

# California Region Kaiser Permanente Group Enrollment Form

Please print or type in black ink only. Make a copy for your records.

TO BE COMPLETED BY EMPLOYER:		
District Name:	Hire Date (mm/dd/yyyy)	
Medical Group Number:	Enrollment Unit:	Effective Enrollment Date (mm/dd/yyyy)
Complete this section <b>ONLY</b> if dental, vision and/or life insurance is offered through SISC: Delta Dental Group#: _____ Vision Group#: _____ SISC Life Ins Group#: Employee Only _____		

**A. ENROLLMENT:** New group: Yes  No

New Hire (complete sections A, B, C, D)  Full Time  Part Time  Open Enrollment (complete sections A, B, C, D)

Health Plan (Check one)  HMO Plan  Deductible Plan  Other

Loss of Other Coverage (complete sections A, B, C, D)  Other (please specify) \_\_\_\_\_

Event Date (mm/dd/yyyy) \_\_\_\_\_

**B. EMPLOYEE:** Have you ever been a Kaiser Permanente member?  Yes  No

Medical Record No. (if known)	Social Security No.	Gender M <input type="checkbox"/>	F <input type="checkbox"/>
Name (Last, First, MI)	Birth Date (mm/dd/yyyy)		
Home Address	City	State	ZIP
Work Phone	Home Phone	Email	
Ethnicity	Preferred Language		

**C. FAMILY** For additional dependents attach a separate sheet with employee's name at top. (Last, First, MI)

<input type="checkbox"/> Add <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision Spouse/domestic partner name: _____ Gender: Male _____ Female _____	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
<input type="checkbox"/> Add <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision Dependent name: _____	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
<input type="checkbox"/> Add <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision Dependent name: _____	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
<input type="checkbox"/> Add <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision Dependent name: _____	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.

Do any of dependents above live at another address?  Yes  No If yes, complete the following:  
Name (Last, First, MI): \_\_\_\_\_ Address: \_\_\_\_\_

**D. Kaiser Foundation Health Plan Arbitration Agreement**  
I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage*.

**Signature required for all Kaiser Permanente Plans** **Date**  
(Excluding KPIC PPO, KPIC OOA, and KPIC Dental Plans)

\*Disputes arising from fully-insured Kaiser Permanente Insurance Company (KPIC) coverage are not subject to binding arbitration 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point of Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out of Area Indemnity (OOA) plans; and 4) KPIC Dental plans.



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**Disclosure Form Part One**

SISC-SELF INSURED SCHOOLS OF CALIFORNIA

Home Region: California

10/1/24 through 9/30/25

**Principal benefits for Kaiser Permanente Traditional HMO Plan****Accumulation Period**

The Accumulation Period for this plan is January 1 through December 31.

**Out-of-Pocket Maximums and Deductibles**

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

<b>Amounts Per Accumulation Period</b>	<b>Self-Only Coverage</b> (a Family of one Member)	<b>Family Coverage</b> Each Member in a Family of two or more Members	<b>Family Coverage</b> Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

**Plan Provider Office Visits**

	<b>You Pay</b>
Most Primary Care Visits and most Non-Physician Specialist Visits.....	\$10 per visit
Most Physician Specialist Visits .....	\$10 per visit
Routine physical maintenance exams, including well-woman exams ....	No charge
Well-child preventive exams (through age 23 months) .....	No charge
Scheduled prenatal care exams.....	No charge
Routine eye exams with a Plan Optometrist .....	No charge
Urgent care consultations, evaluations, and treatment .....	\$10 per visit
Most physical, occupational, and speech therapy.....	\$10 per visit

**Telehealth Visits**

	<b>You Pay</b>
Primary Care Visits and Non-Physician Specialist Visits by interactive video .....	No charge
Physician Specialist Visits by interactive video .....	No charge
Primary Care Visits and Non-Physician Specialist Visits by telephone..	No charge
Physician Specialist Visits by telephone .....	No charge

**Outpatient Services**

	<b>You Pay</b>
Outpatient surgery and certain other outpatient procedures .....	\$10 per procedure
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests.....	No charge

**Hospital Inpatient Services**

	<b>You Pay</b>
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs .....	No charge

**Emergency Services**

	<b>You Pay</b>
Emergency department visits .....	\$100 per visit

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services" for inpatient Cost Share)

**Ambulance Services**

	<b>You Pay</b>
Ambulance Services.....	\$50 per trip

**Prescription Drug Coverage**

	<b>You Pay</b>
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy or through our mail-order service.....	\$10 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service .....	\$10 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy .....	\$10 for up to a 30-day supply

**Durable Medical Equipment (DME)**

	<b>You Pay</b>
DME items as described in the EOC.....	No charge

**Mental Health Services**

	<b>You Pay</b>
Inpatient psychiatric hospitalization.....	No charge
Individual outpatient mental health evaluation and treatment .....	\$10 per visit

(continues)

**Disclosure Form Part One**

(continued)

<b>Mental Health Services</b>	<b>You Pay</b>
Group outpatient mental health treatment.....	\$5 per visit
<b>Substance Use Disorder Treatment</b>	<b>You Pay</b>
Inpatient detoxification.....	No charge
Individual outpatient substance use disorder evaluation and treatment	\$10 per visit
Group outpatient substance use disorder treatment.....	\$5 per visit
<b>Home Health Services</b>	<b>You Pay</b>
Home health care (up to 100 visits per Accumulation Period) .....	No charge
<b>Other</b>	<b>You Pay</b>
Hearing aids every 36 months.....	Amount in excess of \$500 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i> .....	the Cost Share you would pay if the Services were to treat any other condition
Assisted reproductive technology (“ART”) Services.....	Not covered
Hospice care .....	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

**Chiropractic and Acupuncture Coverage (through ASH Plans) You Pay**

Up to a combined total of 30 Chiropractic and Acupuncture visits per year ..... \$10 copay per visit

Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans. The list of Participating Providers is available on the ASH Plans website at [www.ashlink.com/ash/kp](http://www.ashlink.com/ash/kp) or from the ASH Plans Customer Service Department at **1-800-678-9133**. The list of Participating Providers is subject to change at any time without notice.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

# Your Kaiser Permanente **CHIROPRACTIC and ACUPUNCTURE** benefits

**When you need chiropractic or acupuncture care,  
follow these simple steps:**

1. Find an ASH Plans Participating Provider near you:
  - Go to [ashlink.com/ash/kp](https://ashlink.com/ash/kp), or
  - Call **1-800-678-9133** (TTY **711**), Monday through Friday,  
from 5 a.m. to 6 p.m. Pacific time.
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

(See the reverse for more details.)

# YOUR KAISER PERMANENTE COMBINED CHIROPRACTIC AND ACUPUNCTURE BENEFIT

Services	Cost Sharing and Office Visit Maximums
<p>Chiropractic Services are covered when provided by a Participating Provider and Medically Necessary to treat or diagnose Neuromusculoskeletal Disorders. Acupuncture Services are covered when a Participating Provider finds that the Services are Medically Necessary to treat or diagnose Neuromusculoskeletal Disorders, nausea, or pain. You can obtain Services from any ASH Plans Participating Providers without a referral from a Kaiser Permanente Plan Physician.</p>	<p><b>Office visit cost share:</b> \$10 copay per visit <b>Office visit limit:</b> Up to a combined total of 30 medically necessary Chiropractic and Acupuncture visits per year <b>Chiropractic appliance benefit:</b> If the amount of the appliance in the ASH Plans fee schedule exceeds \$50, you will pay the amount in excess of \$50, and that payment will not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum. Covered chiropractic appliances are limited to: elbow supports, back supports, cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units, ankles braces, knee braces, rib supports, and wrist braces.</p>

**Office visits:** Covered Services are limited to Medically Necessary Chiropractic and Acupuncture Services authorized and provided by ASH Plans Participating Providers except for the initial examination, emergency and urgent Chiropractic and Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered care. Each office visit counts toward any visit limit, if applicable, even if acupuncture or a chiropractic adjustment is not provided during the visit.

**X-rays and laboratory tests:** Medically Necessary X-rays and laboratory tests are covered at no charge when prescribed as part of covered chiropractic care and a Participating Provider provides the Services or refers you to another licensed provider with which ASH contracts for the Services.

## Participating Providers

ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans. The list of Participating Providers is available on the ASH Plans website at [ashlink.com/ash/kp](http://ashlink.com/ash/kp) or from the ASH Plans Customer Service Department at **1-800-678-9133**. The list of Participating Providers is subject to change at any time without notice.

## How to Obtain Covered Services

To obtain covered Services, call a Participating Provider to schedule an initial examination. If additional Services are required, verification that the Services are Medically Necessary may be required. Your Participating Provider will request any medical necessity determinations. An ASH Plan's clinician in the same or similar specialty as the provider of Services under review will decide whether Services are or were Medically Necessary. ASH Plans will disclose to you, upon request, the written criteria it uses to make the decision to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, please contact the ASH Plans Customer Service Department.

## Second Opinions

You may request a second opinion in regard to covered Services by contacting another Participating Provider. A Participating Provider may also request a second opinion in regard to covered Services by referring you to another Participating Provider in the same or similar specialty.

## Your Costs

When you receive covered Services, you must pay your Cost Share as described in the *Combined Chiropractic and Acupuncture Services Amendment* of your Health Plan *Evidence of Coverage*. The Cost Share does not apply toward the Plan Out-of-Pocket Maximum described in the Health Plan *Evidence of Coverage* (unless you have a plan with an HSA option).

## Emergency and Urgent Chiropractic and Acupuncture Services

We cover Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services provided by both Participating Providers and Non-Participating Providers. We do not cover follow-up or continuing care from a Non-Participating Provider unless ASH Plans has authorized the services in advance. Also, we do not cover services from a Non-Participating Provider that ASH Plans determines are not Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, or Urgent Acupuncture Services.

## Getting Assistance

If you have questions about the Services you can get from an ASH Plans Participating Provider or another licensed provider with which ASH contracts, you may call ASH Plans Customer Service Department at **1-800-678-9133** (TTY users call **711**), weekdays from 5 a.m. to 6 p.m. Pacific time.

# YOUR KAISER PERMANENTE COMBINED CHIROPRACTIC AND ACUPUNCTURE BENEFIT

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## Grievances

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with Services you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in your Health Plan *Evidence of Coverage*.

## Exclusions and Limitations

- Acupuncture Services for conditions other than Neuromusculoskeletal Disorders, nausea, and pain
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other types of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of your *Combined Chiropractic and Acupuncture Services Amendment*
- Ambulance and other transportation
- Education programs, nonmedical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Acupuncture performed with reusable needles
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered in your *Combined Chiropractic and Acupuncture Services Amendment*
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, or Urgent Acupuncture Services
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- For Chiropractic Services, adjunctive therapy not associated with spinal, muscle, or joint manipulations
- For Acupuncture Services, adjunctive therapies unless provided during the same course of treatment and in conjunction with acupuncture
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Services provided by an acupuncturist that are not within the scope of licensure for an acupuncturist licensed in California
- Maintenance care (services provided to Members whose treatment records indicate that they have reached maximum therapeutic benefit)

## Definitions

**Acupuncture Services:** The stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions (including adjunctive therapies, such as acupressure, cupping, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture) when provided by an acupuncturist for the treatment of your Neuromusculoskeletal Disorder, nausea (such as nausea related to chemotherapy, postsurgical pain, or pregnancy), or pain (such as lower back pain, shoulder pain, joint pain, or headaches).

**ASH Plans:** American Specialty Health Plans of California, Inc., a California corporation.

**Chiropractic Services:** Services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic appliances) for the treatment of your Neuromusculoskeletal Disorder.

**Emergency Acupuncture Services:** Covered Acupuncture Services provided for the treatment of a Neuromusculoskeletal Disorder, nausea, or pain, which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person could expect the absence of immediate Acupuncture Services to result in serious jeopardy to your health or body functions or organs.

**Emergency Chiropractic Services:** Covered Chiropractic Services provided for the treatment of a Neuromusculoskeletal Disorder which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person could expect the absence of immediate Chiropractic Services to result in serious jeopardy to your health or body functions or organs.

**Neuromusculoskeletal Disorders:** Conditions with associated signs and symptoms related to the nervous, muscular, or skeletal systems. Neuromusculoskeletal Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders, or biomechanical dysfunction of the joints of the body or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related neurological manifestations or conditions.

**Participating Provider:** An acupuncturist who is licensed to provide acupuncture services in California and who has a contract with ASH Plans to provide Medically Necessary Acupuncture Services to you, or a chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you. *(continues)*

# YOUR KAISER PERMANENTE COMBINED CHIROPRACTIC AND ACUPUNCTURE BENEFIT

## Definitions (continued)

**Urgent Acupuncture Services:** Acupuncture Services that meet all of the following requirements:

- They are necessary to prevent serious deterioration of your health resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy.
- They cannot be delayed until you return to the Service Area.

**Urgent Chiropractic Services:** Chiropractic Services that meet all of the following requirements:

- They are necessary to prevent serious deterioration of your health, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy.
- They cannot be delayed until you return to the Service Area.

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This is a summary and is intended to highlight only the most frequently asked questions about the chiropractic and acupuncture benefit, including cost shares. Please refer to the *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic and acupuncture benefits, including exclusions and limitations, Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, or Urgent Acupuncture Services.

Kaiser Foundation Health Plan, Inc. (Health Plan) contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to make the ASH Plans network of Participating Providers available to you. You can obtain covered Services from any Participating Provider without a referral from a Plan Physician. Your Cost Share is due when you receive covered Services. Please see the definitions section of your *Combined Chiropractic and Acupuncture Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for terms you should know.





PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-678-9133 (TTY: 1-877-257-2746).

ไทย: มีบริการช่วยเหลือทางภาษาฟรี โทร 1-800-678-9133 (TTY: 1-877-257-2746)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-678-9133 (TTY: 1-877-257-2746)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-678-9133 (TTY: 1-877-257-2746).

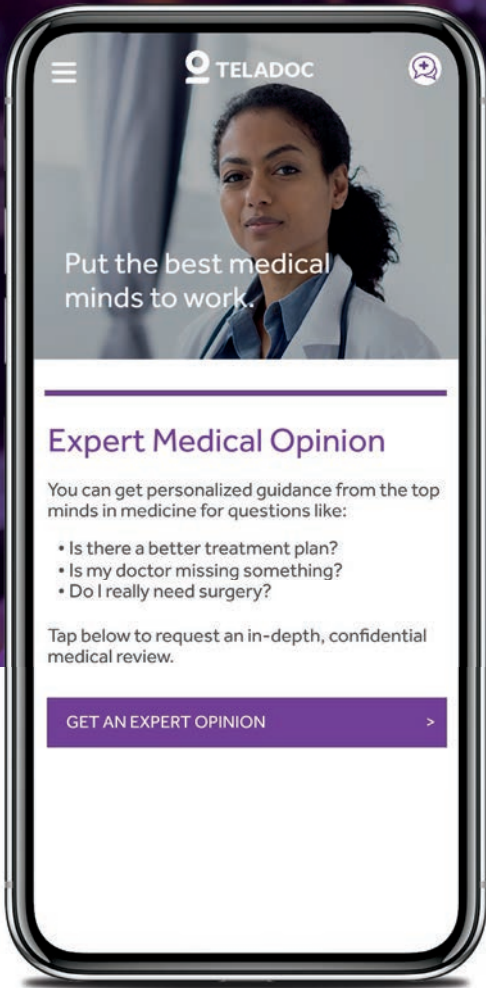


## Dependent Eligibility Documentation Chart

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all dependents to be covered on the plans and SISC reserves the right to request additional documentation to substantiate eligibility.

DEPENDENT TYPE	REQUIRED DOCUMENTATION
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• Prior year’s Federal Tax Form that shows the couple was married (financial information may be blocked out)</li> <li>• For <u>newly married</u> couples where the prior year tax return is not available a marriage certificate will be acceptable</li> </ul>
<b>Domestic Partner</b>	<ul style="list-style-type: none"> <li>• Certificate of Registered Domestic Partnership issued by State of California (AB205 Compliant)</li> </ul>
<b>Children, Stepchildren, and/or Adopted Children up to age 26</b>	<ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name &amp; child’s DOB)</li> <li>• Legal Adoption Documentation</li> </ul>
<b>Legal Guardianship up to <u>age 18</u></b>	<ul style="list-style-type: none"> <li>• Legal Court Documentation establishing Guardianship</li> </ul>
<b>Disabled Dependents <u>over age 26</u></b>	<p><b><i>Anthem Blue Cross (All items listed below are required)</i></b></p> <ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name &amp; child’s DOB)</li> <li>• Prior year’s Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>• Proof of 6 months prior creditable coverage</li> <li>• Completed Anthem Disabled Dependent Certification Form</li> </ul> <p><b><i>Kaiser (All items listed below are required)</i></b></p> <ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name &amp; child’s DOB)</li> <li>• Prior year’s Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>• Proof of 6 months prior creditable coverage</li> <li>• Completed Disabled Dependent Enrollment Application</li> <li>• Most recent Kaiser Certification notice (if available)</li> </ul>





## World-renowned medical advice **for you and your family.**

**If you or a dependent is facing a serious medical issue,  
make sure you get the right advice.**

### With Teladoc, you can:



Have a world-renowned physician review a diagnosis and treatment plan



Get expert medical guidance if you have been admitted into the hospital



Get personalized answers to medical questions, big or small



Find a leading local physician for you and your family

**Get the answers you need from our Medical Experts.  
Call us to get started: 1-800-TELADOC (835-2362)**

Visit [www.teladoc.com/sisc](http://www.teladoc.com/sisc) | Download the app

# Teladoc Medical Experts

## Frequently Asked Questions

### **What is Teladoc Medical Experts?**

Advance Medical has become Teladoc Medical Experts, a leading virtual care service providing you the right expert care when you need it most. You can use Teladoc Medical Experts when you or your eligible dependents are unsure about a diagnosis or need help choosing treatment, have medical questions or concerns and want a leading expert's advice, need help finding a local expert who specializes in treating your condition or have been admitted to the hospital and want expert guidance.

### **When should I use the Teladoc Medical Experts service?**

When you have concerns or questions about a diagnosis, need help deciding on a treatment option, or question the need for surgery, Teladoc Medical Experts provides you with access to world-renowned specialists, giving you the answers and confidence you need to make informed decisions about your health. This includes a wide range of conditions, from sports injuries and pregnancy complications to rare conditions, chronic diseases, and life-threatening illnesses.

Use Teladoc Medical Experts when you or your eligible dependents:

- Are unsure about a diagnosis or need help choosing treatment
- Have medical questions or concerns and want a leading expert's advice

- Need help finding a local expert who specializes in treating your condition
- Have been admitted to the hospital and want expert guidance

### **How do I request an Expert Medical Opinion with Teladoc Medical Experts?**

You can request an Expert Medical Opinion on [Teladoc.com/sisc](https://www.teladoc.com/sisc), the Teladoc app or call us at 1-800-Teladoc (835-2362). Once a case is opened, you will be connected with your advocate physician, who guides you through every step in the process and coordinates your review with a team of specialists and your existing physician. Our team of doctors will work with you to develop and deliver a clear diagnosis and treatment plan that's right for you.

### **If I use Teladoc Medical Experts services, does that mean Teladoc is now my treating physician?**

No. Teladoc Medical Experts provides medical information only. These services do not provide medical care, diagnoses, or treatments. You will not be a patient of Teladoc or of any Teladoc Health expert who reviews your case. These services are only for additional medical insight on your condition. No doctor-patient relationship will be created between you and Teladoc or you and a medical expert. Your treating physician is still responsible for your care and all treatment decisions will be made solely between you and your treating physician.

### **Can Teladoc Medical Experts help me find a local specialist for an in-person visit?**

If you need help finding a specialist for an in-person visit, we will search our database of medical experts to see if any of our doctors meet your criteria and practice within a distance that works for you. You can request this service on the Teladoc mobile app or Teladoc website by clicking the "Find a Doctor" button. The team can also provide you with questions to ask your treating physician, so you feel confident and prepared for the visit.

### **Should I continue to use Advance-Medical.net and the Advance Medical app to access services?**

You should use [Teladoc.com/sisc](https://www.teladoc.com/sisc) and the Teladoc mobile app to access Teladoc Medical Experts services. To gain access to Teladoc Medical Experts services, you must register and create a new account. In order for your profile and case history to carry over, you must use the same email address that was used on your Advance Medical account. If you experience any issues, please call us at 1-800-Teladoc (835-2362) for assistance.

### **If I have a case opened with Advance Medical, what happens now?**

If you have recently opened a case that is not yet complete, we would recommend that you continue to use [Advance-Medical.net](https://www.advance-medical.net) and the Advance Medical mobile app for a seamless experience through case completion. You should also register and create your Teladoc account for any services needed thereafter.

If you have recently completed a case, after registering and creating a Teladoc account, your Advance Medical profile and case history will automatically transfer over\*. You can use your Teladoc account for all Medical Expert services moving forward.

*\*You must use the same email address that was used on your Advance Medical account. By using the same email address, your profile and case history from Advance Medical will automatically carry over.*

### **Do I have to travel or collect my own medical records?**

No. We will handle everything for you. All your contact with us is over the phone or online. You do not need to travel or contact your doctor(s) to obtain records, images, or other information related to your case.



### **How much do Teladoc Medical Experts services cost?**

If these services are part of your Teladoc benefits, they come at no cost to you or your eligible dependents. Any tests and treatment options recommended by one of our medical specialists are not paid through Teladoc; those payments will depend on the terms of a member's health insurance coverage. All recommendations from our specialists are completely voluntary.

### **Who should I contact if I have any additional questions or concerns?**

If you have any further questions or encounter an issue, please visit our website at [Teladoc.com/sisc](https://www.teladoc.com/sisc) or call our Member Services team at 1-800-Teladoc (835-2362).

## Set up your account in minutes to get started

Download the app  

Visit [Teladoc.com/sisc](https://www.teladoc.com/sisc) | Call 1-800-Teladoc (835-2362)



# Employee Assistance Program overview

## SISC - Self Insured Schools of California

Everybody needs a helping hand sometimes. That's where your Employee Assistance Program (EAP) comes in. You'll find tools and resources to help you and your household members with everyday issues, big and small. It's available to you 24/7 at no extra cost, and everything you share is confidential.<sup>1</sup> Explore all the support your EAP has to offer.



### Counseling

- Access up to 6 visits with a counselor per person, per issue each year<sup>2</sup>
- Choose from in-person or virtual counseling sessions, including text and chat options



### Legal resources

- Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues<sup>3</sup>
- Pay a discounted rate if you need continued legal services
- Explore online forms, resources, and seminars to help navigate legal concerns



### Financial planning

- Access unlimited phone consultations with a financial professional for help with issues such as retirement, home buying, and debt
- Take charge of your finances with helpful financial tools and calculators







### Identify theft support

- Receive guidance if you're the victim of fraud or identity theft, including help reporting to credit agencies, filling out paperwork, and negotiating with creditors



### Work-life resources

- Find guidance on navigating your career, parenting, healthy communication, and balancing work and personal life
- Get help finding high-quality pet, child, and elder care



### Online wellness resources

- Access podcasts, articles, videos, and webinars on dozens of topics to help you manage your emotional, mental, and physical well-being



### Crisis support

- Call the 24/7 hotline or get online support with planning, coping, and recovery if you're impacted by a tragedy



### Emotional Well-being Resources

- Connect to one-on-one coaching and digital self-help tools



## Your EAP is here for you

Call us at **(800) 999-7222**, or go to **<https://www.AnthemEAP.com>** and enter your company code: SISC to log in.

<sup>1</sup> In accordance with federal and state law, and professional ethical standards.

<sup>2</sup> Appointments are subject to the availability of a therapist.

<sup>3</sup> Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly. If you have Anthem health coverage, your cost for a visit may be similar to what you would pay for an office therapy visit, depending on your benefits, copay, or percentage of the cost. If you're not covered by an Anthem plan, you'll be responsible for paying the full cost for a visit.

This document is for general informational purposes. Check with your employer for specific information on the services available to you. EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross. ANTHEM is a registered trademark. Use of the Anthem EAP website constitutes your agreement with our Terms of Use.

Online counseling is not appropriate for all kinds of issues. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 to reach the 24/7 confidential 988 Suicide & Crisis Lifeline or go to 988lifeline.org. If your issue is an emergency, call 911 or go to your nearest emergency room.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

## Self-Insured Schools of California (SISC)

### HIPAA Notice of Privacy Practices

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Esta noticia es disponible en español si usted lo suplica. Por favor contacte el oficial de privacidad indicado a continuación.

#### *Purpose of This Notice*

**This Notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review this information carefully.**

This Notice is required by law.

The Self-Insured Schools of California (SISC) group health plan consisting of these self-funded benefits: medical PPO plan options including utilization management, prescription benefit management (PBM) and medical plan claims administration services, telemedicine program with MDLIVE, self-funded dental PPO plan options, self-funded vision PPO plan options, Wellness program, Medicare Supplement program, COBRA administration, and Health Flexible Spending Account (FSA) administration, (hereafter referred to as the “Plan”), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called **Protected Health Information or PHI**) and to inform you about the Plan’s legal duties and privacy practices with respect to protected health information including:

1. The Plan’s uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan’s duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan’s privacy practices.
6. To notify affected individuals following a breach of unsecured protected health information.

PHI use and disclosure by the Plan is regulated by the Federal law, Health Insurance Portability and Accountability Act, commonly called HIPAA. You may find these rules in 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize key points in the regulation. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from a variety of the insured group health benefit plans offered by SISC. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information held by the SISC self-funded group health plan (the “Plan”) and outside companies contracted with SISC to help administer Plan benefits, also called “business associates.”

#### **Effective Date**

The effective date of this Notice is June 24, 2013, and this notice replaces notices previously distributed to you.

#### **Privacy Officer**

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

**Privacy Officer: Coordinator Health Benefits**  
Self-Insured Schools of California (SISC)  
2000 “K” Street P.O. Box 1847 - Bakersfield, CA 93303-1847  
Phone: 661-636-4410  
Confidential Fax: 661-636-4893

## Your Protected Health Information

The term “**Protected Health Information**” (**PHI**) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

**PHI does not include** health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you, and with respect to which there is no reasonable basis to believe that the information can be used to identify you, is not individually identifiable health information.

## When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your written authorization in the following cases:

- **At your request.** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
- **For treatment, payment or health care operations.** The Plan and its business associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

The Plan does not need your consent or authorization to release your PHI when you request it, a government agency requires it, or the Plan uses it for treatment, payment or health care operations.

The Plan Sponsor has **amended its Plan documents** to protect your PHI as required by Federal law. The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

Definitions and Examples of Treatment, Payment and Health Care Operations	
<b>Treatment</b> is health care.	Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers. <ul style="list-style-type: none"> <li>• <b>For example:</b> The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.</li> </ul>
<b>Payment</b> is paying claims for health care and related activities.	Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care. <ul style="list-style-type: none"> <li>• <b>For example:</b> The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment, such as a claims payer, we will disclose pertinent information to them. These third parties are known as “business associates.”</li> </ul>
<b>Health Care Operations</b> keep the Plan operating soundly.	Health care operations includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs and general administrative activities. <ul style="list-style-type: none"> <li>• <b>For example:</b> The Plan uses information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.</li> </ul>

## When the Disclosure of Your PHI Requires Your Written Authorization

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI **other than**:

- When you request your own PHI
- A government agency requires it, or

- The Plan uses it for treatment, payment or health care operation.

You have the right to revoke an authorization.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of protected health information if the Plan receives direct or indirect financial remuneration (payment) from the entity to whom the PHI is sold. The Plan does not intend to engage in fundraising activities.

## **Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release**

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

**Note that PHI obtained by the Plan Sponsor's employees through Plan administration activities will NOT be used for employment related decisions.**

## **Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required**

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI **without** your written authorization (in compliance with section 164.512) under the following circumstances:

1. When ***required by law***.
2. When permitted for ***purposes of public health activities***. This includes reporting product defects, permitting product recalls and conducting post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. To a school about an individual who is a student or prospective student of the school if the protected health information this is disclosed is limited to **proof of immunization**, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.
4. When authorized by law to report information about ***abuse, neglect or domestic violence*** to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under Federal or state law when the parents or other representatives may not be given access to the minor's PHI.
5. To a public health oversight agency for ***oversight activities authorized by law***. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
6. When required ***for judicial or administrative proceedings***. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met, including that:
  - the requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written Notice, and

- the Notice provided sufficient information about the proceeding to permit you to raise an objection, and
  - no objections were raised or were resolved in favor of disclosure by the court or tribunal.
7. When required for **law enforcement health purposes** (for example, to report certain types of wounds).
  8. For **law enforcement purposes** if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Plan in its best judgment determines that disclosure is in the best interest of the individual. Law enforcement purposes include:
    - identifying or locating a suspect, fugitive, material witness or missing person, and
    - disclosing information about an individual who is or is suspected to be a victim of a crime.
  9. When required to be given **to a coroner or medical examiner** to identify a deceased person, determine a cause of death or other authorized duties. When required to be given **to funeral directors** to carry out their duties with respect to the decedent; for use and disclosures for cadaveric **organ, eye or tissue donation** purposes.
  10. For **research**, subject to certain conditions.
  11. When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and **imminent threat to the health or safety** of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
  12. When authorized by and to the extent necessary to comply with **workers' compensation** or other similar programs established by law.
  13. When required, for **specialized government functions**, to military authorities under certain circumstances, or to authorized Federal officials for lawful intelligence, counter intelligence and other national security activities.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

## Your Individual Privacy Rights

### A. You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict the uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations, or
- To family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable, for example, if it would interfere with the Plan's ability to pay a claim.

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request restrictions on the uses and disclosures of your PHI. To make such a request contact the Privacy Officer at their address listed on the first page of this Notice.

### B. You May Inspect and Copy Your PHI

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

A **Designated Record Set** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan's Privacy Officer at their address listed on the first page of this Notice. You may be charged a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Plan's Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

**C. *You Have the Right to Amend Your PHI***

You or your Personal Representative have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline (provided that the Plan notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information).

If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice.

You or your personal representative may be required to complete a form to request amendment of your PHI. Forms are available from the Privacy Officer at their address listed on the first page of this Notice.

**D. *You Have the Right to Receive an Accounting of the Plan's PHI Disclosures***

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

**E. *You have the Right to Request that PHI be Transmitted to You Confidentially***

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.

**F. *You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request***

To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Officer at their address listed on the first page of this Notice. This right applies even if you have agreed to receive the Notice electronically.

**G. *Breach Notification***

If a breach of your unsecured protected health information occurs, the Plan will notify you.

## **Your Personal Representative**

You may exercise your rights to your protected health information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf **before** the Personal Representative will be given access to your PHI or be allowed to take any action for you. Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative form; (2) a notarized power of attorney for health care purposes; (3) a court-appointed conservator or guardian; or, (4) for a Spouse under this Plan, the absence of a Revoke a Personal Representative form on file with the Privacy Officer.

**This Plan will automatically recognize your legal Spouse as your Personal Representative and vice versa, without you having to complete a form to Appoint a Personal Representative.** However, you may request that the Plan **not automatically** honor your legal Spouse as your Personal Representative by completing a form to Revoke a Personal Representative (copy attached to this notice or also available from the Privacy Officer). **If you wish to revoke your Spouse as your Personal Representative, please complete the Revoke a Personal Representative form and return it to the Privacy Officer and this will mean that this Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.**

The recognition of your Spouse as your Personal Representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations.

You may obtain a form to Appoint a Personal Representative or Revoke a Personal Representative by contacting the Privacy Officer at their address listed on this Notice. The Plan retains discretion to deny access to your PHI to a Personal Representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have **dependent children age 18 and older** covered under the Plan, and the child wants you, as the parent(s), to be able to access their protected health information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. **In loco parentis** may be further defined by state law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described above under the section titled "Your Individual Privacy Rights."

## The Plan's Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with Notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan. In addition, the Plan may not (and does not) use your genetic information that is PHI for underwriting purposes.

**Notice Distribution:** The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan's Initial Enrollment material/packets). The Notice is also available on the Plan's website: [www.sisc.kern.org](http://www.sisc.kern.org). The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

**Notice Revisions:** If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice. Material changes are changes to the uses and disclosures of PHI, an individual's rights, the duties of the Plan or other privacy practices stated in the Privacy Notice.

Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

## Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with their enforcement activities under HIPAA,
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan's compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. **Summary health information** means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

## **Your Right to File a Complaint**

**If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan’s Privacy Officer, at the address listed on the first page of this Notice.** Neither your employer nor the Plan will retaliate against you for filing a complaint.

You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website (<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>) or this website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or contact the Privacy Officer for more information about how to file a complaint.

## **If You Need More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan’s Privacy Officer at the address listed on the first page of this Notice.



**Self-Insured Schools of California (SISC)**  
**Form to Revoke a Personal Representative**

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Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
<b>Name (print):</b>		
<b>Address (City, State, Zip):</b>		
<b>Phone:</b>	(    )	(    )

I, \_\_\_\_\_ (Name of Participant or Beneficiary)  
 hereby revoke \_\_\_\_\_ (Name of Personal Representative)

to act on my behalf,

to act on behalf of my dependent child(ren), named:

\_\_\_\_\_,  
 in receiving any protected health information (PHI) that is (or would be) provided to a personal representative,  
 including any individual rights regarding PHI under HIPAA, effective \_\_\_\_\_,  
 20\_\_\_\_.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior  
to the effective date of this form.

---

\_\_\_\_\_  
 Participant or Beneficiary's Signature                      Date

*Return this form to the SISC Privacy Officer (the Coordinator Health Benefits) at:  
 Self-Insured Schools of California (SISC)  
 2000 "K" Street P.O. Box 1847 - Bakersfield, CA 93303-1847  
 Phone: 661-636-4410*

## **Annual Notice: Women's Health and Cancer Rights Act (WHCRA)**

Your group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

For more information call the Customer Service phone number on your ID card or the SISC Benefits department at 661-636-4410.

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### **Where to Find a HIPAA Privacy Notice for Our Group Health Plan**

HIPAA Privacy pertains to the following group health plan benefits sponsored by the Self-Insured Schools of California (SISC):

- medical PPO plan options including utilization management, prescription benefit management (PBM) and medical plan claims administration services,
- telemedicine program with MD live,
- self-funded dental PPO plan options,
- self-funded vision PPO plan options,
- Wellness program,
- Medicare Supplement program,
- COBRA administration,
- Health Flexible Spending Account (FSA) administration

You are provided with a complete HIPAA Privacy Notice when you enroll for these benefits. You can obtain another copy of the plan's HIPAA Privacy Notice by going to the SISC website at [www.sisc.kern.org](http://www.sisc.kern.org) or you can write or call the SISC Benefits Department at P. O. Box 1847 Bakersfield, CA 93303-1847.

HIPAA Privacy Notices that pertain to the insured medical plan benefits can be obtained by contacting the insurance companies at the Customer Service phone number on your ID card.