DATE: April 11, 2016

TO: ***ELIGIBLE ACTIVE EMPLOYEES***

SUBJECT: BSSP's 2016 Open Enrollment

FROM: ***Karen Nuchols***

BUTTE SCHOOLS
SELF-FUNDED PROGRAMS

Welcome to BSSP's 2016 Open Enrollment period. The open enrollment period, and your opportunity to make your medical plan election or add additional benefits effective July 1, 2016, is open from April 15 to May 16, 2016, at 11:59 p.m. ***Changes and elections will not be accepted after that date***.

At BSSP's open enrollment website (www.bsspjpa.org/2016OE), you will find all of the information and tools necessary to complete your open enrollment elections. All open enrollment elections will be processed through BSSP's enrollment portal VBAS (www.vbas.com); *BSSP and* ***BUSD will not accept written elections.***

- **All Employees Covered with Medical:** In compliance with the Affordable Care Act, you will also find the Summary of Benefits and Coverages for each medical plan, as well as a number of required plan notices and disclosures, at www.bsspjpa.org/2016OE. If you would like a paper copy, please contact Karen Nuchols. You will also find many tools to assist you in selecting a medical plan at that webpage.
  - Benefit Changes effective July 1, 2016: It's important to understand the new benefits, deductibles and limits of each plan. Read the Attached / Enclosed BSSP Update to learn more.
  - Changing your plan? Your new plan election must be entered through the enrollment portal by May 16th at 11:59 p.m.
  - Full-time Employees: An annual certification of compliance with BSSP Policy 1.24, Phantom Coordination of Benefits, is required of all full-time employees with a spouse/RDP. Your certification must be completed via the open enrollment portal and, if necessary, the Spouse's/RDP's Employer Certifications must be submitted via paper form (available via the open enrollment website or portal) to Karen Nuchols ***Failure to certify will result in your spouse/RDP being enrolled in the Dogwood plan, regardless of your plan election.***

- **Dependent Changes:** Adding dependents or dropping dependent coverage must be completed on BSSP's Employee Benefit Application / Change form. Print and submit the form to Karen Nuchols

- **Part-Time Employees:** *All employees may elect coverage during open enrollment, but only employees working 6 hours or more per day will have a district contribution. Classified Employees working less than 6 hours per day will pay for any benefit coverage they choose.* **Classified Employees working 6 hours or more but less than 8 who do not elect coverage will need to complete an application form declining coverage (see Karen Nuchols).** VBAS does not display the district's contribution towards your medical, dental and/or vision benefits. Contact Karen Nuchols for more information about the district's contribution towards and your cost for these benefits. If you terminate your coverage, you will be allowed to reinstate that coverage only under the following circumstances: a permanent (non-temporary) change in your hours or work-year which affects your share of contribution or changes in your marital status, your spouse's employment, or dependent eligibility. Terminations are also input through the enrollment portal.

  If you have not previously elected coverage and wish to do so, complete BSSP's Employee Benefit Plan Application / Change Form. Print and submit the form to Karen Nuchols.

- **Open Enrollment Presentation:** For more information on the 2016 medical plans, BSSP's Christy Patterson and/or Jeana Jeffries will be in the BUSD Board Room at 3:30 pm on Thursday, April 21, 2016. Information about other presentation opportunities may be found at www.bsspjpa.org/2016OE/presentations.

2016 Open Enrollment News

BUTTE SCHOOLS
SELF-FUNDED PROGRAMS

www.bsspjpa.org
530-879-7438

Jeana Jeffries
Sr. Benefits/Admin Assistant
jjeffries@bsspjpa.org

Christy R. Patterson,
Executive Director
cpatters@bsspjpa.org

LEARN MORE ABOUT YOUR BSSP BENEFITS

If you are unable to attend a site-based open presentation, attend one of these are open to all BSSP members!

Open Enrollment Webinar
April 20, 7:00 PM
Visit www.bsspjpa.org/2016OE/presentations
for more information.

Wells Fargo HSAs Webinar
April 25, 7:00 PM
Visit www.bsspjpa.org/2016OE/presentations
for more information.

Carrum Health Webinar
April 27, 7:00 PM
Visit www.bsspjpa.org/2016OE/presentations
for more information.

Open Enrollment Live Presentation
May 3, 7:00 PM
PVHS Library, Chico
This presentation is open to all covered members from all districts.

Open Enrollment April 15-May 16, 2016

Welcome back to VBAS! All plan elections and certifications will be processed through our portal at www.vbas.com, which opens April 15th at 12:01 a.m. Through this process, you will:

Log in to your secure account. Your username follows this format: BSSP55551900AZ which is formed from: BSSP, last 4 digits of your social security number, your birth year, initial of first name and initial of last name. Your password has been reset to the last 4 digits of your social security number and your birth year. You will then be asked to reset your password. If you forget your password, email bssp@bsspjpa.org to request a reset.

- Verify the information currently on record at BSSP. Forward any changes to your district's benefits/payroll office.
- Update your email address.
- Elect your coverage, or any additional coverage, to be effective July 1, 2016.
- Part-time employees may waive any coverage or add coverage if they have not previously dropped that line of coverage voluntarily.
- Full-time employees must:
  - Be enrolled in a carrier (Anthem, Delta Dental and VSP) plan or administrative fee plan.
  - Complete the phantom coordination of benefits certification.

Note that employer contributions displayed in VBAS reflect those for full-time employees only and are subject to negotiated changes. Part-time employees and retirees should contact the district's benefits or payroll office with any questions regarding your district's contribution.

The open enrollment portal closes May 16th at 11:59 p.m.

Table of Contents

Open Enrollment Checklist 2
Medical Plan Changes 2
Medical Plans Available 7/1/16 2
Health Savings Accounts (HSAs) 3
Additional Surgery Benefit: Carrum Health 3
Out of Pocket Maximums 4
Individual and Family Limits: Deductible and Out of Pocket Maximums 4
Cedar and Dogwood Prescription Reminders 4
Health and Wellness Centers 5
LiveHealth Online 5
Enhanced Vision Benefits 5
No Dental Benefit or Rate Changes 6
Phantom Coordination of Benefits 6
Access to More BSSP Information 6
Access to Counseling Services 7
Why Must Contribution Rates Increase Each Year? 7
Plan Rates and Out of Pocket Maximums 8
Whom Do I Call? 8

Open Enrollment

- ☐ **Visit www.bsspjpa.org** for up-to-date benefit information, open enrollment tools and much more.
- ☐ **Make all open enrollment elections** at www.vbas.com.
- ☐ **Sign up to receive e-mail** announcements directly at www.bsspjpa.org.
- ☐ **Review this Open Enrollment** newsletter and the **Plan Comparison** sheet.
- ☐ **Attend an open enrollment presentation** hosted by your district or one of the presentations listed at the bottom of page 1.
- ☐ **Turn in by May 16th:**
  - Coordination of Benefits Certification I or Certification II when applicable
  - Health Savings Account / Flexible Spending / Section 125 Plan elections
- ☐ **Update your Health Savings Account** (if solely covered by an HSA-eligible plan such as Cedar or Dogwood) election.
- ☐ Email bssp@bsspjpa.org or call 530-879-7438 to request your coupon for a **free mammogram screening.**
- ☐ **Access your secure on-line accounts** at Anthem, Express Scripts, Delta Dental and VSP through the VBAS portal. Install Anthem, Express Scripts, Delta Dental, VSP, LiveHealth Online, Carrum Health, and Wells Fargo apps on your tablet or smart phone. View your claims, access additional services, search for network providers, sign up for electronic EOBs, etc. from these portals and apps. By law, spouses and children over 17 will need to create their own accounts.
- ☐ **Complete your Health Risk Assessment** at the Health and Wellness Center by May 31st (if you haven't completed once since prior to July, 2015). Call 530-879-7582 to schedule your appointment.
- ☐ **Schedule your next physical exam, eye exam, dental exam.** Annual physical exams are provided at no cost at the Health and Wellness Center; call 866-959-9355 or 530-879-7582 to schedule an appointment.
- ☐ **Submit an enrollment application for a new dependent** (spouse, RDP, newborn or adopted child or step-child); it must be received within 31 days of the date of birth, adoption or marriage.
- ☐ **Review your beneficiaries** for life and disability insurances as well as other important accounts.

Medical Plan Changes

BSSP is pleased to present limited changes in the medical plans effective July 1, 2016:

Rates Due to continued increases in the costs of medical care and prescriptions for the BSSP covered members, plan rates increased 3.5% to 13.7%.

See Medical Plans Available 7/1/16, page 2.

Physical and Occupational Therapy Following the evaluation/consultation appointment, all physical and occupational therapy treatment is subject to pre-authorization.

Surgery Benefit In addition to surgery benefits through Anthem, BSSP is providing an additional option with Carrum Health. *See Additional Surgery Benefit: Carrum Health, page 3.*

Individual Limits for Cedar and Dogwood Due to statutory changes, Cedar and Dogwood now provide individual limits for family members covered under the plan; a substantial reduction in the individual out of pocket exposure for families covered under these plans. *See Medical Plans Available 7/1/16, below and Individual and Family Limits, page 4.*

Other plan-specific changes:

- **Alder:** Increase in out of pocket maximums and the coinsurance rate
- **Birch:** Increase in out of pocket maximums
- **Cedar:** Increase in individual deductible and emergency room co-payment; elimination of pre-funded contribution to the HSA
- **Dogwood:** Increases in out of pocket maximums

Medical Plans Available 7/1/16

	Alder	Birch	Cedar*	Dogwood*
	Monthly Rate			
Active Family	$1510	$1223	$1015	$757
Non-MCare Retiree Family	1803	1486		
Non-MCare Retiree Single	1262	1040		
Child of Medicare Retiree	858	707		
*Max Out of Pocket includes medical and prescription deductible, copay and co-insurance payments for allowed services incurred with network providers. See the last page for additional benefit details. *HSA-eligible but $0 plan pre-funded contribution.*				
Max Out of Pocket	$1500 / $4500	$2000 / $6000	$3000 / $9000	$6850 / $13700
Deductible	$500 / $1500	$800 / $2400	$2600 / $4000	$5000 / $10000
Copay + Co-ins to $X	$100 ER $0 HWC 15% to $100 / $3000	$100 ER $0 HWC 25% to $1200 / $3600	$250 ER $25 HWC 25% to $400 / $5000	$250 ER $25 HWC 30% to $1850 / $3700
RX Deduct	$150/$450, Waived for Generic		Combined with Medical, above	
RX Mail (90#)	Up to $25/$60/$90 Copay		Up to $50/$100/$100	
RX Retail (31#)	Up to $30/$100/$150		Up to $20/$50/$50	
RX HWC (90#)	$4/$8/not available		Included with $25 Office Visit	

Health Savings Accounts (HSAs)

Finances are tight for everyone and a health savings account (HSA) may be a part of your financial toolkit worthy of consideration.

You must be exclusively covered with HSA-qualified plans, like BSSP's Cedar or Dogwood, in order to utilize an HSA. If you have secondary coverage under BSSP's Alder or Birch plans, or a non-HSA plan from a spouse's employer, you are not eligible to participate in an HSA. Contact your spouse's employer to determine if that coverage is HSA-qualified.

HSAs create immediate tax savings, help you build a safety net for future costs and can help in saving and planning for retirement. They are similar to a flexible spending or unreimbursed medical account through your Section 125 plan, but offer these additional benefits:

- There's no deadline to spend the funds — no "use or lose"
- Funds may be
  - Invested similar to a 403(b)
  - Used for medical costs in retirement
  - Accessed by debit card

No pre-funded Cedar HSA Contribution Although the pre-funded HSA contribution has been eliminated from the Cedar plan, doing so helped reduce its rate increase by $69/month. Consider deferring that same $69 into your HSA.

Want more information? BSSP has partnered with Wells Fargo to provide HSAs to eligible members. Visit www.wellsfargo.com/investing/hsa/ and www.bsspjpa.org/2016OE/presentations for webinar information.

To open a Wells Fargo HSA account with your Cedar or Dogwood plan, select "Cedar with WF HSA" or "Dogwood with WF HSA" through the open enrollment portal.

Additional Surgery Benefit: Carrum Health

CARRUM HEALTH

BSSP is committed to providing high quality care for its members and their families. That's why BSSP is introducing Carrum health, a special surgery benefit for employees, retirees and family members not eligible for Medicare.

What is Carrum Health?

Carrum Health is a special surgery benefit that provides exclusive access to California's top-rated hospitals and doctors for a significantly improved patient experience.

Why use Carrum Health for your surgery?

- PERSONALIZED support throughout your journey
- TOP QUALITY hospitals and doctors in California
- $0 (Alder and Birch) or maximum $1500 (Cedar and Dogwood) out of pocket costs

What procedures are eligible?

- Knee replacement
- Hip replacement
- Spinal fusion
- Coronary bypass

What expenses are covered?

- All eligible medical expenses associated with evaluation at the Carrum facility
- Travel costs, including one adult companion, to and from the Bay Area or Southern California as well as during your stay
- Medically necessary services or equipment provided after discharge before returning home

Carrum's Care Concierge will coordinate all follow-up prior to the procedure. The Health and Wellness Center's Care Coordinator can also assist.

What is the process for utilizing the Carrum Health benefit?

1. Contact Carrum at 1-888-855-7806
2. Meet your personally-assigned Care Concierge
3. Compare and select your Carrum Health hospital and doctor
4. Receive full support preparing for surgery
5. Recover smoothly with total care coordination.

To get started, contact Carrum Health at 1-888-855-7806 or www.my.carrumhealth.com/butte.

Alder or Birch Traditional plans | **Cedar or Dogwood** HSA-eligible plans | **Health Savings Account**

Out of Pocket Maximums

How do I reach my Out-of-Pocket Maximum (OOP)?

With each BSSP medical plan, you have limits to meet before the plan pays 100%. Only the allowed amounts on approved claims are credited towards your limits — amounts you pay in excess of the allowed amount to non-network providers are not considered. Claims are analyzed and your out-of-pocket limits are reached in this order:

Deductible Until your deductible is met, you pay 100% of the allowed amount of each claim.

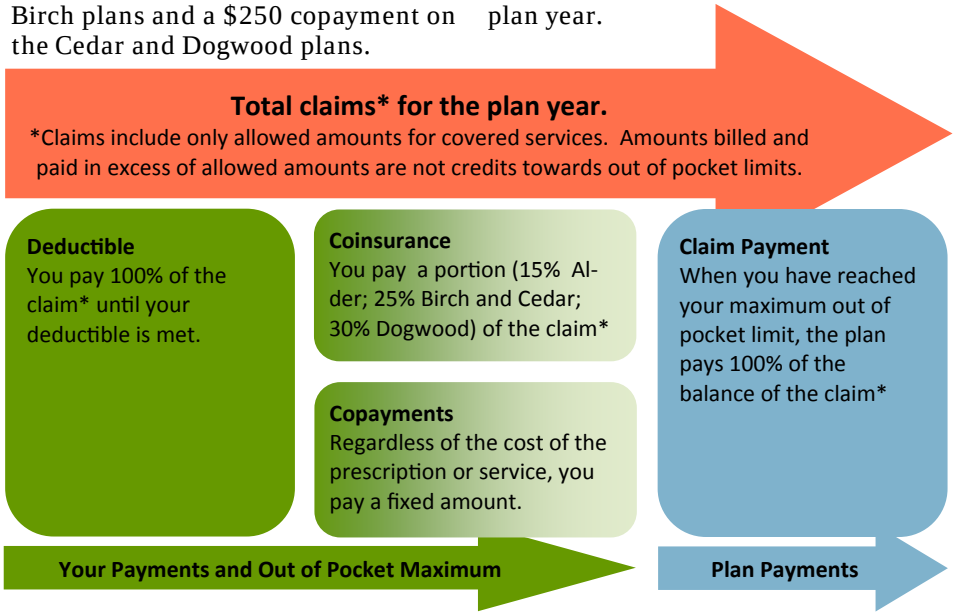
Copayment An emergency room visit, from which you are not directly admitted to inpatient status, has a $100 copayment on the Alder and Birch plans and a $250 copayment on the Cedar and Dogwood plans.

A copayment of $25 is also charged to members on the Cedar and Dogwood plans for non-preventive visits at the Health and Wellness Center.

Co-insurance After your deductible is met, you are responsible for coinsurance (15% on Alder, 25% of Birch and Cedar, 30% on Dogwood) on the balance of each claim until your out of pocket limit is reached.

Prescriptions Prescription deductibles and copayments are also credited to your out of pocket maximums. Prescriptions have varying copayments based on retail or mail order delivery and generic/ formulary status.

When your out of pocket maximum has been met, the plan will pay 100% of allowed claims, including prescriptions, at the network or allowed rate for the remainder of the plan year.



Individual and Family Limits: Deductible and Out of Pocket Maximums

All plans have individual and family out of pocket limits. For those on the Cedar and Dogwood plans, restoration of the individual limits within the family coverage is a significant benefit increase.

Your deductible and coinsurance payments, as well as your copayments, are credited towards both the family and individual's out of pocket limits. When a claim is submitted for processing, it measured against the family limit. If the family limit has been met, the plan pays 100%of the claim.

If the family limit has not been met, then the claim is measured against the individual's limit. If the individual's limit has been met, the plan pays 100% even if family limit has not been met. If the individual's limit has been met, the plan pays 100%.

You will never pay more than the individual limit for anyone under your plan, nor will you pay more than the family limit in total.

Important note: Claims payments, by both the member and the plan, only include allowed amounts for covered services. Amounts billed and paid in excess of allowed amounts are not credits towards deductibles or maximum out of pocket limits.

Cedar and Dogwood Prescription Reminders

You pay 100% of the cost (not the copayment but the full cost) of ALL and brand name prescriptions under both Cedar and Dogwood until your individual or family deductible is met.

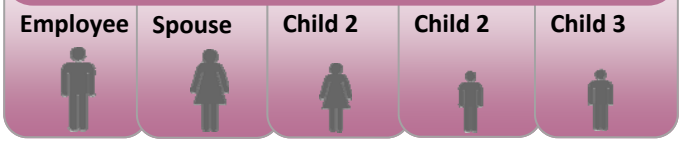
If you are on high cost maintenance prescriptions through Express Scripts or a retail pharmacy, be sure to consider this before enrolling in the Cedar or Dogwood plan.

1. Family Limit

If family limit is met, plan pays 100%.
If family limit isn't met, claim is measured against the individual's limit.

1. Individual Limits

If individual limit is met, plan pays 100%.
If individual's limit isn't met, you pay deductible, copay or coinsurance until the individual's limit is met.



Health and Wellness Centers—Chico and Oroville

Achieve a Healthier Tomorrow
Curious about your future health? We can talk to you about your current risks, how they can affect your future and then discuss ways to reduce it.

Urgent Care Services Available
Walk in appointments are not available but a number of same day sick appointments are received each day for your urgent care needs.

Reduce your Medical Costs Alder and Birch: All services at the HWC are at no cost. Some medications dispensed on-site are $4 or $8.

Cedar and Dogwood: In compliance with IRS regulations, non-preventive visits are $25. Medications dispensed at the time of your visit are at no additional cost.

On Site Dispensary and Lab Services The HWC stocks a variety of maintenance and acute medications for dispensing at the time of your visit. Most lab tests can also be drawn, including those requested by outside providers.

866-959-9355

Oroville
1876 Bird Street
530-532-5918

Chico
500 Cohasset Road #24
530-879-7582

BUTTE SCHOOLS
HEALTH AND WELLNESS CENTER

LiveHealth Online: A Low-Cost Alternative for Urgent Care and Psychology / Mental Health Services

The Health and Wellness Center (HWC) is available to all covered members, free to those on the Alder and Birch plans and available for a $25 copayment for those on Cedar and Dogwood. However, the HWC isn't open 24/7/365. LiveHealth Online is a great low-cost alternative in many cases, particularly for those who are not in the Butte County area.

LiveHealth ONLINE

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at lower cost than anywhere other than the Health and Wellness Center.
- Private, secure and convenient online visits.

Who are the doctors at LiveHealth Online?

- U.S. board-certified.
- Average 15 years practicing medicine.
- Mostly primary care physicians.
- Specially trained for online visits.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. If it's not an emergency, the Health and Wellness is your free or lowest-cost option. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

Psychology and Counseling Services Now Available
LiveHealth Online has recently added psychology and counseling services as well through the same, easy-to-use video portal.

Costs
For Alder and Birch, the deductible is waived; medical appointments are $25 and psychology appointments are $40. For Cedar and Dogwood, costs are $49 medical, $80 counselor and $90 psychologist until the deductible is met, after which they are the same as Alder and Birch.

Start a conversation now. Just enroll for free at livehealthonline.com or on the app, and you're ready to see a provider.

Enhanced Vision Benefits — No Rate Increases

The reduced vision rates adopted in 2015 will continue through June, 2017. Effective July 1, 2016, members will enjoy the these enhancements:

- Costco has been added as a provider to the VSP retail network. Don't have a Costco membership? You may still utilize your VSP benefits for the exam at Costco, but Costco will not fulfill and frame, lenses or contacts for you.
- A separate contact lens exam benefit, at a maximum of $60 member copayment, has been added, allowing the full material allowance to be used towards the purchase of contact lenses.

VSP

No Dental Benefit or Rate Changes

Similar to the vision plan, the dental rates adopted in 2015 will continue through June, 2017 as well. There are no changes to the dental benefits.

DELTA DENTAL

Phantom Coordination of Benefits

This policy applies only to school board members and full-time employees with a working spouse/RDP who is covered under a BSSP medical plan. Single employees, retirees, and those whose spouses/RDPs are self- or not employed are exempt.

BSSP's Phantom Coordination of Benefits policy prevents BSSP plans from bearing more than a fair-share of medical claims for spouses or registered domestic partners (RDPs) of full-time employees.

If you are a full-time employee or board member and your spouse/RDP is eligible for employer-provided coverage at a cost of less than $150 per month, your spouse/RDP has two options:

1. Your spouse/RDP may enroll in his/her employer coverage. BSSP medical will be secondary; BSSP does not provide prescription benefits as secondary coverage.

2. Your spouse may decline employer coverage. BSSP's Dogwood plan will serve as his/her primary coverage regardless of the plan you have enrolled in.

Failure to complete the questionnaire in VBAS and submit Certification I or Certification II, when applicable, will result in your spouse/RDP being moved to the Dogwood plan effective July 1, 2016.

BUTTE SCHOOLS
SELF-FUNDED PROGRAMS

Medicare Retirees

Coverage for retirees and their spouses eligible for Medicare is available with BSSP's Assurance plan, a Medicare supplement, at a monthly rate of $535 per individual.

When you are eligible for Medicare and covered under a retiree plan, Assurance is the only plan option through BSSP and requires enrollment in Medicare Parts A and B.

This Medicare supplement pays 100% of Medicare Part A deductible and Part B expenses when using an Anthem PPO provider, but additional out of pocket costs will apply when using non-PPO providers or those not accepting Medicare. Prescription benefits continue with Express Scripts and are the same as the Alder and Birch plans, below.

Non-Medicare spouses or children of retirees may enroll in the Alder or Birch plans. *See Plan Rates and Maximum Out of Pockets, page 7.*

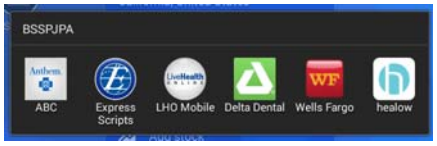
Access to More BSSP Information

Your VBAS portal now provides single-sign on access to your secure account at Anthem, Express Scripts, Delta Dental and VSP, as well as quick links to the other benefits available through BSSP. The VBAS portal will remain open 24/7/365 so you can quickly log-in with one username/password and access all your information at Anthem, Express Scripts, Delta Dental and VSP.

Many of us have a mobile phone or tablet with us all the time, and now it's even easier to access your benefits through BSSP with our carrier's mobile and tablet apps.

Apple's App Store Download free apps for Anthem, Express Scripts, LiveHealth Online, Healow (Health and Wellness Center), Delta Dental, VSP, Magellan Health and Wells Fargo (for the HSA account).

Android and Windows Devices
Free apps for Anthem, Express Scripts, LiveHealth Online, Healow (HWC), Delta Dental and Wells Fargo (for the HSA account) are also available for Android and Windows mobile phones and tablets.



Through the apps, you can request a new insurance card, view claims, search for providers, and find a wealth of additional information at your fingertips.

Want The Most Accurate and Current BSSP Information ASAP?

Sign up at www.bsspjpa.org to receive direct emails about your BSSP benefits, the Health and Wellness Center, and general health and wellness information. Or email your request to bssp@bsspjpa.org.

Access to Counseling Services

Trusted solutions to life's challenges From online information to confidential consultations with licensed behavioral professionals, you and your household members have access to a wealth of practical, solution-focused resources to help you reduce stress, strengthen relationships, increase productivity and improve the overall quality of your life.

So much to do … so little time With all you have to do, it can be hard to focus on everyday matters, let alone issues that are harder to control, such as:

- Changes in your financial situation
- Family or relationship problems
- Overwork or conflicts at work
- Feeling depressed or anxious
- Quitting tobacco, alcohol or drugs
- Caring for children or aging parents
- Losing weight and living healthier

Challenges like these can make life hard. And when you're busy, you might not think there's time to find solutions.

BSSP's Magellan Health provides no-cost resources for mental health, legal and financial counseling:

By Phone: Call 800-523-5668 to get consultation and solutions to everyday problems as well as help in a crisis. You will get access to resources or a referral to a licensed professional in your community for confidential help. Each household member is eligible for 4 free in-person counseling sessions per incident per year. In addition, each household member is eligible for one legal and one financial counseling session per incident per year as well.

Online: Log on to www.magellanhealth.com/member to locate counselors in your area. Find targeted information and resources that address your everyday concerns as well as more serious issues. Interactive tools help you discover ways to live a healthy lifestyle.

MAGELLAN HEALTH SERVICES
Getting Better All the Time

Why Must Contribution Rates Increase Each Year?

BSSP's medical plan is self-funded. Although members carry an Anthem card, Anthem only administers BSSP's claims — 100% of claim payments are funded from the monthly contributions charged to the district employers (which is shared between the employer and employee).

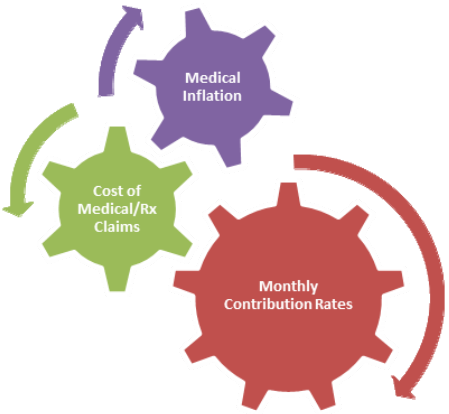
With self-funded benefits, monthly contribution rates are established by the BSSP based on estimated future costs. Contribution rates include fixed costs such as a carrier's fee (claim administration, provider network management, utilization management, etc.), stop-loss fees (protection from high claims), and administrative overhead. The monthly rate also includes estimated claims under the benefit.

Claims are 92% of Costs Of every $1.00 spent within BSSP's medical program, $0.92 funds patient care: claim payments to member's medical providers, pharmacies and the costs of the Health and Wellness Centers.

10% claim inflation Economic factors within the medical industry bring an approximately 10% inflation annually, driving last year's $100 office appointment to $110 this year and a projected $121 next year. Because

92% of BSSP's medical plan costs are subject to the market's 10% annual inflation, BSSP's contributions must increase accordingly to ensure payment of members' claims.

How to offset medical inflation and reduce your out of pocket costs? Two things can offset medical inflation, both of which require you, the covered member, to take action:



Seek care from lower cost, higher outcome providers:

- Use the Health and Wellness Center for routine, preventive and urgent care.
- Use LiveHealth Online for internet video-based urgent care
- Evaluate the cost of different providers at www.anthem.com/ca under "Estimate My Costs"
- Utilize the new Carrum Health surgery benefit (*see Additional Surgery Benefit, page 3)*

Reduce your need for medical care:

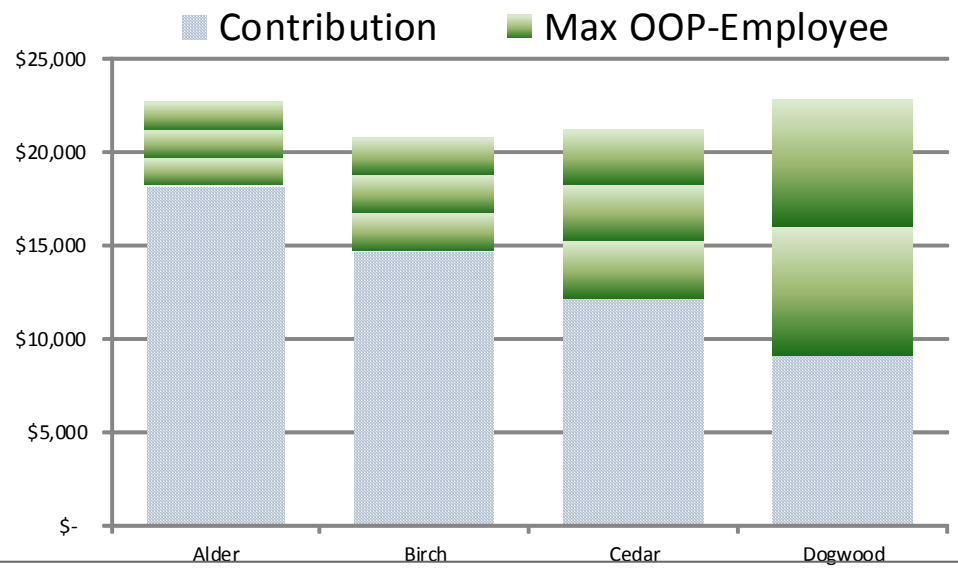
- When you are healthy, you need less medical care.
- Take a Health Risk Assessment and have an annual physical exam at the Health and Wellness Center.
- Talk to your provider about beginning your journey to wellness.

Every medical claim paid at a lower cost, or avoided all together, slows the increase of BSSP plan rates and reduces your out of pocket costs.

Excess contributions Unlike fully-insured plans, BSSP's self-funded plan retains excess contributions when they exceed the costs of the plan. Excess contributions are utilized to offset plan rate increases in future years.

BUTTE SCHOOLS
SELF-FUNDED PROGRAMS

Plan Rates and Maximum Out-of-Pocket Costs



This chart may help you in determining which plan to choose: 1) Determine your annual district contribution and draw a line across at that amount.
2) You will pay (via payroll deduction) all of the contribution above that line.
3) You may also pay up to the maximum out-of-pocket (including prescriptions) shown. You will only pay the maximum out-of-pocket when you (or your family members) have a lot of medical claims. Remember, that is the maximum. How likely are you to incur the out-of-pocket maximum? *Visit www.bsspjpa.org for more tools. All plans utilize the same provider network and cover the same procedures. Only contributions and out-of-pocket costs differ between plans.*

Whom Do I Call?

Call your district when you ...

- Have questions regarding your payroll deduction.
- Want to know when your coverage will end or what your retiree benefits will be.
- Need to change your address and/or phone number.
- Want to add a new family member (spouse, registered domestic partner, or child).
- Need to delete a family member (divorce, marriage of an over-age dependent, end of eligibility for over-age dependent, death).

Call Butte Schools Self-Funded Programs when you ...

- Have eligibility questions about yourself or your dependents.
- Have questions about a letter you received from BSSP.
- Have questions regarding the benefits of your plan after you are eligible for Medicare
- Need carrier telephone numbers not included on your card or the reverse of this sheet.

Call the Health and Wellness Center directly to schedule an appointment

Call the carrier when you...

- Have questions on an explanation of benefits (EOB).
- Want to know how much deductible you have remaining.
- Want to know how much towards your maximum you have used.
- Are billed or balance-billed by a network provider of service.
- Need the status of a claim.

Be sure to note the name of the person you spoke with. If your concern was not handled to your satisfaction, BSSP can follow-up and assist you with your concern.

Butte Schools Self-Funded Programs JPA
(See below for Health and Wellness Center) www.bsspjpa.org
Office: 500 Cohasset Road, Suite 24, Chico
Telephone 530-879-7438
Fax 530-879-7595
Jeana Jeffries, Sr. Benefits/Admin Assistant jjeffries@bsspjpa.org
Christy Patterson, Executive Director cpatters@bsspjpa.org

Butte Schools Health and Wellness Center
500 Cohasset Road, Suite 24, Chico | 1876 Bird Street, Oroville
Scheduling, only 866-959-9355
Chico 530-879-7582
Oroville 530-532-5918

Anthem Blue Cross www.anthem.com/ca
Claims: PO Box 60007, Los Angeles, CA 90060
Pre-authorization or Pre-Service Review: 800-274-7767
Customer Service: 800-727-2762
24/7 Nurseline 800-977-0027
BC PPO (out of state) Providers: 800-810-2583

Express Scripts www.express-scripts.com
Reimbursements: PO Box 14711, Lexington, KY 40512
Mail Order (initial only): PO Box 650022, Dallas, TX 75265
Customer Services: 800-711-0917

Wells Fargo Bank www.wellsfargo.com
Customer Service 866-884-7437

Carrum Health www.my.carrumhealth.com/butte
888-855-7806

Magellan Health Services www.magellanhealth.com/member
Intake 800-523-5668

Delta Dental www.deltadentalins.com
Claims: PO Box 997330, Sacramento, CA. 95899
Customer Service: 866-499-3001

VSP www.vsp.com
Reimbursement: PO Box 997105, Sacramento, CA 95899
Customer Service: 800-877-7195

The Hartford www.thehartford.com/employee-coverage/benefit-plans
Claims: Box 14298, Lexington, KY 40512-4298
Customer Service: 888-563-1124
Global emergency services/Assist America: 800-243-6108

Register at these websites for additional information about your coverage and claims as well as wellness tools, tips and much more!

Butte Schools Self-Funded Programs

500 Cohasset Road, Suite 24
Chico, CA 95926
530-879-7438
www.bsspjpa.org

Monthly Rate Active Employees - Effective 7/1/2016	Alder	Birch	Cedar	Dogwood
			HSA Eligible $0 pre-funded plan contribution	
Composite	**$1,510**	**$1,223**	**$1,015**	**$757**

Plan Year Maximums (Medical and pharmacy combined; includes all amounts at network rate (or "allowed" rate for non-network claims))				
Out-of-Pocket Maximum *(Deductible + Coinsurance/Copayments included)*				
Individual	**$1,500**	**$2,000**	**$3,000**	**$6,850**
Family	**$4,500**	**$6,000**	**$9,000**	**$13,700**
Plan Year Deductible				
Individual	$500	$800	$2,600	$5,000
Family	$1,500	$2,400	$4,000	$10,000
Plan Year Coinsurance / Copayment Limit				
Individual	$1,000	$1,200	$400	$1,850
Family	$3,000	$3,600	$5,000	$3,700

Medical — Anthem Blue Cross PPO Network | www.anthem.com/ca | 800-727-2762				
Health and Wellness Center 530-879-7582; www.bsspjpa.org/hwc	No charge		$25/non-preventive visit	
Telemedicine (www.livehealthonline.com) $49 Medical, $80 Therapist, $90 Psychologist through LiveHealth Online	50%		50% after Deductible	
Medical Tourism (888-855-7806; my.carrumhealth.com/butte) Total hip/knee replacement, spinal fusion and cardiac bypass when contracted with Carrum	No charge		Lesser of $1,500 or Deductible	
Coinsurance and Copays apply for network providers after Deductible	Non-network coinsurance rate is 50%			
Facility charges (hospitals, surgery centers, etc.)	15%	25%	25%	30%
Professional services (office visits, etc.)				
Diagnostic services (labs, imaging, etc.)				
Limits				
Chiropractic / Acupuncture: *24 visits per plan year combined*				
Physical Therapy / Occupational Therapy: *Pre-authorization required for all treatment*				
Skilled Nursing Facility: *100 days per plan year*				
Hospice: *100 days/lifetime*				
Maternity: *Employee/spouse/registered domestic partner, only*				
Emergency Room Copay *(copay waived if admitted)*	$100 + 15%	$100 + 25%	$250 + 25%	$250 + 30%
Periodic Health Exam/Preventive Care	No charge			

Pharmacy — Express Scripts, Inc. | www.express-scripts.com | 800-711-0917		
Health and Wellness Center	$4 Generic / $8 Brand / $0 Asthma, Diabetes, Blood Pressure	Included with $25 charge
Deductible (applies to prescriptions filled at retail and mail order)	$150 individual / $450 family (waived for generics or when medical deductible is met)	Combined with medical deductible
Retail	31 Days Supply - After deductible is met	
Generic	30% ($10 min /$30 max)	$25 Copay
Formulary Brand	30% ($20 min /$100 max)	$50 Copay
Non-Formulary Brand	30% ($30 min/$150 max)	
Mail Order	90 Days Supply - After deductible is Met	
Generic	$25 Copay	$50 Copay
Formulary Brand	$60 Copay	$100 Copay
Non-Formulary Brand	$90 Copay	
Asthma/Diabetic/Blood Pressure Medication	$5 / $20 / $30 - after deductible is met	
Coordination of Benefits	Prescription benefits are provided on primary coverage only.	

This summary is for informational purposes, only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the plan document, the plan document will prevail.

3/28/2016