



**Shasta Head Start
Child Development, Inc.**

BENEFITS GUIDE

June 1, 2024—May 31, 2025



MEDICAL • DENTAL • VISION • LIFE/AD&D

Important Notice: Read Carefully

This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. The plan sponsor reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.



Need assistance with resolving a benefits related issue?

Have questions regarding what is covered or where to be seen?

Contact the Benefit Advocacy Team and get the one-on-one support you need.

Call Toll Free | 833.4.SolvIt
(833.476.5848)

Text | 833.476.5848

Chat Online | www.solvins.com

Email | BAT@solvins.com

BENEFIT ADVOCACY TEAM (BAT)

MEDICAL

Claims, Order ID Cards, Find a Provider

VISION

Find Doctors, Questions About Coverage

PHARMACY

Learn More About Benefits, Resolve Issues

DENTAL

Resolve Claims Disputes, Find Providers

Monday – Friday, 8:00am – 5:30pm PST

License Number: 0K72752

Medical Plan

Shasta Head Start Medical Plan

GENERAL PLAN PROVISIONS

MEMBER COSTS

Calendar Year Deductible Individual / Family	\$3,000 / \$5,000
Calendar Year Out-of-Pocket Limit Individual / Family	\$5,000 / \$10,000
Lifetime Maximum	None

OUTPATIENT SERVICES

Office Visit (PCP / Specialist)	20%*
Routine Adult Physical Exams	No cost
Well-Baby & Well Child Care	No cost
Diagnostic Lab & X-ray	20%*
Imaging (CT / PET / MRI)	20%*
Outpatient Surgery	20%*

INPATIENT SERVICES

Hospitalization	20%*
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URGENT & EMERGENCY SERVICES

Emergency Room	20%*
Urgent Care	20%*

PRESCRIPTION DRUGS

Generic (Up to a 90-day supply)	\$10*
Formulary Brand (Up to a 90-day supply)	\$60*
Non-formulary Brand (Up to a 90-day supply)	\$100*
Specialty (Up to a 30-day supply)	30%* up to \$150

*Deductible applies

CONTRIBUTIONS PER MONTH

Employee Only	\$0.00
Employee + Child/Children	\$390.02

Referenced Based Pricing

ELAP SERVICES

Shasta Head Start is partnered with ELAP Service to assist you with reviewing and evaluating every claim to ensure your healthcare costs are paid at a fair price. This model of claims repricing is accomplished through three keys of the ELAP Services model.

- Claim Review and Audit
- Member Support and Advocacy
- Expert Legal Services

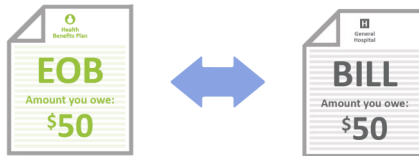
HOW IT WORKS

1. After you receive care from a provider or facility, ELAP will audit the bill to identify any overcharging.
2. The third-party administrator (EBMS) will pay the adjusted amount to the provider or facility.
3. Most of the time, the provider or facility accepts payment; if not the provider can appeal to the plan or “balance bill” you the member.

WHAT YOU NEED TO DO

If you receive a bill from the provider or facility, compare it with your Explanation of Benefits (EOB) from EBMS.

Make sure your EOB matches your BILL.



WHAT IF THE BILLED AMOUNT DOES NOT MATCH MY EOB?

1. Contact ELAP and send them the balance bill.
2. Sign an ACRA & HIPAA form giving ELAP permission to advocate on your behalf.
3. Watch your mail for additional bills and be sure to send them to ELAP.

WHAT WILL ELAP DO FOR YOU?

- A dedicated Member Services Advocate will contact you and serve as your primary contact regarding resolution for the balance bill.
- An expert legal representative will work on your behalf to resolve the balance bill.

Health Savings Account (HSA)

HEALTH SAVINGS ACCOUNT

If you enroll in the High Deductible Health Plan (HDHP) you are eligible to open your own Health Savings Account (HSA). These accounts were created to provide a tax-advantaged way to save for medical expenses. Funds you deposit into your HSA while eligible are not taxed on the federal level.

If you leave the company, your HSA is still yours, and you can still use any funds left in your account and roll over year to year.

You can use the HSA to:

- Pay for current expenses like deductibles, prescription drugs and copays
- Pay for future qualified expenses (even if you're no longer enrolled in an HDHP)

IMPORTANT NOTES:

- You are not allowed to contribute towards an HSA if you are also covered under a non-qualified health plan. This means that if you are also enrolled in a spouses plan, Medicare, Medicaid or other programs like TRICARE, you are not eligible to contribute.
- With your HSA funds, you can receive reimbursement, or pay for the qualified expenses of any eligible individuals including yourself, your spouse and your tax dependents.
- Only qualified expenses are tax-free through an HSA. You can visit www.irs.gov and search for Publication 501 for a complete list of qualified expenses.
- We utilize HSA Authority as our Health Savings Account administrator, and the company pays the monthly account fee. If you enroll in the HSA account for the first time in 2024, you will receive a debit card for use as soon as your account is open.

2024 MAX CONTRIBUTIONS

SINGLE COVERAGE

\$4,150

FAMILY COVERAGE

\$8,300

CATCH-UP CONTRIBUTION IF OVER AGE 55

Additional \$1,000

Dental Plan

YOUR DENTAL PLAN

Dental coverage is provided to all benefits eligible employees. When enrolling in the SunLife Dental PPO plan, be sure to utilize in network providers where you'll see the most paid in benefits. Use caution when seeking service outside the network.

SunLife PPO Dental Plan		
GENERAL PLAN PROVISIONS	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$50 / \$150	
Calendar Year Plan Maximum	\$2,000	\$1,500
Diagnostic & Preventive Care (deductible waived)	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontic Care	50%	50%
Orthodontic Care Maximum Lifetime Benefit	\$1,500	
Orthodontic Care Eligibility	Children Only	

CONTRIBUTIONS PER PAY PERIOD	
Employee Only	\$0.00
Employee + Spouse	\$23.41
Employee + Child/Children	\$35.62
Family	\$59.02

Vision Plan

YOUR VISION PLAN

You and your family are eligible for the VSP vision program. VSP does not issue ID cards, you just give the provider your Social Security number and they can then access your benefit information.

VSP Vision Plan

GENERAL PLAN PROVISIONS	In-Network Cost	Frequency
Eye Exam	\$10 copay	Every 12 months
Frames	\$130 allowance	Every 12 months
Eye Glass Lenses Single Vision Bifocal Trifocal	\$10 copay	Every 12 months
Contact Lenses (in lieu of frames)	\$130 allowance	Every 12 months

CONTRIBUTIONS PER PAY PERIOD

Employee Only	\$0.00
Employee + 1 Dependent	\$2.88
Employee + 2 or more Dependents	\$7.51



Life Insurance

BASIC LIFE AND AD&D INSURANCE

Life insurance and Accidental Death & Dismemberment (AD&D) insurance provide funds for those who have lost someone or for those who are seriously injured. Life insurance pays funds to your designated beneficiaries after your death, while AD&D pays an amount equal to your life insurance in the event of an accidental death. In the event of a loss of limb, eyesight, hearing or other covered loss, a predetermined amount will be payable to you. Basic Life insurance is provided to you at no cost.

Sun Life — Basic Life and AD&D Insurance

BENEFITS

Life & AD&D Insurance	Flat \$15,000
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Portable	Coverage may be ported upon termination of active employment
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AGE REDUCTIONS

At Age 70	Reduced by 33% of original benefit
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At Age 75	Reduced by an additional 17%
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At Retirement	Benefit terminates
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Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. EAP is provided to you at no cost.

Sun Life — Employee Assistance Program

BENEFITS

Unlimited telephone access to EAP professionals 24-hours a day, 7 days a week

- Service for employees and eligible dependents
- Robust network of licensed and/or certified mental health professionals
- Receive up to 3 face-to-face sessions with a counselor

Legal assistance and financial services

- Online will preparation
- Telephonic Legal consult
- Telephonic financial consultation
- Financial tools and resources

Resources for:

- Work/Life resources
- New Parent Guidance
- Health Risk assessments

To access services, go to www.guidanceresources.com.
Web ID: EAPBusiness



Telemedicine Service

Today, employees face rising healthcare costs, long wait times at the doctor's office, ER or urgent care center. Patients can talk with board-certified doctors 24/7 via mobile app, website or phone to deal with a wide variety of non-life threatening, everyday conditions .

First Stop Health — Telemedicine

- Services are at no cost to you
- Available to all members of your immediate family-spouse, children, and parents
- Talk with a board-certified, licensed doctor 24/7 from anywhere
- Convenient access to doctors via our mobile app, website or over the phone
- No pre-registration required
- Consult with doctors in less than 5 minutes
- Simple, delightful patient care
- If applicable, prescriptions are sent to nearby pharmacy
- Health Risk assessments

Talk to a doctor 24/7!
888-691-7867

Top 10 Reasons to Call First Stop Health

1	Sinus Issue	6	Ear Infection
2	Cough	7	Medication Refill
3	Sore Throat	8	Skin Rash
4	Urinary Tract Infection	9	Yeast Infection
5	Earache	10	Cold

But that's not all! Our doctors diagnosis and treat a wide variety of health concerns every day, and can also answer your medical questions.

Telemedicine Service

Virtual Mental Health

When it comes to mental health, many people don't know where to start to get the support and care they need.

First Stop Health makes accessing mental healthcare easy. Available 24/7 with Telemedicine, Virtual Mental Health offers patients access to short-term, solution-focused counseling. Licensed counselors are available nationwide via app, web or phone to help with such mental health issues as stress, depression, anxiety, grief, marital, work and family issues, and alcohol and drug dependencies.

- Services are at no cost to you
- Available to all members of your immediate family-spouse, children and parents
- Patients initiate consults using the FSH app, web or phone
- Experienced care representatives assess patients concerns
- Consults with an appropriate licensed counselor are scheduled, if indicated
- Counselor consultations occur via phone or video
- Additional care, if appropriate, can be referred and coordinated with mental health specialists in patients health plans for higher acuity, longer-term issues



Glossary of Terms

MEDICAL/GENERAL TERMS

Allowable Charge The most that an in-network provider can charge you for an office visit or service.

Balance Billing Providers may charge you more than the plan's allowable charge. This is called Balance Billing.

Coinsurance The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 80%, you are responsible for paying the remaining 20% of the cost.

Copay The fee you pay to a provider at the time of service.

Deductible The amount you have to pay out-of-pocket for expenses before the insurance will cover any benefit costs for the year (except for preventive care where the deductible is waived).

Explanation of Benefits (EOB) The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Family Deductible The maximum dollar amount any one family will pay out in deductibles in a year.

Individual Deductible The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network Services received from providers (dentists, optometrists, etc.) who are a part of your dental or vision plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network Services received from providers (dentists, optometrists, etc.) who are not a part of your dental or vision plan's network. Out-of-network services generally cost you more than in-network services.

Out-of-Pocket Maximum The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

PRESCRIPTION DRUG TERMS

Brand Name Drug A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug A drug that has the same active ingredients as a brand name drug, but is sold under a different name.

Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

Dispense as Written (DAW) A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medication Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

Step Therapy The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services Generally include coverage for fillings, root canals, periodontics and oral surgery.

Diagnostic and Preventive Services Generally include routine cleanings, oral exams, x-rays and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics Commonly known as root canal therapy.

Major Services Generally include restorative dental work such as crowns, bridges, dentures, implants, inlays and onlays.

Orthodontia Some dental plans offer Orthodontia services for children to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics Diagnosis and treatment of gum disease.

Pre-Treatment Estimate An estimate of how much the plan will pay for treatment. A pre-pre-treatment estimate is not a guarantee of payment.

Contacts

PLAN	GROUP #	TELEPHONE #	WEBSITE
MEDICAL			
EBMS (TPA)	00419	866-326-7995	www.ebms.com
ELAP (Claims/Balanced Bills)	-	800-977-7381	balancebills@elapservices.com
RxBenefits (Prescription Administration)	RX BIN: 610011 RX BPCD: IRX	Member Services 800-334-8134 Pharmacist Helpdesk 800-880-1188	www.optumrx.com
DENTAL			
SunLife	955756	800-442-7742	www.sunlife.com/ onlineadvantage
VISION			
VSP	30075841	800-877-7195	www.vsp.com
HEALTH SAVINGS ACCOUNTS			
HSA Authority		888-472-8697	www.theHSAauthority.com
LIFE INSURANCE			
SunLife	931368	800-247-6875	www.sunlife.com/us
EMPLOYEE ASSISTANCE PROGRAM			
SunLife - Employee Assistance Program	931368 Web ID: EAPBusiness	877-595-5281	www.guidanceresources.com
TELEMEDICINE			
First Stop Health		888-691-7867	www.fshealth.com



BENEFIT ADVOCACY TEAM (BAT)

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