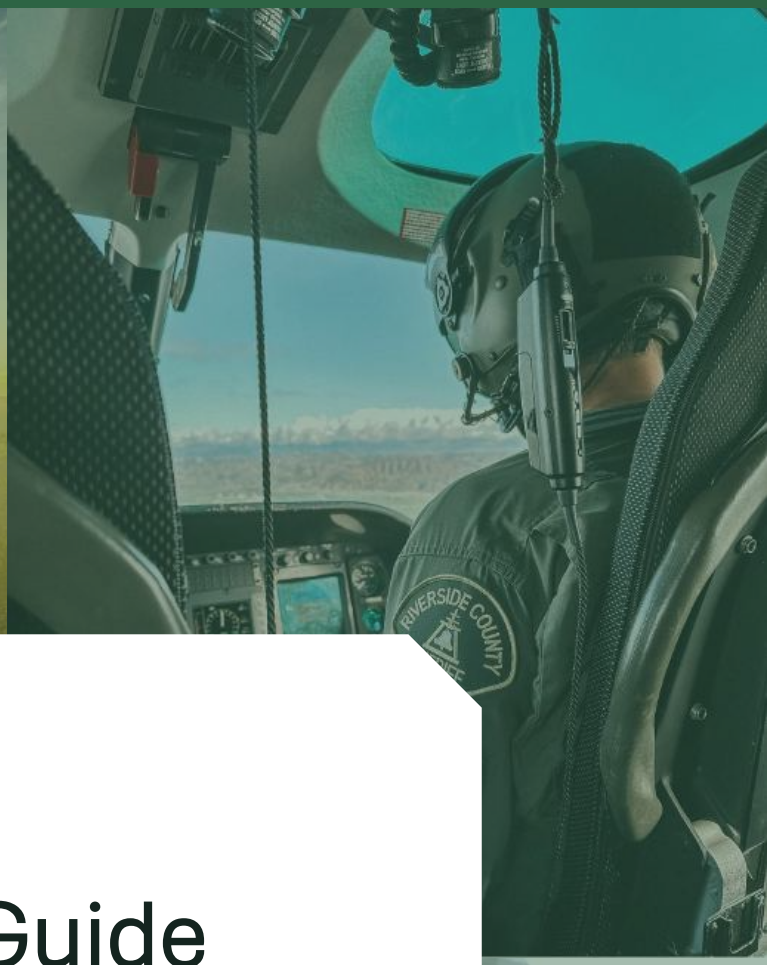

2027
Retiree Benefits Guide

Riverside County Sheriffs' Association Benefit Trust

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Chairman's Announcement

The benefits in this summary are effective **January 1, 2027** through **December 31, 2027**

Welcome to the RSA Benefits Trust Retiree Benefits Guide.

As a retired RSA member, you dedicated your career to protecting and serving others. RSA Benefits Trust remains committed to supporting you and your family with reliable, high-quality benefits throughout retirement. Below is a summary of the 2027 benefit changes.

Due to the rising cost of healthcare, medical premiums will have the following increases:

- **Kaiser plan: 6%**
- **Anthem plans: 7.9%**

The specific impact will depend on the plan selected and whether you are enrolled in Medicare.

New this year Delta Dental PPO plan will be replaced by Ameritas PPO with enhanced benefits:

- Monthly costs will remain the same.
- **Annual In-Network Benefit Maximum: Increasing from $1,000 to $1,500**
- New opportunity to increase annual maximum benefit over time
- High reimbursement levels for non-network providers. Reduced balance billing for any out-of-network services.

This guide outlines your available benefits, important 2027 updates, and information to help you make informed decisions about your coverage. While healthcare costs continue to rise, we remain focused on preserving the value of your benefits, maintaining stability, and minimizing the impact on retirees. If you have any questions or need assistance, please contact the RSA Benefits Team at: **951-653-8014** or **rsabenefits@rcdsa.org**.

NOTE: Even if you don't plan to make any changes, we encourage all members to log into PlanSource to verify your current benefits, review updates to your plans, and update your beneficiaries. However, if you do not wish to make any changes to your current benefits, no action is required during Open Enrollment.

RSA Benefits Trust

Who is Eligible?

To be eligible to participate in the Trust's programs as a retiree, a participant, who is no longer an active full-time employee, must have retired from the County of Riverside, must be receiving CalPERS retirement benefits, must have retired from a job class in a bargaining unit represented by or affiliated with the Riverside Sheriffs' Association and must maintain continuous membership with the Riverside Sheriffs' Association at all times.

The following dependents are eligible for benefits:

- Legally married spouse.
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you have completed a Domestic Partner Affidavit. Review the Affidavit carefully because it will include important information regarding the guidelines for adding, ending or changing your domestic partner.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

Members who are NOT eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.

When you can enroll

Open Enrollment	The one time each year that you can make changes to your benefits for any reason. Open enrollment is generally held in October every year for a January 1st effective date.
Qualifying Life Event	A qualifying life event is a significant change in your life that allows you to make changes to your benefits outside of open enrollment. See the next page for more information.

Changing Your Benefits

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).Any change you make must be consistent with the change in status. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

You must submit your change within 30 days after the event.

Qualified Life Event		Documentation Needed
Change in Marital Status	Marriage	• Copy of marriage certificate
	Divorce/Legal Separation	• Copy of divorce decree • Or legal separation
	Death	• Copy of death certificate
Change in Number of Dependents	Birth or Adoption	• Copy of birth certificate • Or legal adoption papers
	Stepchild(ren)	• Copy of birth certificate **plus** a copy of the marriage certificate between member and spouse
	Death	• Copy of death certificate
Change in Spouse/DP Group Benefits	Change in spouse's benefits or employment status	• Notification of spouse's employment status that results in a loss or gain of coverage
Change in Address	Moving out of state	• Updated address

Domestic Partnership

A Domestic Partner of an eligible member shall satisfy the Trust's general eligibility so long as both the members of the partnership meet the following criteria:

- Provide a copy of a valid Declaration of Domestic Partnership filed with the Secretary of State pursuant to Section 297 of the Family Code
- Submit a signed Affidavit of Partnership for Insurance Carriers
- Are at least 18 years of age
- Share a common residence
- Are unmarried and not a member of another domestic partnership
- Are not related by blood that would prevent you from being married in the state of California

Contact the benefits office for a list of required documents showing proof of Domestic Partnership.

Enrolling in Benefits

PlanSource

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- LOG IN to PlanSource

  https://benefits.plansource.com/

  Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN. For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

  Password: Your initial password is your birthdate in the YYYYMMDD format. So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password. If you need help resetting your password, call the RSA Benefits Office at (951) 653-8014.

Open Enrollment

- On the Homepage, click “Get Started” to begin.
- **All changes made during Open Enrollment will take effect January 1**
- **Any OE elections will be effective January 1,2027 and will continue through December 31,2027. Payroll deductions for new elections will begin with the first paycheck on January 1,2027.**
- For those who need in-person access, laptops will be available at the RSA Benefits Office from 8:00 a.m. to 5:00 p.m., Monday through Thursday, excluding Monday, October 12 (Columbus Day Observance).

Mid-Year changes

- On the Homepage, click “Update My Benefits” to begin.
- If you need a password reset or have trouble logging in, please contact our office at (951) 653-8014.

Link to PlanSource
Scan the QR Code
or visit
www.benefits.plansource.com

plansource

Turning 65? Understand Your Medicare Options

Turning 65 This Year?

Make sure to contact the RSA Benefits Office (951-653-8014) to get switched over to Medicare eligible plans. RSA requests you reach out 90 days in advance of turning 65 to enroll in the Medicare compatible plans which will significantly decrease cost to you!

All members and spouses who turn 65 must enroll in Medicare Parts A and/or B. Do NOT enroll in Part D if you are planning to enroll in an RSA Medicare-compatible plan.

Medicare Assistance Program

When you have questions about Medicare, turn to SGIA first. SGIA's Medicare specialists can answer all of your questions – all at no cost to you. They understand your current medical plan and how Medicare can affect your benefits package. Whether you're turning 65 and continuing to work, 65+ and ready to retire, or your spouse is turning 65, making the most of Medicare depends on your needs.

Medicare D Information

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

SGIA Medicare Consulting

Learn More

Please contact SGIA for Medicare information and assistance:

Call: 888-284-3314

Email: info@sgiamedicare.com

Visit: sgiamedicare.com/employee-benefits

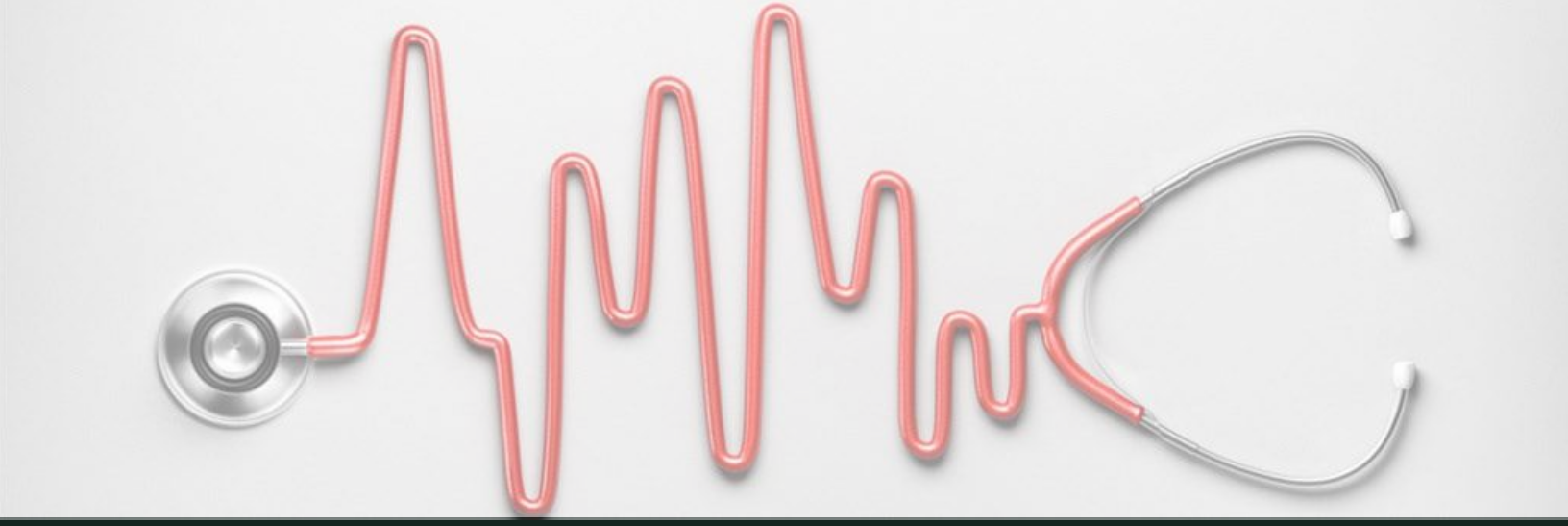
Medical Plan Changes

2027 Plan Changes

All Medical Plans	The Infertility and Fertility Services benefit has been updated to provide a more detailed list of covered services, including diagnostic services, fertility treatments, donor/surrogate services, and cryopreservation. While the mandate originally took effect on January 1, 2026, these updates apply to EOCs effective January 1, 2027, and later.
All Medical Plans	The Preventive Care benefit has been expanded for breast cancer screenings. Coverage now includes additional imaging, such as MRI, ultrasound, and mammography, as well as pathology and biopsy evaluations needed to complete the screening process.
Anthem HMO and EPO Plans	Anthem HMO and EPO plans no longer have out-of-network pharmacy benefits.
Anthem PPO HSA $1,750/$3,500/$4,500 (Prudent Buyer PPO)	The IRS increased the minimum deductibles for HSA-qualified HDHPs: Individual coverage: • In-network deductible rose from $1,700 to $1,750 / out-of-network from $5,100 to $5,250. Individual with family members: • In-network deductible rose from $3,400/$4,100 to $3,500/$4,500/ out-of-network from $5,100/$10,200 to $5,250/$10,500.

Important Plan Notices

A summary of the health plan notices you are entitled to receive annually are available online by scanning the QR code.



Medical
Non-Medicare Plans

Our medical plans offer comprehensive coverage. Preventive care is fully covered under all plans if obtained in-network. Your costs for other services will depend on which plan you choose.

Non-Medicare Medical Plan Overview

This guide serves as a summary of the medical plans. Please review the plan documents before selecting a plan.

	What you need to know
Kaiser HMO *Kaiser Network*	• Access to Kaiser providers/facilities exclusively • No deductible • Predictable costs
Anthem HMO *California Care Network*	• In-network only • Requires PCP to see specialist • No deductible • Predictable costs
Anthem Select HMO *Select HMO Network*	• In-network only • Requires PCP to see specialist • No deductible • Predictable costs
Anthem EPO (Blythe Residents Only) *EPO Network*	• In-network only • No deductible • Predictable costs
Anthem PPO *Prudent Buyer PPO Network*	• Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs
Anthem High Deductible (HDHP) PPO *Prudent Buyer PPO Network*	• Access to HSA account to offset out-of-pocket costs • Must meet deductible for most services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs

Non-Medicare HMO Medical Plans

This table shows member cost share.

	KAISER HMO	ANTHEM HMO	ANTHEM SELECT HMO
	In-Network Only	**In-Network Only**	**In-Network Only**
Network Name	Kaiser Network	California Care	Select HMO
Accumulation Period	Calendar year from January 1 through December 31		
Calendar Year Deductible	None	None	None
Calendar Year Medical &Rx Out-of-Pocket Maximum[1,2] Individual Coverage Family Coverage	 $1,500 individual $1,500 per individual / $3,000 family	 $1,000 individual $1,000 per individual/ $2,000 two-party/ $3,000 family	 $2,000 individual $2,000 per individual / $4,000 family
Office Visit Primary Care/Specialist Online/Telehealth	 $5 copay per visit No charge	 $5 copay per visit (office and virtual)	 $5/$40 copay per visit (office and virtual)
Preventive Services	No charge	No charge	No charge
Urgent Care	$5 copay per visit	$5 copay per visit	$5 copay per visit
Emergency Room (Waived if admitted)	$50 copay per visit	$50 copay per visit	$150 copay per visit
Lab and Imaging	No charge	No charge	No charge for basic / Advanced Imaging $100 copay per day
Outpatient Surgery	$5 copay per procedure	No charge	$125 copay per visit
Inpatient Hospitalization	No charge	No charge	$250 copay per admission
Manipulation Therapy Plan Benefit[4] Chiropractic Rider[5]	 N/A $5 copay per visit[5]	 $5 copay per visit $5 copay per visit[5]	 $5 copay per visit $5 copay per visit[5]
PRESCRIPTION DRUGS			
Calendar Year Deductible	None	None	$250 per individual $500 per family
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	 No charge $10 copay $10 copay $10 copay	 No charge $10 copay $40 copay 20% up to $100 max per prescription	 No charge $35 copay[3] $50 copay[3] 20% up to $150 max per prescription[3]
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)			
Retiree Only	$1,046.00	$1,235.00	$1,033.00
Retiree + 1	$1,723.00	$1,849.00	$1,540.00
Retiree + Child(ren)	$1,682.00	$1,793.00	$1,494.00
Retiree + Family	$2,156.00	$2,294.00	$1,912.00

[1]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[2]All covered expenses including your medical and prescription copays accumulate towards the out-of-pocket maximum.
[3]After pharmacy deductible is met.
[4]Combined with Physical Therapy. Limited to 60-day period of care after illness or injury.
[5]Up to 20 visits per calendar year. Must use ASH providers.

Non-Medicare EPO Medical Plan (Blythe Only)

	ANTHEM EPO (BLYTHE ONLY)
	In-Network Only
Network Name	EPO Network
Accumulation Period	Calendar year from January 1 through December 31
Calendar Year Deductible	None
Calendar Year Medical & Rx Out-of-Pocket Maximum[1,2] Individual /Family Coverage	None
Office Visit Primary Care/Specialist Online/Telehealth	 $5 copay per visit $5 copay per visit (Specialist: No Charge)
Preventive Services	No charge
Urgent Care	$5 copay per visit
Emergency Room (Waived if admitted)	$50 copay per visit
Lab and Imaging	No charge
Outpatient Surgery	No charge
Inpatient Hospitalization	No charge
Manipulation Therapy (Physical and Occupational)	No charge, up to 40 visits combined per calendar year
PRESCRIPTION DRUGS	
Calendar Year Deductible	None
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	 No charge $10 copay $40 copay 20% up to $100 per prescription
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)	
Retiree Only	$1,235.00
Retiree + 1	$1,849.00
Retiree + Child(ren)	$1,793.00
Retiree + Family	$2,294.00

[1]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[2]All covered expenses including your medical and prescription copays accumulate towards the out-of-pocket maximum.

Non-Medicare PPO Medical Plan

This table shows member cost share.

	ANTHEM PPO	
	In-Network	**Out-of-Network**
Network Name	Prudent Buyer PPO Network	N/A
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible[1] Individual Coverage Family Coverage	$250 individual $250 per individual/$750 per family	
Calendar Year Medical & Rx Out-of-Pocket Maximum[2,3] Individual Coverage Family Coverage	$2,000 individual $2,000 per individual/$4,000 per family	
Office Visit Primary Care/Specialist Online/Telehealth	$20 copay (office and virtual)	40%[4] (office and virtual)
Preventive Services	No Charge	40%[4]
Urgent Care	$20 copay	40%[4]
Emergency Room *(copay waived if admitted)*	$25 copay per visit	
Lab and X-ray	20%[4]	40%[4]
Outpatient Surgery	20%[4]	40%[4]
Inpatient Hospitalization	20%[4]	$500 copay per admission + 40%[4]
Manipulation Therapy *(Physical and Occupational)*	$5 copay per visit, up to 40 visits combined per calendar year	
PRESCRIPTION DRUGS		
Calendar Year Deductible	None	None
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	 $5 copay $10 copay $40 copay 20% up to $100 per drug	 50% up to $250 per drug 50% up to $250 per drug 50% up to $250 per drug Not covered
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)		
Retiree Only	$910.00	
Retiree + 1	$1,716.00	
Retiree + Child(ren)	$1,679.00	
Retiree + Family	$2,252.00	

[1]This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.
[2]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[3]All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.
[4]After deductible.

Non-Medicare Out-of-State PPO Medical Plan

This table shows member cost share.

	ANTHEM PPO	
	In-Network	**Out-of-Network**
Network Name	Prudent Buyer PPO Network	N/A
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible[1] Individual Coverage Family Coverage	 $250 individual $250 per individual$750 family	 $250 individual $250 per individual/$750 family
Calendar Year Medical & Rx Out-of-Pocket Maximum[2,3] Individual Coverage Family Coverage	 $2,000 individual $2,000 per individual/$4,000 family	 $6,000 individual $6,000 per individual/$12,000 family
Office Visit Primary Care/Specialist Online/Telehealth	 $10 copay No charge (Specialist: $10 copay per visit)	 40%[4] 40%[4]
Preventive Services	No Charge	40%[4]
Urgent Care	$10 copay	40%[4]
Emergency Room *(copay waived if admitted)*	$100 copay + 20%[4]	
Lab and X-ray	20%[4]	40%[4]
Outpatient Surgery	20%[4]	40%[4]
Inpatient Hospitalization	20%[4]	$500 copay + 40%[4]
Manipulation Therapy *(physical and occupational)*	20%[4] -40 visits combined per calendar year	40%[4]
PRESCRIPTION DRUGS		
Calendar Year Deductible	None	None
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	 $5 copay $10 copay $40 copay 20% up to $100 per drug	 50% up to $250 per drug 50% up to $250 per drug 50% up to $250 per drug Not covered
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)		
Retiree Only	$910.00	
Retiree + 1	$1,716.00	
Retiree + Child(ren)	$1,679.00	
Retiree + Family	$2,252.00	

[1]This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.
[2]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[3]All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.
[4]After deductible.

Non-Medicare HDHP Medical Plan

This table shows member cost share.

	ANTHEM HDHP PPO	
	In-Network	**Out-of-Network**
Network Name	Prudent Buyer PPO Network	N/A
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible[1] Individual Coverage Family Coverage	 $1,750 individual $3,500 per individual/$4,100 family	 $5,100 individual $5,100 per individual/$10,200 family
Calendar Year Medical & Rx Out-of-Pocket Maximum[2,3] Individual Coverage Family Coverage	 $4,250 individual $4,250 per individual/$8,500 family	 $12,750 individual $12,750 per individual/$25,500 family
Office Visit Primary Care/Specialist Online/Telehealth	 10% coinsurance[4] No charge (Specialist: 10% coinsurance[4])	 30% coinsurance[4] Not covered
Preventive Services	No Charge (Deductible waived)	30% coinsurance[4]
Urgent Care	10% coinsurance[4]	30% coinsurance[4]
Emergency Room *(copay waived if admitted)*	10% coinsurance[4]	
Lab and X-ray	10% coinsurance[4]	30% coinsurance[4]
Outpatient Surgery	10% coinsurance[4]	30% coinsurance[4]
Inpatient Hospitalization	10% coinsurance[4]	30% coinsurance[4]
Manipulation Therapy *(up to 30 visits per calendar year, includes chiropractic)*	10% coinsurance[4]	30% coinsurance[4]
PRESCRIPTION DRUGS		
Calendar Year Deductible	Combined with Medical	Combined with Medical
Retail- 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	 $5 copay[4] $10 copay[4] $40 copay[4] 20% up to $100 per prescription[4]	 50% up to $250 per prescription[4] 50% up to $250 per prescription[4] 50% up to $250 per prescription[4] Not covered
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)		
Retiree Only	$767.00	
Retiree + 1	$1,440.00	
Retiree + Child(ren)	$1,410.00	
Retiree + Family	$1,889.00	

[1]This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.
[2]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[3]All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.
[4]After deductible.

Health Savings Account (HSA)

IMPORTANT: You must be enrolled in the Anthem HDHP PPO plan to be eligible for an HSA.

A Health Savings Account (HSA) is a powerful tool for managing healthcare costs and saving for the future. This program is administered through WealthCare Saver, an Anthem company.

How the HSA Works

You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items. You will need to complete Customer Identification Program (CIP) directly with Anthem/WealthCare Saver to receive the company contribution.

2027 IRS Contribution Limits	**Individual**: $4,500 per year **Family**: $9,000 per year **Are you age 55 or over?** You can contribute an additional $1,000 per year

You are ELIGIBLE for an HSA if:

- You are currently enrolled in the Anthem HDHP PPO plan. You are not enrolled in any other non-HDHP medical coverage.
- You do not have a general-purpose healthcare FSA through your own or your spouse's benefit plan. Limited purpose FSAs, which cover dental and vision expenses only, are allowed.

You are NOT ELIGIBLE for an HSA if:

- You are enrolled in Medicare, Medicaid or Tricare, or if you are someone else's tax dependent.

What about using your HSA for your dependents? Review this article to learn more: neb.alliant.com/hsa-eligibility-what-you-need-to-know/.

Unlock the Power of Your HSA

Tax Advantages

Contributions, growth and eligible withdrawals are all tax-free.*

Rollover Capability

Unused funds roll over from year to year, so you don't lose them.

Retirement Savings

You can use HSA funds for healthcare expenses in retirement.**

Flexibility

Use funds for a wide range of qualified healthcare expenses.

Portability

Keep your HSA even if you change jobs or health plans.

*California and New Jersey tax HSA contributions and interest.
**For more information regarding HSAs, Retirement and Medicare, please contact your tax advisor for advice.

Find out more

- WealthCare.com
- Eligible Expenses
- Ineligible Expenses

Anthem WealthCare

crossover | personify HEALTH

Experience

HEALTH AS IT SHOULD BE

RSA is partnered with Crossover to make it easier for members and their families to access fast, convenient, and personalized healthcare.

By bringing primary care, mental health support, physical therapy, health coaching, and care navigation together, Crossover helps members manage their overall health in one connected place. **Appointment availability is less than 3 business days on average, often with same day availability.** The goal is to provide high-quality care, and a best-in-class healthcare experience for our members and their families.

ONE SIMPLE PLACE TO GO

Crossover believes that overall health and well-being shouldn't be considered in pieces. That's why we bring providers from different specialties together to collaborate on your care.

- Primary Care
- Physical Therapy
- Mental Health
- Select Pediatric Care (2+)*
- Health Coaching
- Care Navigation

*Only available at Crossover Frederick.

Crossover San Bernardino
711A West 2nd Street, Suite A
San Bernardino, CA 92410

Crossover Eastvale
5379 Hamner Avenue, Suite 801
Eastvale, CA 91752

Crossover Frederick
14329 Frederick Street, Suite 8
Moreno Valley, CA 92553

Sign up or sign in to start care today!

Crossover Fee Schedule

Below is a brief copay schedule for Crossover services based on your RSA medical plan election.

Crossover Health Center Member Copays				
Type of Service	**Anthem PPO**	**Anthem HMO**	**Anthem HDHP Pre Deductible/ Post-Deductible**	**Kaiser**
Preventive Care (Annual Physicals/ Well Women Exams)	$0	$0	$0	$35
Primary Care Visit (in Person)	$0	$10	$35/$0	$35
Primary Care Visit (Virtual)	$0	$0	$0	$35
Pediatric Sick Care*	$0	$10	$35/$0	$35
Pediatric Sports Physicals*	$0	$0	$0	$35
Nurse Visit	$0	$10	$35/$0	$35
Mental Health Care	$0	$10	$35/ $0	$35
Physical Therapy	$0	$10	$35/$0	$35
Health Coaching	$0	$0	$0	$35

**Only available in-person at a Crossover Frederick*

To schedule an appointment, log in or sign up at care.crossoverhealth.com

crossover

Mail Order Rx

When you enroll in Medical coverage, you will also receive prescription benefits. Here you can see the basics but be sure to check the formulary for a full list of the prescriptions that are covered by the plan. Remember, you can always ask your doctor about lower-cost alternatives. Generic drugs tend to be less expensive than brand-name drugs, so keep that in mind when shopping around.

	KAISER PERMANENTE	Anthem	Anthem	Anthem
	HMO	**HMO**	**SELECT HMO**	**PPO**
Generic	$0*	$0**	$0**	$10
Preferred Brand	$20*	$20**	$70; $250 deductible**	$20
Non-Preferred Brand	N/A*	$80**	$100; $250 deductible**	$80
Specialty	N/A	20% up to $100 max per prescription***	20% up to $150 max per prescription $250 deductible ***	20% up to $100 max per prescription***

* Kaiser will ship a 100-day supply of your prescribed medication. After orders are shipped, they should arrive within 7 to 10 business days and are shipped “Postage Paid.”
** CarelonRx mail service pharmacy will fill a 90-day supply of your prescribed medication. Orders are shipped within 14 days of receipt of your prescription. Their standard shipping is free, (expedited shipping is available for an additional charge).
***Up to 30 days

SAVE ON PRESCRIPTION DRUGS

ASK FOR GENERICS

Generic and brand-name drugs have the same active ingredients, which means they have the same efficacy for treating your condition. The main difference is the cost to you.
Brand-name drugs tend to be more expensive because of the lengthy drug development process. Manufacturers charge more to recoup costs. When a patent expires, other manufacturers can produce the medication, and competition drives the price down.

HOME DELIVERY

Enjoy the convenience and savings of home delivery for medications you take on a regular basis through our mail-order prescription program. The larger 90-day supply is mailed directly to your home — saving you time and money.

Medical

Medicare A & B Plans

Our medical plans offer comprehensive coverage. Preventive care is fully covered under all plans if obtained in-network. Your costs for other services will depend on which plan you choose.

Medicare Part A and B Medical Plan options

This guide serves as a summary of the medical plans. Please review the plan documents before selecting a plan. The following plans are for those retired members who are enrolled on Medicare Part A and B.

Medicare Part A & B Medical Plans	What you need to know
Kaiser Senior Advantage HMO *Kaiser Network*	• Access to Kaiser providers/facilities exclusively • No deductible • Predictable costs
Anthem HMO *California Care Network*	• In-network only • Requires PCP to see specialist • No deductible • Predictable costs
Anthem Select HMO *Select HMO Network*	• In-network only • Requires PCP to see specialist • No deductible • Predictable costs
Anthem EPO (Blythe Residents Only) *EPO Network*	• In-network only • No deductible • Predictable costs
Anthem PPO *Prudent Buyer PPO Network*	• Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs
Anthem PPO Out-of-State *Prudent Buyer PPO Network*	• Only for Retirees who do not reside in California • Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs

Medicare Parts A and B | HMO Medical Plans

This table shows member cost share.

	KAISER SENIOR ADVANTAGE HMO		ANTHEM HMO		ANTHEM SELECT HMO	
	In-Network Only		**In-Network Only**		**In-Network Only**	
Network Name	Kaiser Network		California Care		Select HMO	
Accumulation Period	Calendar year from January 1 through December 31					
Calendar Year Deductible	None		None		None	
Calendar Year Medical Out-of-Pocket Maximum[1,2] Individual Coverage Family Coverage	$1,000 individual $1,000 per individual in family		$1,000 individual $1,000 single/$2,000 two-party/ $3,000 family		$2,000 individual $2,000 per individual / $4,000 per family	
Office Visit Primary Care/Specialist Online/Telehealth	$10 copay per visit No charge		$5 copay per visit No charge (Specialist: $5 copay)		$5/$40 copay per visit No charge (Specialist: $40 copay)	
Preventive Services	No charge		No charge		No charge	
Urgent Care	$10 copay per visit		$5 copay per visit		$5 copay per visit	
Emergency Room[6] (Waived if admitted)	$50 copay per visit		$50 copay per visit		$150 copay per visit	
Lab and Imaging	No charge		No charge		No charge	
Outpatient Surgery	$10 copay per procedure		No charge		$125 copay per visit	
Inpatient Hospitalization	No charge		No charge		$250 copay per admission	
Manipulation Therapy Plan Benefit[4] Chiropractic Rider[5]	N/A $5 copay per visit		$5 copay per visit $5 copay per visit		$5 copay per visit $5 copay per visit	
PART D PRESCRIPTION DRUGS						
Calendar Year Deductible	None		None		$250	
Calendar Year Prescription Out-of-Pocket Maximum	$2,400		$2,400		$2,400	
	Copays	**Days Supply**	**Copays**	**Days Supply**	**Copays**	**Days Supply**
Retail Pharmacy						
Generic	$5/$10/$15	30/60/100	$5/$15	30/90	$10/$30	30/90
Preferred Brand	$10/$20/$30	30/60/100	$10/$30	30/90	$35/$105[3]	30/90
Non-Preferred Brand	$10/$20/$30	30/60/100	$40/$120	30/90	$50/$150[3]	30/90
Specialty	$10/$20/$30	30/60/100	$100/$300	30/90	$100 copay[3]	30
Mail Order Service						
Generic	$10 copay	100	$10 copay	60	$10 copay	90
Preferred Brand	$20 copay	100	$20 copay	60	$70 copay[3]	90
Non-Preferred Brand	$20 copay	100	$80 copay	60	$100 copay[3]	90
Specialty	N/A	N/A	$150 copay	30	$100 copay[3]	30

[1]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[2]All covered expenses including your medical and prescription copays accumulate towards the out-of-pocket maximum.
[3]After pharmacy deductible is met.
[4]Combined with Physical Therapy. Limited to 60-day period of care after illness or injury.
[5]Up to 20 visits per calendar year. Must use ASH providers.
[6]Out-of-network emergency room services are covered as in-network.

Medicare Parts A and B | EPO Medical Plan (Blythe Only)

	ANTHEM EPO (BLYTHE ONLY)	
	In-Network Only	
Network Name	EPO Network	
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible	None	
Calendar Year Out-of-Pocket Maximum[1,2] Individual /Family Coverage	None	
Office Visit Primary Care/Specialist Online/Telehealth	 $5 copay per visit No charge (Specialist: $5 copay per visit)	
Preventive Services	No charge	
Urgent Care	$5 copay per visit	
Emergency Room[3] (Waived if admitted)	$50 copay per visit	
Lab and Imaging	No charge	
Outpatient Surgery	No charge	
Inpatient Hospitalization	No charge	
Manipulation Therapy	No charge, up to 30 visits per calendar year	
PART D PRESCRIPTION DRUGS		
Calendar Year Out-of-Pocket Maximum	$2,400	
	Copays	**Days Supply**
Retail Pharmacy Generic Preferred Brand Non-Preferred Brand Specialty	 $5/$15 $10/$30 $40/$120 $100/$300	 30/90 30/90 30/90 30/90
Mail Order Service Generic Preferred Brand Non-Preferred Brand Specialty	 $10 copay $20 copay $80 copay $150 copay	 60 60 60 30

[1]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[2]All covered expenses including your medical and prescription copays accumulate towards the out-of-pocket maximum.
[3]Out-of-network emergency room services are covered as in-network.

Medicare Parts A and B | HMO Medical Monthly Plan Rates

	KAISER HMO	ANTHEM HMO	ANTHEM SELECT HMO	ANTHEM EPO (BLYTHE ONLY)
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)				
Retiree w/A&B	$283.00	$557.96	$548.96	$557.96
Retiree w/A&B + Spouse w/o Medicare	$960.00	$1,135.96	$1,036.96	$1,135.96
Retiree w/A&B + Spouse w/A&B	$529.00	$1,083.92	$1,060.92	$1,083.92
Retiree w/A&B + Spouse w/o Medicare + Child(ren)	$1,393.00	$1,570.96	$1,392.96	$1,570.96
Retiree w/A&B + Spouse w/A&B + Child(ren)	$962.00	$1,127.92	$1,105.92	$1,127.92
Retiree w/A&B + 1 Child	$919.00	$1,135.96	$1,036.96	$1,135.96
Retiree w/A&B + 2 or more Children	$919.00	$1,570.96	$1,392.96	$1,570.96
Spouse w/A&B + Retiree w/o Medicare	$1,292.00	$1,757.96	$1,546.96	$1,757.96
Spouse w/A&B + Retiree w/o Medicare + Child(ren)	$1,725.00	$2,315.96	$2,007.96	$2,315.96

Medicare Parts A and B | PPO Medical Plan

This table shows member cost share.

	ANTHEM PPO	
	In-Network	**Out-of-Network**
Network Name	Prudent Buyer PPO Network	N/A
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible[1] Individual Coverage Family Coverage	$250 individual $250 per individual/$750 family	
Calendar Year Medical Out-of-Pocket Maximum[2,3] Individual Coverage Family Coverage	$2,000 individual $2,000 per individual/$4,000 family	
Office Visit Primary Care/Specialist Online/Telehealth	$20 copay (office and virtual)	40%[4] (office and virtual)
Preventive Services	No Charge	40%[4]
Urgent Care	$20 copay	40%[4]
Emergency Room *(copay waived if admitted)*	$25 copay per visit	
Lab and X-ray	20%[4]	40%[4]
Outpatient Surgery	20%[4]	40%[4]
Inpatient Hospitalization	20%[4]	$500 copay per admission + 40%[4]
Manipulation Therapy *(Physical and Occupational)*	20%[4] - 40 visits combined per calendar year	40%[4]
PART D PRESCRIPTION DRUGS		
Calendar Year Deductible	None	
Calendar Year Prescription Out-of-Pocket Maximum	$2,400	
	Copays	**Days Supply**
Retail Pharmacy Generic Preferred Brand Non-Preferred Brand Specialty	 $5/$15 copay $10/$30 copay $40/$120 copay $100/$300 copay	 30/90 30/90 30/90 30/90
Mail Order Service Generic Preferred Brand Non-Preferred Brand Specialty	 $10 copay $20 copay $80 copay $150 copay	 60 60 60 30

[1]This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.
[2]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[3]All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.
[4]After deductible.

Medicare Parts A and B | Out-of-State PPO Medical Plan

This table shows member cost share.

	ANTHEM PPO	
	In-Network	**Out-of-Network**
Network Name	Prudent Buyer PPO Network	N/A
Accumulation Period	Calendar year from January 1 through December 31	
Calendar Year Deductible[1] Individual Coverage Family Coverage	 $250 per individual $250 per individual/$750 per family	 $250 per individual $250 per individual/$750 per family
Calendar Year Out-of-Pocket Maximum[2] Individual Coverage Family Coverage	 $2,000 per individual $2,000 per individual/$4,000 per family	 $6,000 per individual $6,000 per individual/$12,000 per family
Office Visit Primary Care/Specialist Online/Telehealth	 $10 copay No charge (Specialist: $10 copay per visit)	 40%[3] Not covered
Preventative Services	No Charge	40%[3]
Urgent Care	$10 copay	40%[3]
Emergency Room *(copay waived if admitted)*	$100 copay + 20%[3]	
Lab and X-ray	20%[3]	40%[3]
Inpatient Hospitalization	20%[3]	$500 copay + 40% coinsurance
Manipulation Therapy *(up to 30 visits per calendar year)*	$10 copay per visit	40%[3]
PART D PRESCRIPTION DRUGS		
Calendar Year Deductible	None	
Calendar Year Out-of-Pocket Maximum	$2,400	
	Copays	**Days Supply**
Retail Pharmacy Generic Preferred Brand Non-Preferred Brand Specialty	 $5/$15 copay $10/$30 copay $40/$120 copay $100/$300 copay	 30/90 30/90 30/90 30/90
Mail Order Service Generic Preferred Brand Non-Preferred Brand Specialty	 $10 copay $20 copay $80 copay $150 copay	 60 60 60 30

[1]This family deductible is embedded, meaning that the plan begins to make payments for a member once they reach their individual deductible.
[2]This family maximum is embedded, meaning that the plan will cover 100% for a member once they reach their individual maximum.
[3]After deductible.

Medicare Parts A and B | PPO Medical Monthly Plan Rates

	ANTHEM PPO	ANTHEM PPO OUT-OF-STATE
COST OF COVERAGE – PER MONTH (rates do not reflect RAP or county contribution, if applicable)		
Retiree w/A&B	$634.96	$842.96
Retiree w/A&B + Spouse w/o Medicare	$1,442.96	$1,650.96
Retiree w/A&B + Spouse w/A&B	$1,215.92	$1,639.92
Retiree w/A&B + Spouse w/o Medicare + Child(ren)	$1,976.96	$2,184.96
Retiree w/A&B + Spouse w/A&B + Child(ren)	$1,249.92	$1,669.92
Retiree w/A&B + 1 Child	$1,442.96	$1,650.96
Retiree w/A&B + 2 or more Children	$1,976.96	$2,184.96
Spouse w/A&B + Retiree w/o Medicare	$1,505.96	$1,682.96
Spouse w/A&B + Retiree w/o Medicare + Child(ren)	$2,274.96	$2,451.96

Find a Medical Provider

Use your carrier's Find a Provider tool to search for doctors, specialists, or facilities based on specific criteria like location, specialty, or network. Input your preferences to receive a list of healthcare providers that match your needs, making it easier to find the right care.

Kaiser Medical

1. Visit www.kp.org
2. Log in or to search as a guest, click on **Doctors & Locations** at the top
3. Make sure your Region is set to California – Southern. Under "Search for", select either **Doctors** or **Locations**. Enter your zip code.
4. In the Keywords box, you may enter any provider or facility names, type of provider, or location information. Click **Search** when you are ready.
5. A list of Kaiser providers will come up. Use the filters located above list to filter your results further.

Anthem Medical

1. Visit www.anthem.com/ca/find-care/
2. Log in or click **Basic search as a guest** at the bottom of the page
3. Make the following selections under the drop-down menus:
4. Select the type of plan or network: **Medical Plan or Network**
5. Select the state where the plan or network is offered: **California**
6. Select how you get health insurance: **Medical(Employer-Sponsored)**
7. Under the "Select a plan or network" drop-down, select the network that matches your medical plan:
   - Anthem HMO plan: **California Care HMO**
   - Anthem Select HMO plan: **Select HMO**
   - Anthem EPO plan: **EPO**
   - Anthem PPO, PPO Out-of-State, or Anthem HDHP plan: **Prudent Buyer PPO**
8. Enter your location
9. You can search for providers or facilities by name, procedure, or keywords. Or select a type of Care provider from the options below the search bar
10. A list of providers or facilities will populate. Use the filters above the list and map to narrow your results.

Dental

We offer dental coverage through UnitedHealthcare, Delta Dental, and Ameritas. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental Plan Overview

This guide serves as a summary of the dental plans. Please review the plan documents before enrolling in coverage.

	What you need to know
UnitedHealthcare HMO D125H *CA Select DHMO*	• In-network only • Requires primary care dentist • No deductible • Costs vary by service
UnitedHealthcare HMO Union D1065 *CA Direct Compensation- General Dentists*	• In-network only • Requires primary care dentist • No deductible • No charge for most basic services
Delta Dental HMO CA11A *DeltaCare USA*	• In-network only • Requires primary care dentist • No deductible • Predictable costs
Ameritas DPPO *Classic (PPO) & Plus*	• Must meet deductible for some services before the plan begins to pay a % of the cost • Out-of-network coverage; higher costs

Dental HMO Plans

This table shows member cost share.

	UHC HMO D125H	UHC HMO UNION D1065	DELTA DENTAL HMO CA11A
	In-Network	In-Network	In-Network
Network Name	CA DHMO Plan Network	CA Direct Compensation-General Dentists	DeltaCare USA
Annual Deductible	None	None	None
Annual Plan Maximum	None	None	None
Diagnostic & Preventive	$0 - $35	$0	$0 - $45
Restorative Benefits	$0-$560	$0	$0-$220
Crown Benefits	$90-$215	$0	$50-$240
Endodontic Benefits	$0-$250	$0	$0-$280
Periodontic Benefits	$0-$275	$0	$0-$280
Sealants	$5	$0	$10
Prosthodontics (Bridges or Dentures)	$0-$450	$0	$0-$240
Implants	$0-$1,185	$0-$1,950	Not Covered
Oral Surgery	$0-$670	$0	$0-$110
Orthodontia Adults Children (up to age 26)	 Up to $1,895 Up to $1,895	 Up to $750 Up to $750	 Up to $1,900 Up to $1,700
COST OF COVERAGE – Per Month			
Member Only	$18.00	$31.79	$18.53
Member + 1 dependent	$32.00	$52.11	$33.15
Member + 2 or more dependents	$49.00	$76.94	$47.78

Dental PPO Plan

This table shows member cost share.

	Ameritas DPPO	
	In-Network	**Out-of-Network**
Network Name	Classic (PPO) & Plus Network	N/A
Annual Deductible	None	$50 per member (lifetime)
Annual Plan Maximum	$1,500 per person	$1,000 per person
Diagnostic & Preventive Exams, X-rays & Cleanings	No charge	No charge
Basic Services Fillings, Root Canals & Periodontics	20%	50%
Major Services Crowns, Bridges & Implants	40%	50%
Orthodontia Adults/ Children (up to age 26)	50% up to $2,000 lifetime maximum	
COST OF COVERAGE – MONTHLY		
Retiree Only	$49.00	
Retiree + 1 dependent	$85.26	
Retiree + 2 or more dependents	$140.14	

What you need to know about this plan

Do I have to select a primary dentist?
No.

Can I use my HSA?
If you participate in an HSA, you can use your account to pay for dental expenses.

Where can I get more details?
Visit the Ameritas website or app.

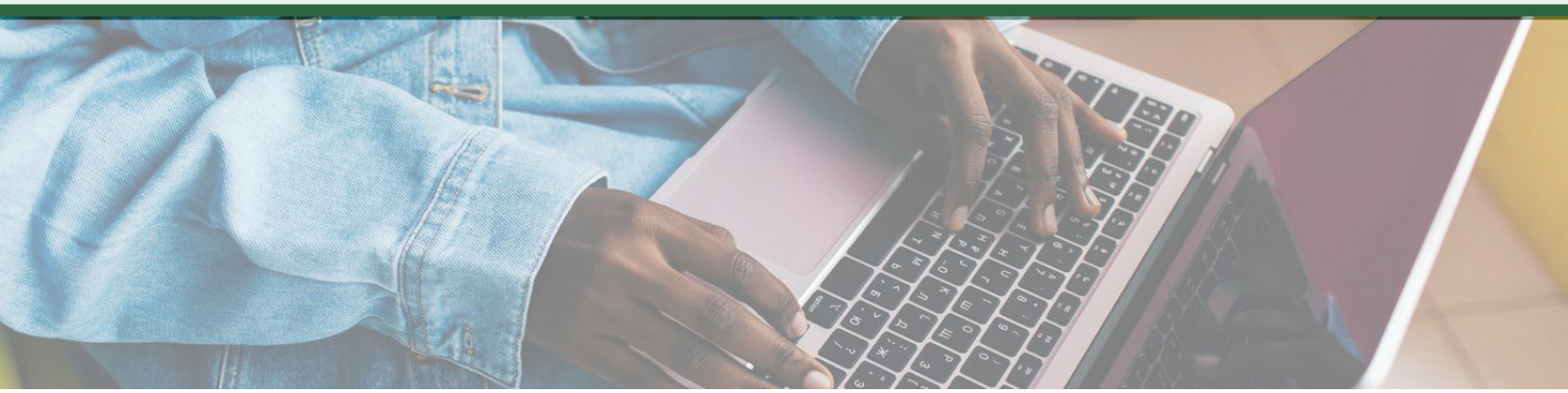
What is a Calendar Year Maximum Rollover?
The Calendar Year Maximum Rollover allows you to carryover up to $1,000 to your next plan year. To receive a rollover of $250, you must:

- Have 1 dental claim submitted

AND

- Use less than $500 of the annual plan maximum
- Additional bonus carryover amount of $100 if you saw an in-network provider.

Find a Dental Provider



Use your carrier's Find a Provider tool to search for dentists, specialists, or dental groups based on specific criteria like location, specialty, or network. Input your preferences to receive a list of healthcare providers that match your needs, making it easier to find the right care.

Ameritas Dental

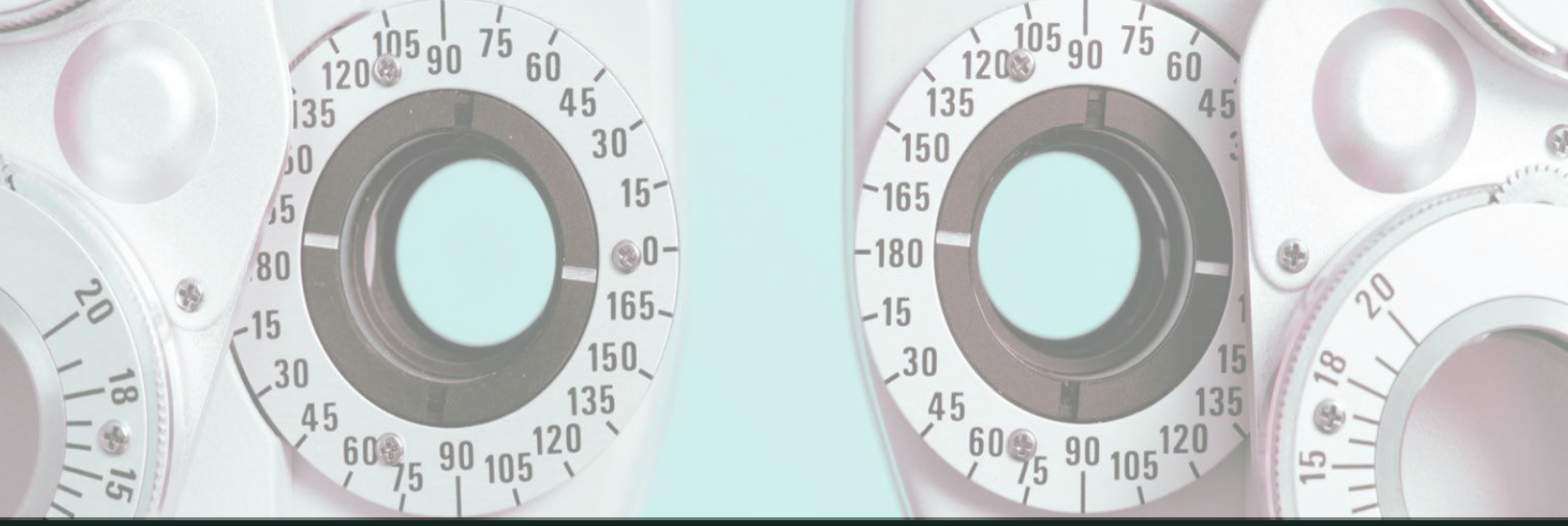
1. Visit dentalnetwork.ameritas.com
2. In the Network drop-down menu, select **Classic (PPO) & Plus**
3. In the Location box, enter your location
4. Optional: click the Additional Filters button and make any selections you wish to further narrow your search. Click the Search button when finished
5. A list of in-network providers will appear below the search filters

Delta Dental

1. Visit deltadental.com/member/find-a-dentist
2. In the Plan Network drop-down menu, select **DeltaCare USA**
3. Under the "Search by current location": you may select "**Yes**" to allow the site to use your location. Select "**No**" to enter a location yourself
4. Optional: Use the Specialty drop-down menu or Dentist Last Name box to further narrow your search
5. Click the Find Dentists button when finished
6. A list of in-network providers and a corresponding map will appear
7. To narrow your search results even more, click Advanced Search at the top of your results. Adjust your search criteria in the filters and click the Search button
8. Your search results will refresh along with the map

UHC Dental

1. Visit myuhc.com
2. Log in or click on Find a Dentist in the middle of the page to search as a guest
3. On the next page, select "**Employer and Individual**"
4. Enter your location information, then click the Select button
5. Next, select your network
   - For the DHMO 125H Plan, select: **CA DHMO Plan**
   - For the DHMO Union D1065 Plan, select: **CA Direct Compensation- General Dentists**
6. On the next page, enter your search criteria in the box at the top of the page. You may search by provider name, procedure type, or condition. Or you may use the results at the bottom of the page to view dentists by provider type
7. A list of in-network providers will appear. Use the filters at the top to narrow your search results further.



Vision

We offer vision coverage through VSP. Vision coverage helps with the cost of eyeglasses or contacts.

Vision Plan Overview

This guide serves as a summary of the vision plan. Please review the plan documents before enrolling in coverage.

	What you need to know
VSP Vision Care *VSP Choice Network*	• Out-of-network coverage will have higher costs • The plan will reimburse up to a specific dollar amount for most materials

Find a Vision Provider

VSP Vision

1. Visit vsp.com/eye-doctor
2. Click on the Advanced Search button. Under the Network drop-down menu, select **Choice,** then click the Apply Filters button. Once complete, click on Hide Advanced Search.
3. To search by location, enter your location information. You may also search by Office or by Doctor. Once you have entered information, click the Search button
4. A list of in-network providers will appear. To filter your results or adjust your search criteria, click the Advanced Search button at the top right of the page above the map
5. Once you have adjusted the filters, click the Apply Filters button. Your results and map will refresh

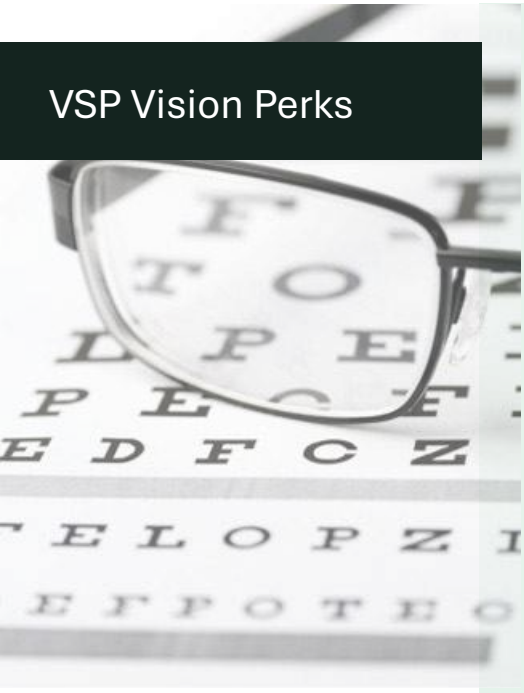
Vision Plan

This table shows member cost share for in-network services and reimbursements for out-of-network services.

	VSP Vision Care	
	In-Network	**Out-of-Network Reimbursement**
Network Name	Choice Network	N/A
Exams *Once every 12 months*	$10 copay	Up to $45
Eyeglass Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses *Once every 12 months*	Combined with exam	 Up to $30 Up to $50 Up to $65
Frames *Once every 12 months*	$200 allowance, then 20% off the remainder	Up to $75
Contacts (Elective)[1] Conventional *Once every 12 months*	$200 allowance	Up to $105
COST OF COVERAGE – MONTHLY		
Retiree Only	$8.50	
Retiree + 1 dependent	$15.50	
Retiree + 2 or more dependents	$22.00	

[1]In lieu of frames/lenses

VSP Vision Perks



- **What's Included?**
  - Fully covered retinal screening for members with diabetes.
  - Exams and services to treat immediate issues like pink eye and sudden changes in vision
  - Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye disease, glaucoma, and more.
- **Eyeconic** is the preferred VSP online retailer where you can shop in-network with your vision benefits.
- **Lightcare** – for those who don't wear prescription glasses, you can use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor.

Visit VSP.com/offers to access all of these perks and more!

Personify Health

Enhance your well-being

Being well involves more than just using your healthcare plans. Wellness is a daily commitment to eating healthy, staying active, managing stress and maintaining balance.

Personify Health helps you create healthy habits and reach your highest level of well-being. **You can earn points yearly** by taking some small steps that lead to big changes. Those earned points then turn in to earned rewards cash.

All members and spouses are eligible to participate in the wellbeing program and earn rewards.

Ways to earn:

Getting Started

- ✓ Complete Registration
- ✓ First login to mobile app
- ✓ Connect first activity device
- ✓ Complete the Health Check
- ✓ Complete your health screening

Daily

- ✓ Upload steps from your activity tracker (1,000 steps)
- ✓ Do your Daily Cards (2 per day)
- ✓ Track your Health Habits (3 per day)
- ✓ Track sleep nightly
- ✓ Sleep > 7 hours in a night
- ✓ Complete RethinkCare session
- ✓ Browse healthy recipes
- ✓ Complete a step in Journeys®

Monthly

- ✓ Win the promoted Health Habit challenge
- ✓ Complete 20 Daily Cards in a month
- ✓ Track Healthy Habits 20 days in a month
- ✓ Track sleep 10 days a month

Quarterly

- ✓ Choose your eating type
- ✓ Choose your sleep profile
- ✓ Set your interests

Yearly

- ✓ Set a wellbeing goal
- ✓ Complete the Nicotine-Free Agreement
- ✓ Invite a colleague to join

Use Your Rewards Cash:

personify HEALTH

Get started at app.personifyhealth.com. Not a member yet? Sign up today at join.personifyhealth.com/RSAWellness or scan the code to download the app.

Body Scan International

Onsite Body Scan

Body Scan International offers ONSITE body scanning right on location at the RSA and RSA-West Offices! You and your enrolled spouse can schedule a full body scan* at your convenience. The BSI Body Scan Program screens for diseases of greatest concern to the public safety sector — heart/cardiovascular disease, lower back, and neck pathologies, over 20 different types of cancer, chronic lung disease, and many others. Over 300 RSA members and enrolled spouses have completed a Body Scan. Some of those people discovered serious health issues that they were not aware of. We encourage all RSA members to take advantage of this amazing program!

The Trustees of the RSA Benefit Trust negotiated a very favorable contract with Body Scan International. In addition, the Benefit Trust is subsidizing a large portion of that discounted rate. As a result, you and your qualified adult dependent (spouse or registered domestic partner) on an active RSABT medical insurance plan, are each eligible for one fully covered **Body Scan every 2 years for a $140 copay. A full scan normally costs $2,495!**

Using state-of-the-art mobile CT technology, you will receive a full 3-D visualization inside your body followed by a complete physician consultation. This is a non-invasive exam that provides a comprehensive, confidential look inside your torso to early-detect, or rule-out, “silent” lesions and anomalies

*Body Scan covers the region from neck to pelvis.

Learn more

Follow the QR code below to watch a video about Body Scan International

Body Scan International

Schedule Your Appointment

For more information, or to schedule your appointment, scan the QR code to the right, contact BSI directly at (877)-274-5577 or go to healthview.com.

BSI will be onsite at RSA one week (Monday – Thursday) each month from October to May.

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website/Email	Policy No.
Medical	Anthem	800-227-3771	Anthem.com/ca	C23688
	Kaiser	800-390-3510	KP.org	115027
Dental	Ameritas	800-487-5553	Ameritas.com	TBD
	Delta Dental	800-765-6003 800-422-4234	DeltaDental.com	00712
	UnitedHealthcare	800-228-3384 800-999-3367	myUHCDental.com	730706
Vision	VSP Vision	800-877-7195	VSP.com	41056460
Voluntary Plans	AFLAC		Nicki_Albright@us.Aflac.com Lisa_Coots@aflac.com	
CalPERS	CalPERS	888-223-7377	CalPERS.CA.gov	
Retirement	Nationwide	877-677-3678	Nationwide.com	
	Valic	800-982-5558	CorebridgeFinancial.com	
Wellness Program	Personify Health	888-671-9395	PersonifyHealth.com	

RSA Benefits Office

Office Hours:
Monday – Thursday: 8 a.m. – 5 p.m.
Friday – Sunday: Closed

Contact Information
RCDSA.org/benefit-trust/benefits-information

951-653-8014
RSABenefits@rcdsa.org

Lauren Hernandez, Benefits Manager
Lauren@rcdsa.org

Union First

Third Party Administrators
CA License# 0F95476

949-570-1162
UnionFirstSolutions.com

RIVERSIDE SHERIFFS' ASSOCIATION BENEFIT TRUST

Unionfirst

CA License # 0F95476