
East Whittier City	Moreno Valley Unified	Saddleback Valley Unified	William S. Hart Union High
El Camino Real Charter HS	Mt. San Antonio College	San Bernardino CCD	
Fullerton Elementary	Nuview Union	San Gabriel Unified	

CCD MEMBERSHIP IN SISC

Q: Which Community College Districts participate in the SISC Health Benefits program?

Alameda County

Ohlone CCD – 2019*
Peralta CCD - 2023

Butte/Glenn County

Butte Glenn CCD - 2017

Fresno County

West Hills CCD – 2004*

Humboldt

College of the Redwoods
- 2019

Kern

Kern CCD - 1983
West Kern CCD - 1987

Lassen

Lassen CCD – 1999*

Los Angeles County

Antelope Valley CCD - 2012
Mt. San Antonio CCD – 2020*
Pasadena Area CCD - 2017
Santa Clarita CCD - 2010

Marin County

College of Marin - 2014

Merced County

Merced CCD – 1989

Monterey County

Hartnell College - 2026

Orange County

South Orange County CCD
- 2003

Placer County

Sierra Jt. CCD - 2012

Riverside County

College of the Desert - 2010

San Bernardino County

San Bernardino CCD - 2020

San Diego County

Miracosta CCD - 2024
Palomar CCD - 2016

San Luis Obispo County

SLO County CCD – 2002

Santa Barbara County

Santa Barbara City College -
1993

Santa Clara County

Gavilan Jt. CCD - 2018
San Jose Evergreen CCD - 2018

Santa Cruz County

Cabrillo College - 2006

Shasta/Tehama/Trinity County

Shasta-Tehama- Trinity CCD -2016

Sonoma County

Santa Rosa Junior College - 2008

Stanislaus /Tuolumne County

Yosemite CCD - 2010

Tulare County

College of the Sequoias - 2016

Ventura County

Ventura County CCD - 2024

**Community College Districts with bargaining unit outside of SISC*

THINGS TO CONSIDER

Q: What is the breakdown of the number of members covered by PPO, HMO and Kaiser plans in this region?

Orange/LA/San Bernardino/Riverside Members:

PPO: 35,585

HMO: 37,665

Kaiser: 46,533

Total: 119,783

Size and Stability:

Q: For the region we would be in, what is the renewal history for the past five years for PPO, HMO and Kaiser plans?

	<u>PPO</u>	<u>HMO</u>	<u>KP</u>
2022 - 23:	5.3%	5.7%	7.1%
2023 - 24:	8.1%	8.7%	8.6%
2024 - 25:	4.6%	5.7%	5.4%
2025 - 26:	7.9%	8.3%	8.8%
2026 - 27:	9.0%	9.3%	8.0%

Q: Do all groups in this region receive the same renewal percent change or have some groups sometimes received a different percent change?

All groups within the same region receive the same renewal range regardless of their size or when they joined.

Q: What is the total number of Medical Plan members covered statewide broken down by PPO, HMO and Kaiser?

<u>PPO</u>	<u>HMO</u>	<u>KP</u>	<u>Total</u>
260,985	49,225	113,196	423,406

SISC PLANS QUOTED: 1/1/2027-9/30/2027

Active Employees and Early Retirees

Anthem PPO 90-A \$20 Prudent Buyer Network; Navitus \$5G/\$20B Rx		Anthem HMO Premier 10 Full HMO Network Navitus \$5G/\$20B Rx		Kaiser Permanente \$0 OV / \$5 Rx or \$10 OV / \$10 Rx	
<u>3-Tier Rates</u>		<u>3-Tier Rates</u>		<u>3-Tier Rates</u>	
Single	\$1,361	Single	\$1,066	Single	TBD
2-Party	\$2,896	2-Party	\$2,248	2-Party	TBD
Family	\$4,036	Family	\$3,123	Family	TBD
<u>4-Tier Rates</u>		<u>4-Tier Rates</u>		<u>4-Tier Rates</u>	
EE	\$1,361	EE	\$1,066	EE	TBD
EE+SPS	\$3,014	EE+SPS	\$2,345	EE+SPS	TBD
EE+CH(N)	\$2,657	EE+CH(N)	\$2,050	EE+CH(N)	TBD
EE+FAM	\$4,191	EE+FAM	\$3,245	EE+FAM	TBD

SISC KP quote will follow after release of ASCIP renewal.

SISC: KAISER PERMANENTE OPTIONS

Benefit	Kaiser \$0 OV / \$5 Rx	Kaiser \$10 OV / \$10 Rx
Annual Deductible	\$0	\$0
Out-of-Pocket Maximum	\$1,500 Person / \$3,000 Family	\$1,500 Person/ \$3,000 Family
Primary Care Visits	\$0	\$10
Specialist Visits	\$0	\$10
Mental Health Office Visits	\$0	\$10
Telehealth Visits	\$0	\$0
Urgent Care	\$0	\$10

SISC: KAISER PERMANENTE OPTIONS

Benefit	Kaiser \$0 OV / \$5 Rx	Kaiser \$10 OV / \$10 Rx
Physical / Occupational / Speech Therapy	\$0	\$10
Labs & X-rays	\$0	\$0
MRI / CT / PET Imaging	\$0	\$0
Outpatient Surgery	\$0	\$10
Inpatient Hospital	\$0	\$0
Emergency Room	\$100	\$100
Ambulance	\$50	\$50

Current RSCCD Plan features \$0 Ambulance and \$35 ER copays

See benefit summaries and plan booklets for coverage details.

SISC: KAISER PERMANENTE OPTIONS

Benefit	Kaiser \$0 OV / \$5 Rx	Kaiser \$10 OV / \$10 Rx
Mental Health & Substance Abuse:		
Individual Outpatient	\$0	\$10
Group Outpatient	\$0	\$5
Durable Medical Equipment	\$0	\$0
Prosthetics / Orthotics	\$0	\$0
Skilled Nursing Facility	\$0	\$0
Chiropractic / Acupuncture (ASH)	\$10	\$10
<i>Annual limit of 30 visits combined</i>		

SISC Kaiser Permanente plans will include coverage for the treatment of infertility as required by California SB 729, effective October 1, 2026.

SISC: KAISER PERMANENTE OPTIONS

Covered Prescription Drugs	Kaiser \$0 OV / \$5 Rx	Kaiser \$10 OV / \$10 Rx
Most Generics	\$5	\$10
Most Brands <i>Up to a 100-days supply</i>	\$5	\$10
Most Specialty <i>Up to a 30-days supply</i>	\$5	\$10

Must use Kaiser Permanente Pharmacy or KP Mail-Order Service.

SISC: ANTHEM BLUE CROSS HMO PREMIER 10

Key Benefit

Annual Deductible

Annual Out-of-Pocket Maximum

Primary Care Visits

Specialist Visits

Mental Health Office Visits

Diagnostic Labs & X-rays

MRI / CT / PET Imaging

Urgent Care

Emergency Room

Inpatient Hospital

Outpatient Surgery

Member Cost

\$0

\$1,000 Person / \$2,000 Family

\$10 copay

\$10 copay

\$10 copay

\$0

\$100 copay

\$10 copay

\$100 copay

\$0

\$0

SISC: ANTHEM BLUE CROSS HMO PREMIER 10

Service

Chiropractic Care & Acupuncture (ASH)

Annual limit of 30 visits combined

In-Network Member Cost

\$10 copay

Physical, Occupational & Speech Therapy

\$10 copay

Home Health Care

\$10 copay

Dialysis

\$10 copay

Chemo / Radiation Therapy

\$10 copay

Skilled Nursing Facility

\$0

Hospice

\$0

Durable Medical Equipment

\$0

Prosthetic Devices

\$0

SISC: ANTHEM BLUE CROSS HMO PREMIER 10

- Services are generally covered only when coordinated through the member's PCP and medical group/IPA
- Out-of-network services are not covered except for emergency, urgent care, authorized services, or when required by law
- Some therapies and specialty services have annual visit limits
- **SISC HMO plans will include coverage for the treatment of infertility as required by California SB 729, effective October 1, 2026**

SISC: ANTHEM BLUE CROSS PPO 90-A \$20

Key Benefit

Annual Deductible

*Annual Out-of-Pocket Maximum

Primary Care Visits

Specialist Visits

Mental Health Office Visits

Urgent Care

Emergency Room

Inpatient Hospital

Diagnostic Testing, Surgery, Imaging

Member Cost (In-Network)

\$100 Person / \$300 Family

\$1,000 Person / \$3,000 Family

\$0 first 3 visits, then \$20 copay

\$20 copay

\$20 copay

\$20 copay

\$100 copay + 10% after deductible

10% coinsurance after deductible

10% coinsurance after deductible

**Annual Out-of-Pocket Maximum for covered non-emergent, in-network medical services.
The pharmacy benefit has a separate OOPM.*

SISC: ANTHEM BLUE CROSS PPO 90-A \$20

Service

In-Network Member Cost

Chiropractic Care & Acupuncture (ASH)

Deductible, then 10%

- *No chiro limit; subject to ASH review after 5th visit*
- *Acupuncture – 12 visits per year*

Physical, Occupational & Speech Therapy

Deductible, then 10%

Home Health Care

Deductible, then 10%

Dialysis

Deductible, then 10%

Chemo / Radiation Therapy

Deductible, then 10%

Skilled Nursing Facility

\$0

Hospice

\$0

Durable Medical Equipment

\$0

Prosthetic Devices

\$0

SISC PPO Plans are not subject to California SB 729; infertility treatment is not covered.

OUT OF NETWORK PLAN DIFFERENCES

- The **ASCIP 90-70 Optional PPO** provides materially broader **Out-of-Network** coverage overall, generally member cost share is **30% coinsurance after deductible**.
- The **SISC 90-A \$20 Anthem Classic PPO** excludes many Out-of-Network services entirely and frequently limits reimbursement to Anthem's allowed amount. Members using OON providers are subject to potentially significant balance billing.
- The ASCIP plan includes a defined **Out-of-Network Out-of-Pocket Maximum**, while the SISC 90-A plan does not.
- Several **out of network** care categories— including labs, standard imaging, DME, prosthetics, PT/chiropractic, and preventive care — are covered under ASCIP but not covered under the SISC 90-A plan.

Same as current plan:

- Specific inpatient surgeries that must be performed at a Blue Distinction Plus Facility
 - Hip/Knee joint replacements, spinal surgeries, bariatric surgery (BD/BD+)

OUT OF NETWORK PLAN DIFFERENCES

Benefit Category	ASCIP 90-70 Optional PPO	SISC 90-A \$20 Anthem PPO
Out-of-Network Out-of-Pocket Maximum	\$3,000 person / \$6,000 family	No OON Network OOP Max
General Out-of-Network Coverage Approach	Most services covered at 30% after deductible	Many services are not covered OON; others reimburse up to max allowed amount
Primary Care / Specialist / Mental Health Office Visits	30% coinsurance after deductible	Member pays charges exceeding allowed amount
Preventive Care	30% coinsurance after deductible	Not covered
Physical Medicine (PT/OT/Chiro)	30% coinsurance after deductible	Not covered

OUT OF NETWORK PLAN DIFFERENCES

Benefit Category	ASCIP 90-70 Optional PPO	SISC 90-A \$20 Anthem PPO
Advanced Imaging (MRI/PET/CT)	30% after deductible plus charges over \$800/test limit	Charges above \$800/test limit
Urgent Care	30% after deductible	Charges above allowed amount
Emergency Room / Ambulance	Covered as In-Network	Covered as In-Network
Outpatient Mental Health Facility Services	30% after deductible	Charges above allowed amount
Hospital Inpatient Facility	\$500/admission + 30% after deductible; limit: \$1,500/day	Subject to \$600/day limit

OUT OF NETWORK PLAN DIFFERENCES

Benefit Category	ASCIP 90-70 Optional PPO	SISC 90-A \$20 Anthem PPO
Skilled Nursing Facility	Covered; subject to balance billing beyond Anthem allowance	Subject to \$600/day limit
Home Health Care	Subject to \$150/day limit	Same \$150/day limit structure
ASC / Dialysis Centers	Subject to \$350/day or visit limit	Same \$350/day or visit limit structure
Durable Medical Equipment & Prosthetics	Covered at 30% after deductible	Not covered
Cardiac Rehabilitation	Covered at 30% after deductible	Not covered
Hearing Aids	\$2,000 maximum per ear, every 36 months	\$700 maximum both ears, every 24 months



SISC PHARMACY BENEFITS: PPO & HMO

PLAN RX 5-15-30 ASCIP

	WALK-IN				MAIL	
	Network		Costco		Costco	Navitus
Days' Supply*	30	90	30	90	90	30
Generic	\$5	N/A	FREE	N/A	\$10	N/A
Preferred Brand	\$15	N/A	\$15	N/A	\$30	N/A
Non-Preferred Brand	\$30	N/A	\$30	N/A	\$75	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	Varies by Tier
Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family					

PLAN RX 5-20

	WALK-IN				MAIL	
	Network		Costco		Costco	Navitus
Days' Supply*	30	90	30	90	90	30
Generic	\$5	N/A	FREE	FREE	FREE	N/A
Brand	\$20	N/A	\$20	\$50	\$50	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$20
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family					

Pharmacy Benefits are provided by Navitus Health Solutions on both plans, using the same formulary.

- ASCIP separates Preferred vs. Non-Preferred Brands
- SISC combines all brands into a single Brand Tier
 - Members using Preferred Brands may pay less under ASCIP.
 - Members using Non-Preferred Brands may pay less under SISC.
- SISC plan has lower Rx out-of-pocket maximums and richer Costco generic/mail-order generic structure
- SISC/Navitus Pharmacy Network includes most independent and all major chain pharmacies **except Walgreens.**



PHARMACY BENEFITS – ADDITIONAL DETAILS

The SISC Navitus pharmacy benefit includes the following provisions to help sustain affordability.

Step Therapy: Members may be required to try safe and cost-effective alternatives before other medications are covered. When filling a prescription that requires step therapy, the pharmacist will be prompted to contact the prescriber to discuss appropriate alternatives.

Prior Authorization: Certain medications will only be approved if specific criteria are met.

Days Supply Limits: Newly prescribed maintenance medications will be filled in a 30-day supply for the first three fills before a 90-day supply can be obtained.

Quantity Limits: Some medications may have factors that necessitate dispensing a smaller quantity.

Brand Names with Generic Equivalents: Once a brand-name drug's patent expires, other companies can sell its generic version. Common examples include Lipitor (generic: atorvastatin) and Synthroid (generic: levothyroxine). Members who choose a brand-name drug when a generic is available must pay the cost difference between the brand and the generic, plus the generic copayment. An exception procedure is available for prescribing physicians if the brand-name drug is deemed medically necessary.



PHARMACY BENEFITS – ADDITIONAL DETAILS

Non-Covered Medication Categories: Some medication categories are **excluded** under the SISC Navitus Benefit, including:

Pharmacy

- ***Weight loss medications** (e.g., Wegovy, Zepbound)
 - *GLP-1 medications are covered only with a diagnosis of Type II Diabetes*
- **Medications used for cosmetic purposes** (e.g., anti-wrinkle treatments, hair removal)
- **Over-the-counter medications** (e.g., Prilosec, Nexium, Zyrtec, Flonase, Claritin)

*See note on slide 25.

Transitioning to the SISC Navitus Prescription Benefit

Most members will not see significant changes to their prescription coverage when moving to SISC.

During the first 90 days of coverage, overrides will allow:

- Covered medications subject to step therapy or prior authorization to be filled once during the first 90 days

Specialty Medications:

Specialty medications are prescription drugs used to treat complex, chronic, or rare conditions. They often require special handling, close monitoring, or specific administration (such as injections or infusions). Members taking a specialty medication should contact Navitus for guidance. Lumicera is the Navitus Specialty pharmacy.



PHARMACY BENEFITS – ADDITIONAL DETAILS

There is **NO** transition coverage for medications prescribed for weight loss, cosmetic uses, brand-name drugs with generic equivalents, and over-the-counter medications. These categories will **NOT** be covered under the SISC Navitus pharmacy benefit. The pharmacy will explain that the medication is not covered; members with questions may call Navitus customer service.

HMO members with a BMI over 30 may access Vida’s medical weight loss program, which includes support from a nutritionist, health-coaching, and clinical provider visits. This medical weight loss program also offers the prescribing of weight loss medications, **including select GLP-1 therapies for HMO members with a BMI over 40 who meet clinical and program engagement criteria.**

As of July 1, 2026, the SISC plan will cover generic Farxiga (dapagliflozin) only. Members currently taking Jardiance will be transitioned to generic Farxiga (dapagliflozin). An exception process may be available through Navitus for medical necessity. Jardiance and generic Farxiga are both SGLT2 inhibitors that treat the same conditions and work in a similar way.

If you are impacted by a coverage change and have questions, you may contact Navitus for guidance once enrolled.

SISC PLANS QUOTED: 1/1/2027-9/30/2027

Retirees 65+ with Medicare A&B

**Anthem PPO 100-A \$20
(Medicare COB)
Prudent Buyer Network;
Navitus Part D Rx \$0G/\$20B**

3-Tier Monthly Rates

Single	\$716
2-Party	\$1,432
Family	\$1,869

**Anthem Blue Cross
CompanionCare Medicare
Supplement; Navitus Part D
Rx \$9G/\$35B**

3-Tier Monthly Rates

Single	\$510
2-Party	\$1,020

**Kaiser Permanente Senior
Advantage \$10 OV / \$10 Rx
Medicare A&B assigned to KP**

3-Tier Monthly Rates

Single	\$243
2-Party	\$486

SISC RETIREES – IMPORTANT INFORMATION

- Retirees who decline coverage will not be permitted enrollment in the future.
- Dependents may not be enrolled without the subscriber (unless Ed. Code 7000 applies)
- Under/over combos may remain enrolled on the <65 plan, provided the Medicare eligible person enrolls in Parts A&B on the first date of eligibility; or
- The enrollment may be split and the person over 65 may enroll in a SISC Medicare Plan, and the person under 65 may enroll on the <65 plan with the same carrier.
- SISC requires retirees to maintain continuous enrollment in Medicare Parts A&B; otherwise, a nonrefundable surcharge will apply to the monthly premium for the <65 retiree plan.
- Similarly, Kaiser Permanente members must maintain assignment of Medicare Parts A & B to avoid monthly surcharges to the <65 premium.

Medicare Part	Surcharge
Missing Part A	\$700
Missing Part B	\$900
Missing Parts A & B	\$1,600

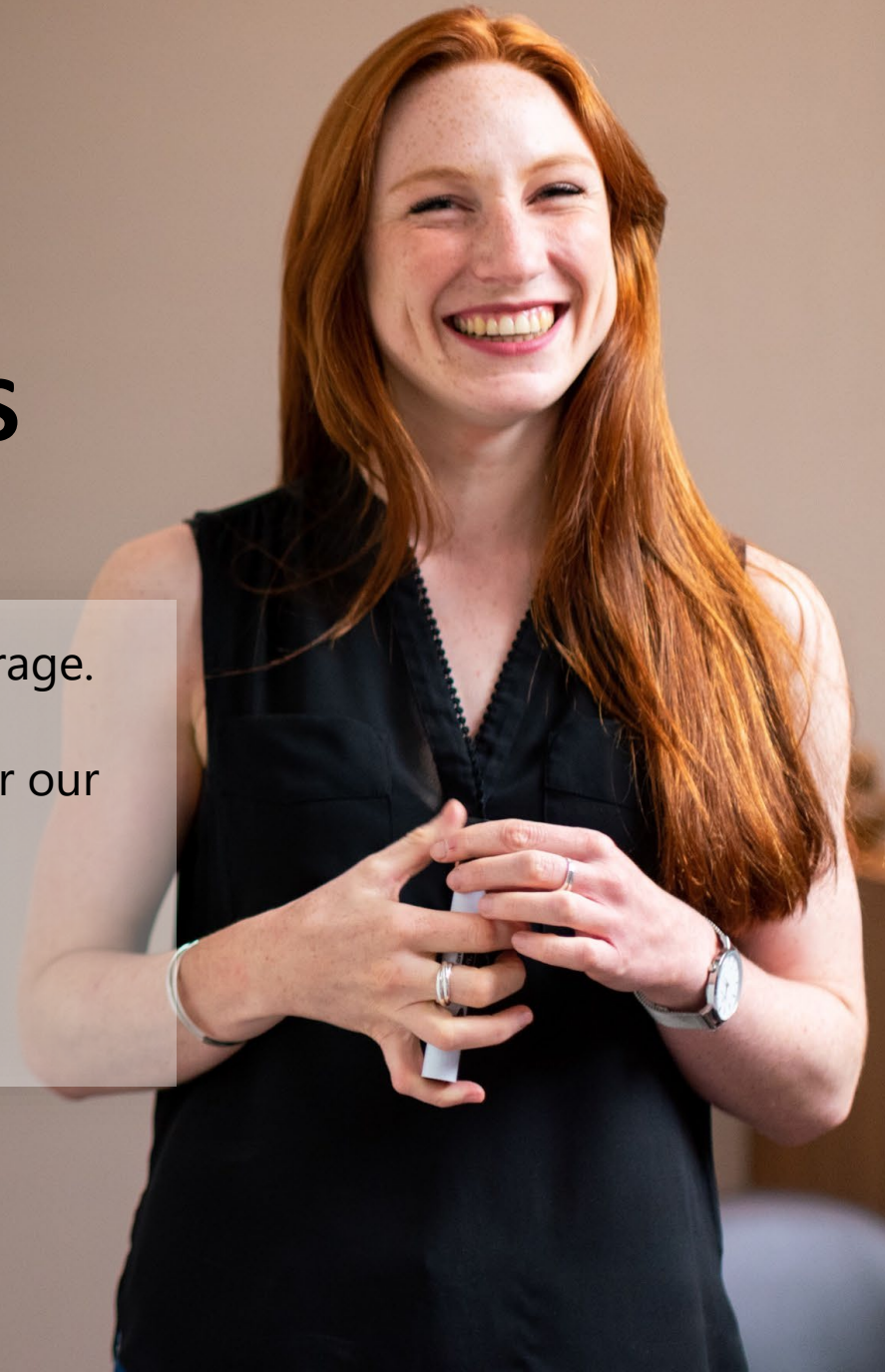


SISC

Self-Insured Schools of California
Schools Helping Schools

SISC ADDED VALUE PROGRAMS

- SISC offers “**Added Value**” Programs in addition to traditional coverage.
- These programs make healthcare more accessible and affordable for our members, and help eliminate gaps in care.
- The following slides explain the programs available through SISC.



SISC ADDED VALUE PROGRAMS

- **Employee Assistance Program – (EAP)** provides access to free, confidential resources for help with personal concerns – emotional, marital, financial, addiction and recovery, legal, stress and more.
- **Expert Medical Opinion Benefit for all SISC members – Teladoc** provides free access to world-class physicians for the diagnosis of medical conditions and optimal treatment plans.
- **Health Screening Program for all SISC members – Quest Biometric Screenings** PPO members 45+ and over are also eligible for free colorectal screening kits.
- **Personalized Support for Autoimmune & Inflammatory Conditions for all SISC members – WellTheory** offers personalized nutrition and lifestyle coaching from Registered Dietitians and access to specialty lab testing for gut health, hormone balance, and food sensitivities.

SISC ADDED VALUE PROGRAMS

- **\$0 generic drugs at Costco and through Mail Order for PPO & HMO members** - Members who use Costco retail pharmacies can have their prescriptions delivered for free through Instacart! (*Instacart will deliver within a 60 minute travel radius*)
- **Free remote access to personal health care support for PPO & HMO members** – **Vida** benefits include one-on-one coaching from clinicians and therapists who can help members lose weight, sleep better, manage chronic medical conditions, and cope with stress, anxiety and depression.
- **24/7 Urgent Care and Mental Health Telehealth for PPO & HMO members** – **MDLive** provides free virtual access to board certified physicians, pediatricians, therapists and psychiatrists.

SISC ADDED VALUE PROGRAMS

- **Virtual Primary Care for PPO members** – With *Centivo*, members can connect with a primary care provider virtually who can diagnose conditions, prescribe medication, refer to in-network specialists, and provide mental health support all at no cost.
- **Maternity Support for PPO members** – *Maven* provides free 24/7 virtual access to one-on-one maternity and postpartum support. Join in the first or second trimester to find out how to get a **FREE** 6-month diaper subscription!
- **Digital Joint and Back Pain solution for PPO members** – *Hinge Health* provides free access to virtual physical therapy and digital tools to reduce back and joint pain from the comfort of their own home.
- **Guided Support for PPO members with Cancer** – *Lantern Cancer Care* provides free access to a personal Oncology Nurse who partners with the member through every step of their cancer journey. The program also facilitates expert medical opinions and, when needed, provides expedited access to national cancer institutes.



ELIGIBILITY

Who Must Enroll in Coverage?

- Employees working 90%+ FTE must enroll in SISC benefits
- Except grandfathered waivers, all full-time employees must choose benefits or WABE (if offered by district)

Who is Eligible?

- Employees working at least 50% FTE; adjunct faculty who work a minimum of 40% of a full-time faculty job and who receive at least 50% of the FT employee contribution
- Eligible dependents: spouse, registered domestic partner, children (natural, step, adopted (up to age 26), legal guardianship (up to age 18)
- Disabled dependents may continue past 26 if all criteria are met – **MUST BE AN IRS TAX DEPENDENT**
- SISC allows enrollment of surviving spouse of certificated employee as per Ed Code 7000; this provision may be extended to other employee classifications upon request with a copy of the district's policy

Who May Decline Coverage?

- Current grandfathered waivers
- Employees working less than 90% FTE
- Those with proof of enrollment in certain other governmental plans such as Medical



DEPENDENT VERIFICATION

SISC requires **copies** of dependent verification documents.

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none">• Prior year's Federal Tax Form that shows the couple was married (First page only, financial information may be blocked out).• A marriage certificate will be accepted for newly married couples when filing has not yet been required for the current tax year.
Domestic Partner Registered for Less Than One Year	<ul style="list-style-type: none">• A Certificate of Registered Domestic Partnership issued by the State of California or a certified copy of the Declaration of Domestic Partnership that includes the dated, signed Secretary of State Certification Stamp. (Enrolling a Domestic Partner may cause the employer contribution to become taxable.)
Domestic Partner Registered for More Than One Year	<ul style="list-style-type: none">• Their previous year's California Tax Return showing a joint filing status --OR--• Certificate of Registered Domestic Partnership issued by the State of California, along with a mortgage statement, rent statement, or utility bill that includes both the subscriber's and the domestic partner's names at the same residence address.
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none">• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB)• Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none">• Legal U.S. Court Documentation establishing Guardianship



DEPENDENT VERIFICATION

Disabled Dependents over age 26 must be handled timely and carefully in order to continue coverage!
All items listed below are required

Dependent Type	Required Documentation
Unmarried Disabled Dependents over age 26 (requires enrollment in a SISC medical plan). Dependent's disability must occur before age 26.	<ul style="list-style-type: none">• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)• Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (First page only, income information may be blocked out.)• Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.• Completed Declaration of Disability for Overage Dependent Child

- ✓ **There can be no break in coverage.**
- ✓ **Plus** Dependent Certification Form for applicable carrier: **Blue Shield, Anthem, etc.**



SISC TIMELINE

- Kaiser Permanente Break in rule apply
 - KP quote will follow release of ASCIP renewal
 - KP rates are revenue neutral, net of benefit adjustments
- Initial rates effective January 1, 2027
- SISC plans renew each October 1st
- First renewal: October 1, 2027 – September 30, 2028
 - Orange County renewal range will apply
- SISC plan accumulations run on a calendar year
- Joining documents due at SISC by September 1, 2026
 - JPA agreement, Board Resolution, Plan Selection Letter, SISCconnect Registration Form



SISC TIMELINE

- Enrollment options:
 - Upload to SISCconnect portal of completed, signed enrollment forms with dependent verification copies
 - EDI file *if approved by SISC*; dependent verification copies will be upload to SISCconnect portal (Current approved vendors: American Fidelity, Apprize, Benefits Bridge, Plan Source, Selerix, Synergy, Ward)
 - Estimated enrollment due dates:
 - October 19th: Medicare Retirees
 - November 16th Active, Early Retirees (EDI File due date TBD by scheduling discussion)

QUESTIONS?



THANK YOU FOR THE OPPORTUNITY!