

2022-2023 EMPLOYEE BENEFITS GUIDE

MEDICAL
PRESCRIPTION
EAP
VALUE ADDED
SERVICES

DENTAL
VISION

LIFE

LONG-TERM
CARE



"WORKING TOGETHER TO MAKE A DIFFERENCE"



ICSVEBA

***San Pasqual Valley
Unified School District***

welcome.

The **Imperial County Schools Voluntary Employees Benefits Association (ICSVEBA)** is a group of school districts, joined to form a benefit purchasing pool to ensure the best benefits options for employees of these school districts.

Your District believes that providing a competitive employee benefits program is one of the most important investments. We appreciate the tremendous value and contributions of employees and recognize that good employee health is good business. Each year, the benefit programs are evaluated to ensure those covered in the ICSVEBA benefits continue to have robust, competitive and cost-effective choices.

This guide has been prepared to assist you in making informed decisions regarding your benefits. We are pleased to offer a benefits package with a variety of coverage options, which allow you to choose the option that best meets your needs. We encourage you to read this guide carefully and to keep it as a reference.

Please contact the **ICSVEBA Member Services** at **800.633.2683** should you have any questions regarding your benefits package.

contents.

03	Benefits
04	Costs
05	Eligibility
06	Member Services
07	Medical
10	Prescription
11	EAP
12	Value Added Services
14	Dental
15	Vision
16	Life Insurance
17	Long-Term Care
Back	Contacts



benefits.

BENEFIT	COVERAGE OPTIONS
COSTS SHARED BY YOU AND YOUR EMPLOYER	
MEDICAL Anthem Blue Cross & SIMNSA	<ul style="list-style-type: none"> ▪ Anthem Blue Cross Comprehensive Option ▪ Anthem Blue Cross Basic Option ▪ Anthem Blue Cross Bronze Option ▪ SIMNSA HMO Option
DENTAL Administrative Solutions, Inc./First Dental Health	<ul style="list-style-type: none"> ▪ Standard Option ▪ Premier Option
VISION Administrative Solutions, Inc./EyeMed	<ul style="list-style-type: none"> ▪ PPO
100% OF COSTS PAID BY YOUR EMPLOYER	
BASIC LIFE AND AD&D Mutual of Omaha	<ul style="list-style-type: none"> ▪ Benefit equal to a flat \$20,000 for employee coverage
MENTAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM (EAP) Beacon Health Options	<ul style="list-style-type: none"> ▪ Offers private sessions at a copay based on your medical option
100% OF COSTS PAID BY YOU	
VOLUNTARY LIFE Mutual of Omaha	<ul style="list-style-type: none"> ▪ Employee and Spouse: additional coverage up to \$500,000 ▪ Child(ren): additional coverage up to \$10,000
LONG-TERM CARE Unum	<ul style="list-style-type: none"> ▪ Up to \$6,000 per month for you, your spouse, parent or grandparent

Choose Carefully!

The benefits you select during enrollment will stay in place through September 30, 2023, unless you have a qualifying event as defined by the IRS.

Examples of a qualifying event include:

- You have a change in your marital status
- You have a baby or adopt a child (Plan allows 60 days to notify of a newborn)
- Your dependent child loses eligibility due to age or marriage
- You become disabled
- You end your employment with the District
- You or your dependent passes away
- Your spouse gains or loses coverage

You must notify your employer within 31 days of the qualifying event.

Benefits elections will then remain in force for the remainder of the plan period.

costs.

2022-2023 MONTHLY PREMIUMS (BEFORE YOUR DISTRICT CONTRIBUTION)	
MEDICAL COMPREHENSIVE OPTION	
Employee Only	\$843.61
Employee + Spouse	\$1,525.92
Employee + Child(ren)	\$1,337.64
Employee + Family	\$1,694.70
MEDICAL BASIC OPTION	
Employee Only	\$709.05
Employee + Spouse	\$1,281.39
Employee + Child(ren)	\$1,122.88
Employee + Family	\$1,422.37
MEDICAL BRONZE OPTION	
Employee Only	\$604.78
Employee + Spouse	\$1,092.95
Employee + Child(ren)	\$957.75
Employee + Family	\$1,213.20
MEDICAL SIMNSA OPTION	
Employee Only	\$286.29
Employee + Spouse	\$485.64
Employee + Child(ren)	\$549.37
Employee + Family	\$702.61
DENTAL STANDARD OPTION	
Employee Only	\$33.32
Employee + Spouse	\$56.98
Employee + Child(ren)	\$61.34
Employee + Family	\$85.01
DENTAL PREMIER OPTION	
Employee Only	\$45.99
Employee + Spouse	\$79.17
Employee + Child(ren)	\$87.81
Employee + Family	\$121.25
VISION	
Employee Only	\$13.39
Employee + Spouse	\$21.42
Employee + Child(ren)	\$23.08
Employee + Family	\$26.91
BASIC LIFE AND AD&D	
Employee—\$20,000 (100% Employer Paid)	\$2.80



eligibility.

Who is Eligible

You are eligible if you are a regular full-time employee and are working 30 hours or more per week.

You may also enroll your eligible dependents in the medical, dental, vision and life insurance plans. Your eligible dependents include:

- Your legal spouse
- Your children or stepchildren up to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children or stepchildren of any age, if they are incapable of self-care due to a physical or mental disability

When Coverage Begins

Your benefits will commence on the first of the month following your date of hire.

Cost for Coverage

As shown in the chart on page 4, your employer pays the full cost for basic life and AD&D and mental health/EAP insurance.

Contributions for the plans where you share the cost with your employer are deducted from your pay on a pre-tax basis. This means that the income you use to pay for these benefits is not taxed, putting dollars back into your pocket.

Newly Hired Employees

You must make your benefits elections within 31 days of your date of hire. If you do not enroll for coverage during your eligibility period, you must wait until the next Open Enrollment period unless you have a qualifying event.

Open Enrollment

Open Enrollment occurs each year and is your opportunity to review your benefits options to determine what best meets your needs. The selections you make will remain in effect for the entire plan year unless you have a qualifying event.



member services.



ICSVEBA MEMBER SERVICES is here to answer your questions and help make your employee benefits easier to use. **ICSVEBA** Member Services is the only number you need to call with employee benefit and wellness questions...and best of all, it's free! Within 24 hours of your initial call, Member Services will either have the issue resolved or will update you on any further actions including the time frame for resolution. Below are some of the questions Member Services can answer.

Benefit Questions

I need to have surgery; does my insurance cover it? How much will my portion of the cost be?

Referral

I need to see a specialist, but I'm having trouble getting a referral. What do I do?

Claims Assistance

I received a bill from my doctor. I thought these services were covered. What do I do now?

Eligibility Issues

I tried to pick up a prescription today, but the pharmacy is saying that I'm not covered. Why?

800.633.2683

ICSVEBAService@hubinternational.com

Monday - Friday
7:30 a.m. to 4:30 p.m. PT

All inquiries will be responded to within
24 hours of your call or e-mail.

medical.

We recognize that you have different needs when it comes to your medical options. We provide you with options that help you and your family achieve optimum health. We offer you the choice of four health options, including:

- **Anthem Blue Cross** Comprehensive Option (PPO)
- **Anthem Blue Cross** Basic Option (PPO)
- **Anthem Blue Cross** Bronze Option (PPO)
- **SIMNSA** HMO Option

PPO Options

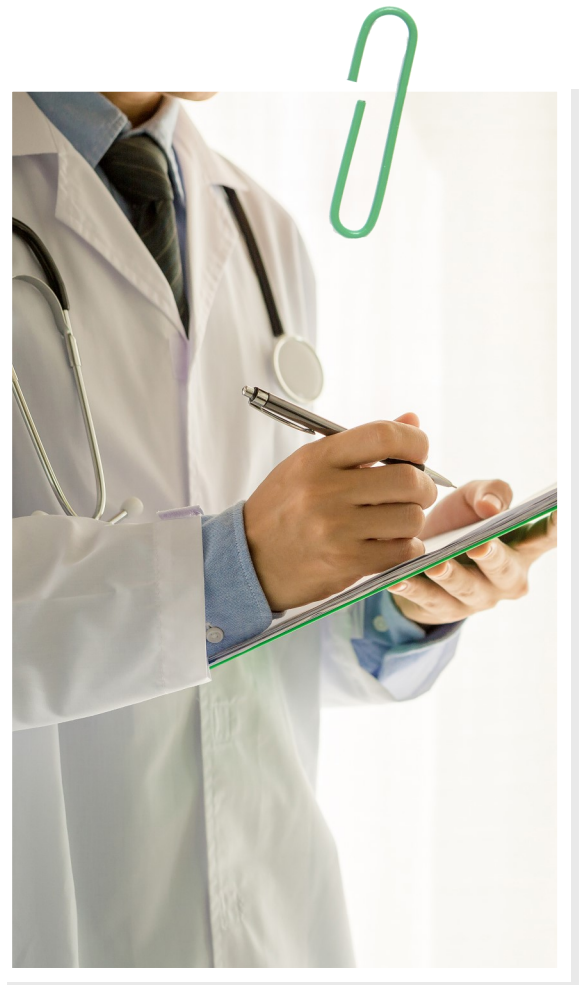
The **Anthem** PPO Options offer a network of physicians who have agreed to discount fees for their services. You may choose to have your treatment provided by an in-network PPO physician and may receive a higher level of benefit with potentially lower out-of-pocket costs to you.

You may also choose to go outside the network; however, benefits are generally reimbursed at a lower level and you may have higher out-of-pocket costs.

With a PPO option, you have a choice every time you need care. Your in-network physicians will submit claims for you. If you receive treatment from a non-network physician, they may require you to pay the entire amount at the time of service and submit a claim for reimbursement.

SIMNSA HMO Option

The **SIMNSA** HMO is an option for U.S. workers who reside, or have dependents, in Mexico (Tijuana, Mexicali and Tecate). This option offers comprehensive medical coverage that includes preventive care and fixed copays for most services. There are no annual deductibles or lifetime dollar maximums. You will have the ability to choose your own **SIMNSA** personal physician, who will be responsible for providing or coordinating all of your medical care, including specialty care referrals.



medical.

BENEFITS	COMPREHENSIVE		BASIC		BRONZE <i>This is an ACA compliant Minimum Value Plan and can be selected as the default plan.</i>	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible						
Individual/Family	\$650/\$1,950	\$1,500/\$4,500	\$1,500/\$4,500	\$3,000/\$9,000	\$5,000/\$10,000	\$15,000/\$30,000
Coinsurance	20%	50%	20%	50%	30%	50%
Out-of-Pocket Maximum (includes deductible)						
Individual/Family	\$3,000/\$9,000	\$9,000/\$27,000	\$6,600/\$13,200	\$10,000/\$30,000	\$6,350/\$12,700	\$25,000/\$50,000
Physician Services						
Preventive Care Services	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Office Visit - PCP/Specialist	\$10 / \$20 copay	50% after deductible	\$35 / \$70 copay	50% after deductible	30% after deductible	50% after deductible
Diagnostic Lab and X-Ray	No charge	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospital Services						
Inpatient	\$250 per admission + 20% after deductible	\$250 per admission + 50% after deductible	\$250 per admission + 20% after deductible	\$250 per admission + 50% after deductible	30% after deductible	50% after deductible
Other Benefits						
Emergency Room	\$250 copay (waived if admitted)		\$250 copay (waived if admitted)		\$100 copay + 30% after deductible	\$100 copay + 50% after deductible
Ambulance	20% after deductible		20% after deductible		30% after deductible	50% after deductible
Urgent Care	\$10 copay		\$30 copay		30% after deductible	Not covered unless pre-approved
Durable Medical Equipment	20% (maximum \$500 out-of-pocket)	50% after deductible	20% (maximum \$500 out-of-pocket)	50% after deductible	30% after deductible	50% after deductible
Mental Health and Employee Assistance Program Provided through Beacon Health Options, and “carved out” of your core benefits.						
Annual Deductible	\$650/\$1,950	\$1,500/\$4,500	\$1,500/\$4,500	\$3,000/\$9,000	\$5,000/\$10,000	\$15,000/\$30,000
Copayment	\$10 copay	50% of UCR after deductible	\$35 copay	50% of UCR after deductible	30% after deductible	50% of UCR after deductible

medical.

BENEFITS	SIMNSA <i>Stateside benefits only for life threatening medical emergencies</i>
	IN-NETWORK ONLY
Annual Deductible	
Individual/Family	None
Coinsurance	None
Out-of-Pocket Maximum	
Individual/Family	\$6,350/\$12,700
Physician Services	
Preventive Care Services	No charge
Office Visit - PCP/Specialist	\$5 copay
Diagnostic Lab and X-Ray	No charge
Hospital Services	
Inpatient	No charge
Other Benefits	
Emergency Room	\$250 copay
Ambulance	No charge
Urgent Care	\$25 copay
Durable Medical Equipment	Not covered
Mental Health and Employee Assistance Program Provided through Beacon Health Options, and “carved out” of your core benefits.	
Annual Deductible	EAP only
Copayment	

prescription.

It is important to be an informed consumer, especially with your prescription drug options. All of your medical plan options include prescription drug coverage through **RxBenefits**.

Present your medical plan ID card at a participating pharmacy. You will receive up to a 30-day supply for your prescription. You will pay a copay based on the type of prescription you receive.

Who is RxBenefits?

RxBenefits will act as an informed advocate for **ICSVEBA** members and their covered dependents regarding their prescriptions. **ICSVEBA** will still be using the **Express Scripts** network; however, any questions you have regarding your prescriptions will be handled by **RxBenefits**. Team members are available to answer your questions from 5:00 a.m. to 6:00 p.m. PT, Monday thru Friday. Members can also email **RxBenefits** at RxHelp@rxbenefits.com.

Who handles mail order scripts and specialty medications?

Express Scripts and **Accredo**. There should be no disruption with specialty scripts. Members can continue to refill and receive their mail order and specialty medications as they currently do.

BENEFITS	COMPREHENSIVE	BASIC	BRONZE	SIMNSA
Generic	\$5 copay	\$5 copay	\$5 copay	\$5
Preferred	\$25 copay	\$25 copay	\$25 copay	N/A
Non-Preferred	\$55 copay	\$55 copay	\$55 copay	N/A
Specialty	20% coinsurance per prescription, up to annual out-of-pocket maximum of \$1,000			N/A



Save Money on Your Medications

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug when it is available and appropriate.

eap.

Life is full of challenges and sometimes balancing it is difficult. We are proud to provide a program dedicated to supporting the emotional health and well-being of our employees and their families.

Employee Assistance Program

Administered by **Beacon Health Options**, the Employee Assistance Program (EAP) is a confidential program for you, your family and all household members. The services are offered to you, at **no cost**.

EAP Benefit

- Unlimited telephonic access
- 24-hour crisis response by licensed counselors, seven days a week
- Each member of your household receives five (5) in-person visits per issue per year

Confidential Clinical Counseling

EAP benefits include up to five (5) sessions per incident per calendar year and can help with such issues as:

- Bereavement or grief
- Legal
- Financial
- Childcare/eldercare referrals
- Marital/relationship issues
- Parenting issues
- Substance abuse
- Depression/anxiety
- Anger
- Stress management
- Weekly webinars

Beacon Health Options

866.533.4278

icsveba.mybeaconwellbeing.com



value added services.

Anthem Live Health Online

Anthem Live Health Online is a service that offers a convenient way for **VEBA** members on a stateside plan to talk with and get treatment from a doctor at www.livehealthonline.com. You can have live, instant or planned visits with a U.S. board-certified doctor 24 hours a day, seven days a week. The service uses two-way video conferencing, along with instant messaging, to allow access from the convenience of your home or work.

Delta TeamCare – Managing for Tomorrow®

Managing for Tomorrow® is a unique health improvement program available to all eligible employees and their dependents. It is being offered by **Imperial County Schools Voluntary Employees Benefits Association (ICSVEBA)**, in association with **Delta TeamCare**. This program offers personalized health information and tools that are tailored to your situation. You can learn about living a healthy lifestyle, managing your health and working with your doctor to stay healthy.

Disease Management

Maternity Management

Nurse Hotline

Go365

Have you started earning Go365 Rewards Bucks yet? As an **ICSVEBA** member with **Go365**, you earn Points for completing healthy activities. You get one Buck for each Point you earn, plus Bonus Bucks when you reach a higher status. These Bucks add up for you to spend in the Go365 Mall on products from popular brands and retailers. Visit the Go365 Mall online at Go365.com or on the Go365 App (available in the Apple and Google Play stores) to see all the great products, deals and offers Go365 has for you. Or, if you haven't already

www.icsveba.org

done so, visit the website or App to register using your unique Go365 ID. You can reach out to your Benefits/HR Department to obtain your unique ID and request a new card if needed.

Delta TeamCare – Health Education and Personal Health Coaching

All employees and family members also have access to a **TeamCare** health educator that collaborates with you to make lifestyle changes so you can live a healthier life. The programs include:

- Weight Management
- Nutrition
- Pre and Post Natal
- Physical Activity
- Stress Management
- Tobacco Cessation

Enroll today by calling **866.724.0032**.

Carrum Health

Carrum Health is a new way to get surgery. Having an operation can be overwhelming; from figuring out the best surgeon to determining how much it will cost, to getting through the recovery. That's where **Carrum Health** comes in. **Carrum** works with your current medical plan, and with no additional cost, you get:

- Exclusive access to top-quality surgical care at Scripps Health for hip/knee replacement, spinal fusion and coronary bypass surgeries
- **No medical bills! You pay zero out of pocket costs**
- Personalized "Concierge" support throughout your journey from selecting the best surgeon and gathering the paperwork to post-discharge recovery care
- A **\$500 gift card** if you use **Carrum** for your next eligible surgery!

To learn more or get started with the program, contact **Carrum Health** toll free at **888.855.7806** or visit my.carrumhealth.com/ICSVEBA.

Hinge Health

Conquer back and joint pain without drugs or surgery! **Hinge Health** provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition, wearable sensors for live feedback in the app, personal coaching and your own physical therapists. Best of all, it's free—100% covered by **ICSVEBA** for you and eligible family members. Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your back, knee, hip, neck, shoulder or other pain. On average, **Hinge Health** participants cut their pain by nearly 70%!

To learn more, call **855.902.2777** or apply at hingehealth.com/ICSVEBA.

PlushCare

PlushCare is simple and convenient! It is another option where you can communicate with a physician telephonically, be diagnosed and, when appropriate, have prescriptions electronically sent to a local pharmacy of choice. Why pay and wait for an appointment when you can go online to www.plushcare.com or simply call **866.460.6205**.

CCS LivingConnected Diabetes Program

ICSVEBA members have access to a new Diabetes Program through **CCS Medical**. They will provide you with high-quality products and support you with personalized service. Diabetes supplies will be provided at **100% coverage with no out-of-pocket costs**. Supplies such as state-of-the-art cellular and Bluetooth glucose meters, test strips, lancing devices and lancets are available. They offer free home delivery of supplies as you need them with no out-of-pocket expenses, along with alerts and coaching from a CCS nurse when your readings are out of range, live ongoing personalized health coaching from Certified Diabetes Educators and 24/7/365 toll-free access to live nursing support! **Please note that participation in the CCS LivingConnected program is voluntary and**

you must actively enroll to participate. Please contact their Customer Support team at **800.966.2046**, from 5:00 a.m. to 4:00 p.m. PT, Monday through Friday, if you have any questions.

Identity Theft (IDT)

You have an opportunity to purchase identity theft protection and resolution services through **IDT**, brought to you by the **ICSVEBA**. Secure your privacy with complete detective and restorative identity protection around the clock. **IDT** will watch over your personal and financial information on public and private databases, social media and the Internet. They also provide you with proactive measures and educational tools so you can take steps to protect yourself. Their fraud specialists are a phone call away—24 hours a day, seven days a week—to help you every step of the way. The monthly cost is \$8.95/individual and \$17.95/family. *Family includes up to three dependents over age 18. All dependent minors have full restoration services included.*

REACH Air Ambulance

Since 2010, **ICSVEBA** has negotiated with **REACH Air Medical** to provide a benefit to all **ICSVEBA** members and their families. If you are in an emergency situation and in need of an air ambulance, and **REACH** is dispatched first to transport you, there will be no out-of-pocket costs to you as an **ICSVEBA** member or for your family members living in the same household!

AirMed

When a medical emergency occurs, you might find yourself on an adventure halfway around the globe, or on a business trip just a few hours from home. Wherever you are and whatever the medical need, **AirMed** offers you seamless access to the highest level of care. They maintain a fleet of ICU equipped jets, staffed with highly trained doctors, nurses and respiratory therapists. Around the clock and around the globe, they're able to transport you to the hospital of your choices as quickly as possible. As an **ICSVEBA** member, you have access to this benefit 24/7/365, and pay no deductibles, with no claims forms or out-of-pocket expenses.

dental.

In order to provide you with the level of dental coverage that best fits the needs of you and your family, we offer two dental plan options through the **Imperial Valley Schools Joint Powers Authority (IVSJPA)**, administered by **Administrative Solutions, Inc.** and utilize the **First Dental Health** and **Amexus Networks**. The standard and premier options give you the freedom to choose any dentist with whom you wish to seek services. You will receive the highest level of benefits when you choose a preferred provider and will not be required to pay any provider charges above the amount allowed for covered services. Should you go out-of-network, you may be responsible for payment over and above Usual, Customary and Reasonable charges for your geographic area.

Standard Option

This option has a lower calendar year maximum and orthodontic benefit maximum, but a higher calendar year deductible and lower premiums, compared to the premier option.

Premier

This option includes a progressive benefit for basic and major services. It pays more for each year that you are continuously enrolled in the Plan. **Year 1-Member pays 30%; Year 2-Member pays 20%; Year 3-Member pays 10%; Year 4-Member pays 0%.**

BENEFITS	STANDARD		PREMIER		MEXICO
	IN-NETWORK (IN)	OUT-OF-NETWORK (OON)	IN-NETWORK (IN)	OUT-OF-NETWORK (OON)	IN-NETWORK ONLY
CY Deductible	\$50/\$150		\$25/\$75		Matches Standard/ Premier benefit
CY Maximum	\$1,250		\$2,000		Matches Standard/ Premier benefit
Preventive/Diagnostic					
Cleanings, X-rays	No charge	20% after deductible	No charge	20% after deductible	Matches Standard/ Premier IN benefit
Basic					
Simple Extractions, Fillings (composite), Oral Surgery, Root Canals, Periodontics	20% after deductible	30% after deductible	0-30% after deductible	20% after deductible	Matches Standard/ Premier IN benefit
Major					
Dentures, Crowns, Inlays	40% after deductible	50% after deductible	0-30% after deductible	50% after deductible	Matches Standard/ Premier IN benefit
Implants	Not covered	Not covered	50% after deductible to \$1,500	60% after deductible to \$1,500	Matches Standard/ Premier IN benefit
Orthodontia					
Child/Adult	Not covered		50% after deductible \$1,500 lifetime max		Matches Standard/ Premier IN benefit

vision.

You have the option to visit an **EyeMed** network doctor or a non-network doctor. However, when you visit an **EyeMed** network doctor, you will receive a higher level of benefit. When you visit an **EyeMed** network doctor, you are not required to complete any paperwork, including claim forms. In addition, you don't need an ID card to visit an **EyeMed** network doctor. Simply call an **EyeMed** network doctor to schedule an appointment and be sure to tell them you are an **EyeMed** member. The doctor and **EyeMed** handle the rest!

If you elect to visit a non-network doctor, you will be required to pay the provider in full at the time of service. **EyeMed** will then reimburse you up to the amount allowed under our out-of-network reimbursement schedule.

BENEFITS	EYEMED	
	IN-NETWORK	OUT-OF-NETWORK
Deductible	None	
Exam Once every 12 months	No charge	Plan pays up to \$40
Frames Once every 24 months		
Retail:	\$0 copay; 20% off balance over \$250 allowance	Plan pays up to \$175
Wholesale:	\$0 copay; balance over \$175 allowance	
Lenses Once every 12 months Single / Bifocal / Trifocal / Lenticular	No charge	Plan pays up to: \$30 / \$50 / \$70 / \$70
Contacts Once every 12 months (in lieu of glasses)		
Conventional:	\$0 copay; 15% off balance over \$210 allowance	Plan pays up to \$147
Disposable:	\$0 copay; 100% of balance over \$210 allowance	Plan pays up to \$147
Medically Necessary:	\$0 copay; paid in full	Plan pays up to \$300



life insurance.

Basic Life and AD&D

Mutual of Omaha basic life and accidental death & dismemberment (AD&D) insurance coverage helps you protect your loved ones and ensures their financial security.

As a full-time, eligible employee, you are automatically enrolled in the group basic life and AD&D plan. The benefit is equal to a flat \$20,000, with no medical underwriting required. This policy is provided at **no cost** to you.

Voluntary Life

If you determine you need more than the basic life coverage provided to you, you may want to purchase additional coverage for yourself and your eligible dependents.

We offer voluntary employee, spouse and child life, at group rates, to supplement your employer-paid basic life insurance. Unlike basic life insurance, voluntary life is 100% employee-paid. Voluntary life premium is deducted from your paycheck and is portable, allowing you to continue coverage should you ever leave the company.

You may elect voluntary life coverage for yourself or your spouse to a maximum of \$500,000. You may also elect voluntary life coverage for your children to a maximum of \$10,000.



long~term care.

Help protect yourself, your parents and your family from the high cost of long-term care. Whether care is provided at home or in a facility, the costs and caregiver challenges quickly add up. **ICSVEBA** partners with **Unum** to provide you with valuable coverage, tools and resources to help with your personal care challenges.

Long-term care insurance may help reimburse covered charges for both facility and home care. With long-term care insurance, you can:

- Cover yourself and/or eligible family members
- Stay in your home to receive care as long as possible
- Relieve the burden of future care from loved ones

Newly hired employees have 30 days to enroll after becoming benefit eligible to receive reduced underwriting.



contacts.

COVERAGE	POLICY NUMBER	TELEPHONE	WEBSITE/EMAIL
ICSVEBA MEMBER SERVICES	N/A	800.633.2683	ICSVEBAService@hubinternational.com
MEDICAL Delta Health Systems Comprehensive Basic Bronze SIMNSA HMO	712 660	866.691.2443 800.424.4652	www.deltahealthsystems.com www.simnsa.com
PRESCRIPTION RxBenefits	712	800.334.8134	RxHelp@rxbenefits.com
DENTAL Administrative Solutions, Inc./First Dental Health	34534010	866.777.1320	www.asischools.com www.firstdentalhhealth.com
VISION Administrative Solutions, Inc./EyeMed	ECESD	866.777.1320	www.asischools.com www.eyemed.com
LIFE AND AD&D (BASIC & VOLUNTARY) Mutual of Omaha	ICSVEBA	Contact your District Office to file a claim	
MENTAL HEALTH & EAP Beacon Health Options	ICSVEBA	866.533.4278	icsveba.mybeaconwellbeing.com
VOLUNTARY LONG-TERM CARE Unum	522828	800.227.4165	www.unum.com
VALUE ADDED SERVICES Anthem Live Health Online PlushCare Delta TeamCare Disease Management Maternity Management Health Education and Coaching Carrum Health CCS LivingConnected Go365 Hinge Health	712 N/A 712 N/A N/A N/A	888.548.3432 866.460.6205 866.724.0032 888.855.7806 800.966.2046 Contact your Benefits/HR Department 855.902.2777	www.livehealthonline.com www.plushcare.com www.dhsdirect.com my.carrumhelath.com/ICSVEBA N/A Go365.com hingehealth.com/ICSVEBA



This guide is intended to provide an overview only of the benefits offered by **ICSVEBA**. It is not an offer of coverage or intended to offer medical advice. It does not contain all plan provisions, limitations and exclusions. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Insurance Certificate, Booklet, Booklet-Certificate, Group Policy) to determine governing contractual provisions relating to your plan. In the event of a conflict between this guide and your plan document, the plan documents will always govern.