



SAN LUIS OBISPO COUNTY
OFFICE OF EDUCATION
LEADERSHIP ■ COMMUNITY ■ SERVICE

Employee Benefits Guide

2025

Management & Confidential
Employees



Welcome to Your San Luis Obispo County Office of Education Employee Benefits

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact **Brooke Olsson** at bolsson@slocoe.org.



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Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier website addresses are located on **page 23** of this guide.

Enrollment Information

Who May Enroll

If you are a .50 FTE or above, you and your eligible dependents may participate in SLOCOE's benefit program. If you are a .90 FTE or above, you are required to enroll. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under the age of 26, regardless of student or marital status

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in SLOCOE's benefits program on the first day of the month following your date of hire. If you are hired on the first of a month, you may start coverage that day.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Paying For Your Coverage

You and SLOCOE share in the cost of the benefits you elect. Any voluntary benefits you elect will be paid by you at discounted group rates. If you enroll in the Premium Only Plan (POP), your Medical, Dental, and Vision contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Opting Out of Health Insurance - WABE (Waiver of Anchor Bronze Enrollment)

Full-time employees (defined as 90% or more of full time) are required to enroll in a SISC-sponsored health insurance plan. However, employees wishing to opt out of health benefits may do so by signing up for WABE (Waiver of Anchor Bronze Enrollment). To qualify for WABE, you must have proof that you are covered under another health benefit plan. Employees who select this option are not enrolled in a medical/prescription plan. This option is used only to satisfy the participation requirement of a full time employee. The cost of the WABE option is the same as the single rate for the Anchor Bronze plan.

With WABE, you will not qualify for dental, vision or life insurance, but you will have access to the following SISC Value Added Benefits:

- Anthem Employee Assistance Program (EAP)
- MDLive: 24/7 physician line
- Teladoc Medical Experts
- Vida Personal Health Coaching
- Health Smarts: Biometric screenings & flu shots

Enrollment Information

Online Benefits Enrollment

Annually in June, you will receive an email regarding Open Enrollment. This email will highlight upcoming changes to the benefits and provide you with instructions on the steps you may take to learn more about Plan Details, Rates, Selections and Changes.



To Get Started *(Only Available During Open Enrollment)*

The Open Enrollment Form will be provided to you by email when the Open Enrollment period begins annually in early June. If you have any questions or need assistance, please contact **Brooke Olsson** at bolsson@slocoe.org.





Medical Plan Options:

- The district offers eight (8) medical plan options, all through Anthem Blue Cross:
 - Anthem Blue Cross 100-D PPO
 - Anthem Blue Cross 90-C PPO
 - Anthem Blue Cross 90-G PPO
 - Anthem Blue Cross 80-G PPO
 - Anthem Blue Cross 80-M PPO
 - Anthem Blue Cross 2-Tier Anchor Bronze
 - Anthem Blue Cross HSA 3400 **New!**
 - Anthem Blue Cross Platinum Proactive Care Plan **New!**

Anthem Blue Cross PPO Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. You are not limited to the physicians within the network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan.

Using Out-of-Network Providers

If you obtain services from an out-of-network provider, any out-of-network charges above allowed coinsurance amounts are called balance billing. If incurred, balance billing charges are your responsibility and do not apply to the Annual Out-of-Pocket Maximum.

Anthem Blue Cross HDHP Plan with HSA **New!**

Everything shown above for the PPO plans above also applies to the Anthem Blue Cross High Deductible Health Plan (HDHP) with Health Savings Account (HSA). The HDHP is linked to a special, tax-qualified Health Savings Account (HSA). You can contribute tax-free money to your HSA, up to annual IRS maximums. You can use the money in your HSA to pay for current healthcare expenses - or you can save toward future healthcare expenses.

Anthem Blue Cross Proactive Care Plans **New!**

The Anthem Blue Cross Proactive Care Plans eliminate deductibles and coinsurance. They have a copay-based plan design to provide more predictable costs. The plans have \$0 copays for essential services such as primary care, urgent care, outpatient mental health, physical medicine, and most lab work. You will still have access to the full Anthem Blue Cross PPO network and are able to continue to direct your own care. Additionally, many commonly used prescriptions will be available without any member copay when prescribed by a primary care physician.



Finding a Medical Provider

Go to www.anthem.com/ca/sisc or call the number located on the back of your ID Card. Refer to the “Anthem Blue Cross PPO—Large Group” network when prompted.

Medical Benefits

Medical Plan Highlights	Option 1 Anthem Blue Cross PPO 100% D/\$20 In- Network	Option 2 Anthem Blue Cross PPO 90% C/\$20 In- Network	Option 3 Anthem Blue Cross PPO 90% G/\$20 In- Network
Health Benefits			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual)	\$300 Individual/\$600 Family	\$200 Individual/\$500 Family	\$500 Individual/\$1,000 Family
Out of Pocket Maximum	\$1,000 Individual /\$3,000 Family	\$1,000 Individual/\$3,000 Family	\$1,000 Individual/\$3,000 Family
Co-Insurance (Plan Pays)	100% after Ded	90% after Ded	90% after Ded
Office Visit Copay (PCP)	\$20 Copay ¹	\$20 Copay ¹	\$20 Copay ¹
Hospitalization	100% after Ded	90% after Ded	90% after Ded
Lab and X-Ray	100% after Ded	90% after Ded	90% after Ded
Emergency Services	\$100 Copay, 100% after Ded	\$100 Copay, 90% after Ded	\$100 Copay, 90% after Ded
Urgent Care	\$20 Copay	\$20 Copay	\$20 Copay
Chiropractic (Limits Apply)	100% after Ded	90% after Ded	90% after Ded
Pharmacy Benefits			
Pharmacy Deductible	N/A	\$200 Individual/\$500 Family	N/A
Out of Pocket Maximum	\$2,500 Individual /\$3,500 Family	\$2,500 Individual /\$3,500 Family	\$2,500 Individual /\$3,500 Family
Retail Pharmacy			
- Generic Formulary	\$9 Copay	\$10 Copay	\$9 Copay
- Brand Name Formulary	\$35 Copay	\$35 Copay	\$35 Copay
- Supply Limit	30 Days	30 Days	30 Days

1. The first three visits with a primary care provider for each calendar year will be no charge.

Health Plan Contributions	Option 1: PPO 100% D/\$20 w/ Dental, Vision & Life		Option 2: PPO 90% C/\$20 w/ Dental, Vision & Life		Option 3: PPO 90% G/\$20 w/ Dental, Vision & Life	
EMPLOYEE Pays 10thly	VSP, MetLife DPPO (No Ortho)	VSP, MetLife DPPO (with Ortho)	VSP, MetLife DPPO (No Ortho)	VSP, MetLife DPPO (with Ortho)	VSP, MetLife DPPO (No Ortho)	VSP, MetLife DPPO (with Ortho)
.90 to 1.0 FTE Pays	\$1,116.47	\$1,139.10	\$995.27	\$1,017.90	\$940.07	\$962.70
.75 to .89 FTE Pays	\$1,352.72	\$1,375.35	\$1,231.52	\$1,254.15	\$1,176.32	\$1,198.95
.50 to .74 FTE Pays	\$1,510.22	\$1,532.85	\$1,389.02	\$1,411.65	\$1,333.82	\$1,356.45
EMPLOYEE Pays 10thly	XP Health, MetLife DPPO (No Ortho)	XP Health, MetLife DPPO (with Ortho)	XP Health, MetLife DPPO (No Ortho)	XP Health, MetLife DPPO (with Ortho)	XP Health, MetLife DPPO (No Ortho)	XP Health, MetLife DPPO (with Ortho)
.90 to 1.0 FTE Pays	\$1,128.11	\$1,150.74	\$1,006.91	\$1,029.54	\$951.71	\$974.34
.75 to .89 FTE Pays	\$1,364.36	\$1,386.99	\$1,243.16	\$1,265.79	\$1,187.96	\$1,210.59
.50 to .74 FTE Pays	\$1,521.86	\$1,544.49	\$1,400.66	\$1,423.29	\$1,345.46	\$1,368.09
SLOCOE Pays 10thly						
.90 to 1.0 FTE Pays	\$1,575.00	\$1,575.00	\$1,575.00	\$1,575.00	\$1,575.00	\$1,575.00
.75 to .89 FTE Pays	\$1,338.75	\$1,338.75	\$1,338.75	\$1,338.75	\$1,338.75	\$1,338.75
.50 to .74 FTE Pays	\$1,181.25	\$1,181.25	\$1,181.25	\$1,181.25	\$1,181.25	\$1,181.25

Medical Benefits

NEW!

Medical Plan Highlights	Option 4 Anthem Blue Cross Platinum Proactive Care In- Network	Option 5 Anthem Blue Cross PPO 80% G/\$30 In- Network	Option 6 Anthem Blue Cross PPO 80% M/\$40 In- Network
Health Benefits			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) Out of Pocket Maximum	None \$2,000 Individual /\$4,000 Family	\$500 Individual/\$1,000 Family \$2,000 Individual /\$4,000 Family	\$3,000 Individual/\$6,000 Family \$4,000 Individual /\$8,000 Family
Co-Insurance (Plan Pays)	N/A	80% after Ded	80% after Ded
Office Visit Copay (PCP)	\$0 Copay	\$30 Copay ¹	\$40 Copay ¹
Hospitalization	\$400 copay/day	80% after Ded	80% after Ded
Lab and X-Ray	Lab: \$0 Center / \$100 Hospital X-Ray: \$50 Center/\$150 Hospital	80% after Ded	80% after Ded
Emergency Services	\$600 copay	\$100 Copay, 80% after Ded	\$100 Copay, 80% after Ded
Urgent Care	\$0 Copay	\$30 Copay	\$40 Copay
Chiropractic (Limits Apply)	\$0 Copay	80% after Ded	80% after Ded
Pharmacy Benefits			
Pharmacy Deductible Out of Pocket Maximum	N/A \$2,500 Individual /\$3,500 Family	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Supply Limit	\$9 Copay \$35 Copay 30 Days	\$10 Copay \$35 Copay 30 Days	\$10 Copay \$35 Copay 30 Days

1. The first three visits with a primary care provider for each calendar year will be no charge.

Health Plan Contributions	Option 4: Platinum Proactive w/ Dental, Vision & Life		Option 5: PPO 80% G/\$30 w/ Dental, Vision & Life		Option 6: PPO 80% M/\$40 w/ Dental, Vision & Life	
EMPLOYEE Pays 10thly	VSP, MetLife (No Ortho)	VSP, MetLife (with Ortho)	VSP, MetLife (No Ortho)	VSP, MetLife (with Ortho)	VSP, MetLife (No Ortho)	VSP, MetLife (with Ortho)
.90 to 1.0 FTE Pays	\$746.87	\$769.50	\$683.27	\$705.90	\$248.87	\$271.50
.75 to .89 FTE Pays	\$983.12	\$1,005.75	\$919.52	\$942.15	\$485.12	\$507.75
.50 to .74 FTE Pays	\$1,140.62	\$1,163.25	\$1,077.02	\$1,099.65	\$642.62	\$665.25
EMPLOYEE Pays 10thly	XP Health, MetLife (No Ortho)	XP Health, MetLife (with Ortho)	XP Health, MetLife (No Ortho)	XP Health, MetLife (with Ortho)	XP Health, MetLife (No Ortho)	XP Health, MetLife (with Ortho)
.90 to 1.0 FTE Pays	\$758.51	\$781.14	\$694.91	\$717.54	\$260.51	\$283.14
.75 to .89 FTE Pays	\$994.76	\$1,017.39	\$931.16	\$953.79	\$496.76	\$519.39
.50 to .74 FTE Pays	\$1,152.26	\$1,174.89	\$1,088.66	\$1,111.29	\$654.26	\$676.89
SLOCOE Pays 10thly						
.90 to 1.0 FTE Pays	\$1,575.00	\$1,575.00	\$1,575.00	\$1,575.00	\$1,575.00	\$1,575.00
.75 to .89 FTE Pays	\$1,338.75	\$1,338.75	\$1,338.75	\$1,338.75	\$1,338.75	\$1,338.75
.50 to .74 FTE Pays	\$1,181.25	\$1,181.25	\$1,181.25	\$1,181.25	\$1,181.25	\$1,181.25

Medical Benefits

NEW!

Medical Plan Highlights	Option 7 Anthem Blue Cross HSA \$3,400		Option 8 Anthem Blue Cross Anchor Bronze
	In- Network		In- Network
Health Benefits			
Lifetime Maximum	Unlimited		Unlimited
Deductible (Annual)	\$3,400 Individual/\$6,800 Family		\$5,000 Individual/\$10,000 Family
Out of Pocket Maximum	\$6,000 Individual/\$12,000 Family		\$6,350 Individual /\$12,700 Family
Co-Insurance (Plan Pays)	90% after Ded		70% after Ded
Office Visit Copay (PCP)	90% after Ded		70% after Ded
Hospitalization	90% after Ded		70% after Ded
Lab and X-Ray	90% after Ded		70% after Ded
Emergency Services	\$100 copay + 90% after Ded		\$100 Copay, 70% after Ded
Urgent Care	90% after Ded		70% after Ded
Chiropractic (Limits Apply)	90% after Ded		70% after Ded
Pharmacy Benefits			
Pharmacy Deductible	Medical Deductible Applies		Medical Deductible and Out of Pocket Max Applies
Out of Pocket Maximum	\$6,000 Individual/\$12,000 Family		
Retail Pharmacy			
- Generic Formulary	\$9 Copay		\$9 Copay
- Brand Name Formulary	\$35 Copay		\$35 Copay
- Supply Limit	30 Days		30 Days
Health Plan Contributions	Option 7: HSA \$3,400		Option 8: Anchor Bronze
	w/ Dental, Vision & Life		Life Only
EMPLOYEE Pays 10thly	VSP, MetLife DPPO (No Ortho)	VSP, MetLife DPPO (with Ortho)	Life Only Single / EE + Child(ren)
.90 to 1.0 FTE Pays	\$212.87	\$235.50	\$0.00 / \$0.00
.75 to .89 FTE Pays	\$449.12	\$471.75	\$0.00 / \$125.25
.50 to .74 FTE Pays	\$606.62	\$629.25	\$0.00 / \$282.75
EMPLOYEE Pays 10thly	XP Health, MetLife DPPO (No Ortho)	XP Health, MetLife DPPO (with Ortho)	
.90 to 1.0 FTE Pays	\$224.51	\$247.14	
.75 to .89 FTE Pays	\$460.76	\$483.39	
.50 to .74 FTE Pays	\$618.26	\$640.89	
SLOCOE Pays 10thly			
.90 to 1.0 FTE Pays	\$1,575.00	\$1,575.00	\$924.00 / \$1,464.00
.75 to .89 FTE Pays	\$1,338.75	\$1,338.75	\$924.00 / \$1,338.75
.50 to .74 FTE Pays	\$1,181.25	\$1,181.25	\$924.00 / \$1,181.25

Tips on Getting the Most from Your Health Benefits



1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket costs will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, and protect you from higher costs down the road. Taking advantage of these no-cost benefits now may help you avoid major illnesses and added costs in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- Doctor's office visit or telemedicine visit: This is a good choice for non-urgent medical issues.
- Urgent Care: This is the best choice for non-life threatening medical issues that require immediate, in-person care when you are unable to get an appointment for a doctor's office visit.
- Emergency Room: You should use the Emergency Room for life-threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Because generic drug companies do not have to develop a medication from scratch, costs are usually significantly less to bring the drug to the market. Once a generic medication has been approved, several companies can produce and sell the drug. This competition helps lower prices. Additionally, many generic drugs are well-established, frequently used medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit may help save you money.



Benefit Video – Medical Plan Terms

Medical plan terms, such as coinsurance, copays, deductibles, and out-of-pocket maximums can be confusing. For a quick video that shows how these work, visit <https://info.baldwin.com/terms/>.

Additional Benefits Through SISC

Anthem Employee Assistance Program

The District provides employees with support for a wide variety of challenges through the SISC Anthem Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance. You can access the EAP by calling **(800) 999-7222** or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:

Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges with up to 6 free counseling sessions per issue per benefit year, plus unlimited phone support for:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- ID customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CTRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- Free Quicken Willmaker & Trust
- Legal Assist: A library of articles on legal topics and issues
- Legal Forms: 100 legal forms for a variety of family and consumer situations
- State Specific Legal Forms: Advanced directives and instructions for each state
- Estate Planning: Articles and resources to address estate planning questions
- Financial Calculators: Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- Pocketsmith Discount: PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT)
- Programs are confidential, accessible anywhere, and participants learn effective ways to manage stress, depression, anxiety, substance use and sleep issues

Seminars and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars

Savings Center

- Discount shopping program provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items



Additional Benefits Through SISC

Quest Wellness Screening

All SISC medical plan members are eligible for a free wellness screening through Quest Diagnostics. This biometric screening can provide important insights into your health risks. When you complete this screening, you will know your health numbers and can connect with your doctor to help manage health risks and prevent chronic disease.



Quest Diagnostics has more than 2,250 Patient Service Centers nationwide where you can get your screening. Here's how to schedule an appointment:

- Go to My.QuestForHealth.com.
- Use Registration Key: SISC2024.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening**,
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

If you'd like to speak with Quest, you can reach them at 855-623-9355.

Please note, any member awards will be distributed to the email used at registration within 30 days of the completed appointment.

Teladoc Expert Opinion

This benefit provides all SISC medical plan members with free support for making clear, informed medical decisions from leading medical experts. Teladoc can help answer medical questions, double-check a diagnosis, provide when help deciding on a treatment plan, or give guidance about surgery. Benefits include:



- Unlimited access to a top physician if you or a family member receive a difficult diagnosis.
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment.
- Your Physician Case Manager helps navigate the ins and outs of the healthcare system, making care more efficient and helping ease stress.
- Receive on-demand support in understanding the course of treatment, what to expect, and what the likely results are.
- You can access Teladoc at **855-201-9925** or by visiting teladoc.com/SISC.

Costco Free Generic Medications and Discounts

Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer). 90 day supplies of free generic medications are available through the Costco mail order program. Costco membership is not required.



For more information, call **(800) 774-2678 (press 1)** or visit costco.com.

Hinge Health—Physical Therapy for Back and Joint Pain

- Anthem PPO plan members can receive free, personalized, digitally delivered therapy for back and joint pain.
- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching, and personalized exercise therapy.
- Reduce your back and joint pain in just 15 minutes a day.
- To access your Hinge Health benefit, call **(855) 902-2777** or visit hingehealth.com/sisc.



Additional Benefits Through SISC

Vida Therapy and Health Coaching

- Anthem plan members have free access to Vida. This virtual care platform can help with nutrition, weight loss, building healthy habits, mental health, and overall wellbeing.
- With Vida, your coach or therapist will personalize a plan for you, and help guide you every step of the way.
- To learn more, call **855-442-5885** or visit vida.com/sisc.



MDLive

Anthem plan members have access to MDLIVE visits for a **\$0 copay**.

This telemedicine service provides convenient 24/7 access to board certified doctors, pediatricians, and licensed therapists via online video, phone or secure email. You can use MDLive:

- When you'd like to access mental health support and resources.
- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.



To access MDLive, visit www.mdlive.com/sisc or call **(888) 632-2738**. Be prepared to provide your name, the patient's name, your member identification number and your phone number.

Centivo Care *(formerly Eden Health)*

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care and answers to follow-up care questions through the Centivo Care app. The app is available to you and your dependents at no cost. You can receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- In-network specialist referrals
- Answers to follow-up care questions



To learn more, <https://centivocare.com/sisc>.

Lark Diabetes Prevention Program

Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

- You can participate in this program at no extra cost as part of your SISC health plan.
- Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Lark will also send you a personal activity tracker, as long as you stay active in the program.
- Go to www.lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



Additional Benefits Through SISC

Lantern Cancer Care

Anthem PPO plan members have access to an enhanced cancer benefit through Lantern. If you or a covered family member are diagnosed with cancer, you can receive treatment support through Lantern Cancer Care. This benefit provides:



- **Guided support:** A personal oncology nurse will partner with you through every step of your cancer journey.
- **Access to excellent care:** Access to in-network community oncology clinics, hospitals, and National Cancer Institutes for high-quality care.
- **Expert review and advice:** Lantern can coordinate expert reviews of your diagnosis and treatment plan, to make sure you're getting the right care, at the right place, at the right time.

To learn more, visit <https://lanterncare.com> or call (855) 961-4533.

Value-Based Site of Care Benefit

- Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.
- If you choose to have your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. You will be responsible for paying the remaining amount in full.
- There is no benefit limit when you obtain these procedures at an in-network Ambulatory Service Center.
- For questions, please contact the customer service number on your medical ID card.

Value Based Purchasing	Maximum Benefit at an in-network outpatient hospital facility	There is no limit at an in-network Ambulatory Service Center (ASC)
	In-Network	ASC Facility
Arthroscopy	\$4,500	n/a
Cataract Surgery	\$2,000	n/a
Colonoscopy	\$1,500	n/a
Upper GI Endoscopy with Biopsy	\$1,250	n/a
Upper GI Endoscopy without Biopsy	\$1,000	n/a

Rula—Support With Helping Find an In-Network Therapist

Rula makes it easy to find and book therapy appointments online.

- Complete a quick questionnaire about your therapy preferences and register.
- Choose a therapist from Rula's recommendations.
- Rula will verify your insurance information and will let you know your payment estimate prior to your first appointment.
- You'll receive a confirmation one to two days before your appointment, along with a video link.
- Learn more at <https://rula.com/SISC>. You can also call (323) 676-7360.



Carrum Health—No-Cost Hip, Knee, and Spine Surgical Options

- Anthem PPO plan members can access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered.
- To learn more, call Carrum Health at (888) 855-7806 or visit info.carrumhealth.com/sisc.



Additional Benefits Through SISC

Maven Maternity and Postpartum Support

Anthem PPO plan members can access virtual care for pregnancy and postpartum support through Maven at no cost. Use Maven for unlimited, on-demand care from doctors, specialists, and coaches.



- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists, coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Maven provides comprehensive support through pregnancy, postpartum, return-to-work transitions, and potential miscarriage.
- Video chat or message with 30+ types of providers at no charge, from OB-GYNs and Pediatricians to Lactation Consultants and Infant Sleep Coaches.
- Free 6-month diaper subscription when you:
 1. Enroll during the first or second trimester
 2. Have an intro call with a Care Advocate
 3. Have two appointments with Maven providers during pregnancy
 4. Complete the exit survey after your baby is born

To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.

InsureOne

Free Colorectal Screening for PPO Members Age 45+

Anthem PPO plan members have an annual opportunity to receive a free FIT test. This free, easy-to-use home test screens for lower gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders. Why sign up for this test?

- Colon cancer may start with no symptoms but is highly preventable.
- When caught early, the colorectal cancer 5-year survival rate is 90%. Only 4 of 10 instances are caught early.
- When caught at later states, the 5-year survival rate drops and individuals may have to receive chemotherapy, radiation therapy, and/or surgery.
- Request your free test at <https://my.questforhealth.com>. Register for an account using the registration key SISC2025. You can also call (855) 623-9355.

Midi—Expert Menopausal Relief Telehealth

Anthem PPO plan members can now get expert menopausal telehealth support. Hormonal changes in midlife can bring on a host of symptoms that are often misunderstood. Midi's expert clinicians can help you find safe, effective solutions menopause-related issues such as:



- Trouble sleeping
- Weight changes
- Brain fog
- Hair & skin changes
- Hot flashes
- Painful sex, low libido
- Period problems
- Bone loss
- Mood issues
- Menopause after cancer
- Menopause with cancer risk

Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get any necessary lab tests and create a personalized care plan. Treatments may include:

- FDA-approved hormonal medications
- Non-hormonal medications
- Supplements and botanicals
- Lifestyle coaching
- Wellness therapies

To start your Midi journey, visit www.joinmidi.com/sisc.

Voluntary Benefits

You may purchase additional insurance from **Reliance Standard** that will help to cover additional out-of-pocket health expenses. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance does not. Your premiums are paid through payroll deductions on an after-tax basis. These Reliance Standard policies are portable, which means that you can keep them should you change jobs or retire.

	Reliance Standard Accident	Reliance Standard Hospital Indemnity	Reliance Standard Critical Illness
Plan Highlights			
How it Works	Pays you benefits to help cover out-of-pocket medical and other costs in case of an off-the-job accident	Pays you a lump sum benefit if you are admitted to the hospital, as well as a daily benefit for days spent confined	Helps you protect yourself and your family from the unexpected cost of fighting a life-threatening illness
Covered Conditions	Ambulance, ER visits, Fractures, Dislocations, Major Diagnostic Exams, PT, and more!	Hospitalizations resulting from injury or illness	Heart Attack, Stroke, Cancer, Progressive Diseases, Organ Failure and more!
Wellness Benefit	\$75	n/a	\$50
Guarantee Issue <i>(No medical questions required to get coverage)</i>	Yes	Yes	You can purchase up to \$20,000 for you, your spouse and child(ren) with no medical questions
Pre-Existing Condition Limitation	None	None	3/12
Optional Dependent Coverage	Spouse / Domestic Partner, Child(ren)	Spouse / Domestic Partner, Child(ren)	Spouse / Domestic Partner, Child(ren)
Options	Payment amounts made for each item according to benefit schedule	\$1,000 admission \$100/day (see summary for more details)	\$10,000 or \$20,000 for you, your spouse can elect up to 100% of your election, children can elect 25% of your election
Employee Contribution	100% Employee Paid	100% Employee Paid	100% Employee Paid
10-Month Rates			
– Employee Only	\$13.90	\$14.50	Volume and Age-Rated <i>(Please refer to your Enrollment Form)</i>
– Employee + Spouse	\$21.40	\$25.25	
– Employee + Child(ren)	\$25.08	\$20.35	
– Employee + Family	\$33.31	\$31.79	



For More Information

Go to www.reliancestandard.com/slocoe or call (866) 752-8117.

Dental Benefits

MetLife Dental PPO Plans

With the MetLife Dental PPO plans, you have the freedom to visit the dentist of your choice, in or out of network. This means that you and your dependents have access to the full dental benefit allowance, whether your dentist is in or out of the MetLife network. However, your costs are typically less when you utilize a network provider since benefits for in-network covered services are based on a percentage of the Negotiated Fee—the fee that participating dentists have agreed to accept as payment in full (subject to the deductible, coinsurance and benefit maximum). If you utilize a non-network provider who does not participate in the MetLife network, your out of pocket costs may be greater because benefits paid are based on a percentage of the Reasonable and Customary (R&C) charge.

The chart below provides a high-level overview of your dental plan options.

	Option 1 MetLife PDP Plus No Ortho		Option 2 MetLife PDP Plus With Ortho	
	Network ¹	Non-Network ²	Network ¹	Non-Network ²
Dental Benefits				
Annual Benefits Maximum Per Individual	\$5,000	\$5,000	\$5,000	\$5,000
Deductible (Annual)				
- Individual	\$25	\$25	\$25	\$25
- Family	\$75	\$75	\$75	\$75
Preventive (<i>Plan Pays</i>) Exams, X-Rays, Cleanings	100%	100% (UCR) ²	100%	100% (UCR) ²
Basic Services (<i>Plan Pays</i>) Fillings, Oral Surgery, Periodontics, Crowns	100%	100% (UCR) ²	100%	100% (UCR) ²
Major Services (<i>Plan Pays</i>) Dentures, Bridges, Implants	50%	50% (UCR) ²	50%	50% (UCR) ²
Orthodontia	Not Covered		Adult & Children	
- Covered Members			50%	
- Coinsurance			\$3,000	
- Lifetime Benefit Maximum				

1. Network benefits are paid based on Negotiated Fee.

2. Non-network benefits are paid based on the Reasonable and Customary (R&C) charges based on the 99th percentile.



For More Information On Your Dental Benefits

- Go to www.mybenefits.metlife.com and register for an online account
- Download the MetLife Mobile App to manage your benefits anywhere, anytime
- Call **(800) GET-MET8** or **(800) 438-6388**.



Vision Benefits

Vision Service Plan (VSP)

The VSP vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you may be responsible for all charges at the time of your appointment and will be required to file an itemized claim with VSP for reimbursement.

Vision Benefits	VSP PPO Plan B \$15/\$25	
	Network	Non-Network
Copay		
- Examination	\$15 Copay	N/A
- Materials	\$25 Copay	N/A
Examination	100%	\$35 Reimbursement
Lenses		
- Single Vision	100%	\$25 Reimbursement
- Bifocal	100%	\$40 Reimbursement
- Trifocal	100%	\$50 Reimbursement
Frames	\$180 Allowance*	\$30 Reimbursement
Contact Lens (In Lieu of Frames and Lenses)	\$180 Allowance*	\$90 Reimbursement
Laser Vision Correction	Discounts Apply	Not Covered
Frequency		
- Examination	Every Calendar Year	
- Lenses	Every Calendar Year	
- Frames	Every Other Calendar Year	
- Contact Lenses	Every Calendar Year	

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes a large number of access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

VSP members can access Costco, Walmart and Sam's Club for in-network experience when purchasing frames (allowance adjusted for wholesale pricing).

*The frames and contact lens allowance will increase from \$150 to \$180 effective January 1, 2026.

TruHearing

VSP members can save 30-60% on a pair of hearing aids with TruHearing pricing discount. Dependents and extended family members are also eligible. For more information, visit www.TruHearing.com or call (866) 754-1607.



Finding a Vision Provider

Go to www.vsp.com or call (800) 877-7195. Refer to the "VSP Signature" network when prompted.



Vision Benefits

XP Health Vision Discount Plan *New!*

In addition to the VSP Vision plan, you also have the option to access vision coverage through the XP Health Vision Discount Plan. The XP Health Vision Discount plan is unique and provides you significant savings on prescription eyewear and contact lenses. Here's how it works:

Step 1: Get an annual exam from an XP Health Vision plan provider to assess your eye health and to receive an eyewear prescription.

Step 2: Go to xp.health.com/sisc to set up a free account and order eyewear online at wholesale prices. Use the website's free tools to help you choose the frames that feel good and help you look your best:

- Face scan and AI recommendation technology,
- Augmented Reality try-on, and
- Home try-on

Learn more about the XP Health Vision Discount plan and different brands of frames available to you at <https://www.flipsnack.com/burnham/sisc-xp-health-vision-discount-plan/full-view.html>

Frames

You can order up to two frames per year and when you choose frames, your options include:

- 800+ premium frames available at \$0 cost to you
- 1,800+ designer frames available for \$50 - \$125
- 400+ luxury frames available for \$75 - \$225

Lenses

Up to two pairs of single, bi-focal and tri-focal durable polycarbonate lenses are provided at no cost to you. You can upgrade to premium progressive lenses for a \$95 copay. One pair of lenses can be for sunglasses.

Several lenses coatings are provided at no cost to you, including UV protection, advanced anti-glare protection, dust, smudge, water, and scratch resistance, and advanced blue/violet light protection.

You can also purchase lenses upgrades as follows:

- Photochromic lenses (transition): \$75
- Tinted lenses: \$30
- High index lenses (1.67): \$30
- High index lenses (1.74): \$60

Contact Lenses

You can purchase an annual supply of contact lenses at wholesale pricing in addition to frames.



Learn More and Take Advantage of Your XP Health Vision Discount Benefits

Chat and sign up at xp.health.com/sisc. You can also email at concierge@xphealth.co.

Income Protection Benefits

Life and AD&D Insurance

Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with SLOCOE. SLOCOE pays for coverage, offered through Mutual of Omaha, in the amount of \$100,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Voluntary Life Insurance

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life insurance at discounted group rates through Mutual of Omaha. You pay for this coverage with after-tax dollars through convenient payroll deductions.

- **Employee:** You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary.
- **Spouse:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum benefit of \$250,000 and may not exceed 50% of your employee election.
- **Child(ren):** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts: Birth to age 26: Flat \$10,000.

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$150,000
- **Spouse:** \$25,000
- **Child(ren):** Entire benefit amount

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Mutual of Omaha may approve or decline coverage based on a review of your health history.



Tax Savings Benefits

Health Savings Account *(Available only for SISC members enrolling in an Anthem Blue Cross HSA-Compatible Plan)*

The opportunity to establish and contribute to a Health Savings Account is available when you elect the Anthem Blue Cross HSA 3400 medical plan option. An HSA account is like a personal, tax-free savings account for health care expenses that earns interest. Any unused money rolls over from year to year.

The portion of your paycheck that you contribute to your HSA will be taken out before you pay federal income taxes, Social Security taxes and most state taxes (excluding state taxes in CA and NJ). Any contributions you make can be increased or decreased over the course of the year.

The money in your HSA is yours to save and spend on eligible health care expenses whenever you need it, whether in this plan year or in future plan years. Your account balance earns interest and the unused balance rolls-over from year to year. HSAs are portable and owned by the individual, meaning the money is yours to keep even if you leave the district, no longer participate in a high deductible health plan (like the Anthem Blue Cross HSA 3400), or retire.

	2025 IRS Annual Contribution Limit for HSAs
Employee Only	\$4,300
Two-Party	\$8,550
Family	\$8,550
Catch Up Contribution for Age 55 and Over	\$1,000

Examples of Eligible HSA Expenses:

Medical

- Providers (Doctors, Specialists)
- Prescription Drugs
- Inpatient Hospital Services
- Laboratory & X-Ray
- Emergency Services

Dental

- Providers (Dentists, Specialists)
- Teeth Cleaning
- Dental Treatment
- Orthodontia

Vision

- Providers (Optometrists)
- Vision Exams
- Glasses
- Contact Lenses

HSA Eligibility

An “eligible individual” or HSA owner is someone covered under an HSA-compatible, High-Deductible Health Plan (HDHP) and is not covered under a non-HDHP or Medicare plan and not claimed as a dependent on another’s tax return. To see a list of qualified medical expenses go to <https://www.irs.gov/pub/irs-prior/p502--2024.pdf>.

To Set Up an HSA

The district and SISC do not handle the opening and administration of HSA accounts so if you’d like to set one up, contact any insured bank, credit union or other entity that meets the IRS standards for being a trustee or custodian for an IRA or Archer Medical Savings Accounts (MSA).



Benefit Video – High Deductible Health Plans and HSAs

For a better understanding of how Health Savings Accounts work, watch this quick video at <https://info.baldwin.com/hdhp/>.

Tax Savings Benefits

Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by SISC/Navia Benefits, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case SISC/Navia Benefits needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may also use this plan to pay for over-the-counter medications, menstrual supplies, and personal protective equipment (PPE) used for the primary purpose of preventing the spread of COVID-19. Employees may defer up to **\$3,300** pre-tax for the 2025 plan year.

Dependent Care Assistance Plan

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to **\$5,000** pre-tax for the 2025 plan year.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

How You Can Save Money with an FSA

Example	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360

Important Note About the FSA

You will have an opportunity to enroll in the FSA during open enrollment in the fall each year. It is important to note that your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.



Benefit Video – How FSAs Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at <https://info.baldwin.com/fsa/>.

Retirement Benefits

Retirement Savings Plans

SLOCOE offers you the option to participate in a 403(b) Tax Sheltered Annuity Plan and the 457(b) Deferred Compensation Plan (the Plans). Participation is voluntary, allowing you to make pre-tax salary deferral contributions via payroll deduction. One of the benefits of participating in the Plans is the ability to defer from current taxation salary that would otherwise be currently taxable and also defer income taxes on the earnings credited to your account.

Any contributions towards the retirement savings plans are 100% employee paid. The amounts you contribute to the TSA/403(b) Plan have an independent limit from the amounts that you contribute to the DCP/457(b) Plan. You may make pre-tax salary deferral contributions to the TSA/403(b) Plan, the DCP/457(b) Plan only, or you may make pre-tax contributions to both Plans simultaneously. See the chart below for the maximum contribution limits.

Year	403(b) TSA	457(b) DCP	Total
2025 Contribution Limit	\$23,500	\$23,500	\$47,000
Age 50+ Catch-Up Limit	\$7,500	\$7,500	\$15,000
Total (if Age 50+)	\$31,000	\$31,000	\$62,000

SLOCOE is pleased to offer the benefits of these voluntary pre-tax savings plans for you because we recognize that many of you wish to defer current income taxes to your post retirement years while accumulating additional savings for retirement.

Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan, you are limited by the overall 415(c)(1)(A) limit for all plans, including 403(b), 401(a) and 401(k). If you are a participant in another retirement plan (excluding CalSTRS or CalPERS), please contact Envoy Plan Services, Inc.

IMPORTANT: If you have a 403(b) or 457(b) plan account with a previous employer, you must establish a new account to enroll in SLOCOE's plans. Your salary deferral contributions in SLOCOE's plans cannot be invested in the 403(b) plan and 457(b) plan of a previous employer.



To Get Started

Go to www.envoyplanservices.com. Click on the **Client Center** link, then select **California, San Luis Obispo**, and **San Luis Obispo County Office of Education**.



Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Human Resources Department.

Medical - SISC/ Anthem Blue Cross	
Member Services	See ID Card
Anthem Website	www.anthem.com/ca/sisc
Navitus Pharmacy	(866) 333-2757
Costco Mail Order Pharmacy	(800) 607-6861
Dental - MetLife	
Member Services	(800) GET-MET8 or (800) 438-6388
Carrier Website	www.mybenefits.metlife.com
Vision Plans	
VSP	
Member Services	(800) 877-7195
Carrier Website	www.vsp.com
XP Health Vision	
Carrier Website	xp.health.com/sisc
Life and AD&D / Disability - Mutual of Omaha / The Standard	
Mutual of Omaha Life Member Services	(800) 775-8805
The Standard Disability Member Services (CTA)	(800) 522-0406
Voluntary Benefits - Reliance Standard	
Member Services	(866) 752-8117
Carrier Website	www.reliancestandard.com/slococ
Employee Assistance Program - Anthem Blue Cross	
Member Services	(800) 999-7222
Carrier Website	www.anthemeap.com
Flexible Spending Account - SISC Flex	
Member Services	(800) 972-1727 x 4416
Carrier Website	http://sisc.kern.org/flex
Retirement Plans	
Envoy Plan Services.....	(800) 248-8858
Carrier Website	www.envoyplanservices.com
Additional Benefits Through SISC	
Quest Wellness Screening	
Member Services	(855) 623-9355
Carrier Website	My.QuestForHealth.com
Teladoc Medical Expert Opinions	
Member Services	(800) 835-2362
Carrier Website	www.teladoc.com/sisc
Hinge Health	
Member Services	(855) 902-2777
Carrier Website	hingehealth.com/sisc
Vida Digital Coaching	
Member Services	(855) 442-5885
Carrier Website	vida.com/sisc
MDLive	
Member Services	(800) 657-6169
Carrier Website	www.mdlive.com/sisc
Centivo Care	
Carrier Website	https://centivocare.com/sisc
Lark Diabetes Prevention Program	
Carrier Website	www.lark.com/anthemBC
Lantern Cancer Care	
Member Services	855-961-4533
Carrier Website	https://lanternicare.com
Carrum Health	
Member Services	888-855-7806
Carrier Website	info.carrumhealth.com/sisc
Maven Maternity and Postpartum Support	
Carrier Website	mavenclinic.com/join/SISC
Midi Health	
Carrier Website	www.joinmidi.com/sisc

Important Information

Individual Mandate for Health Coverage

If you are a .90 FTE or above, you are required by SISC to enroll in Health Benefits. If you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2025 tax year – these states have an individual mandate requirement. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by San Luis Obispo County Office of Education or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace at www.coveredca.com;
- Enroll in coverage through a government-sponsored program if eligible at www.cencalhealth.org.

However, if you choose to purchase coverage through the marketplace, because SLOCOE's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis. For more information, go to www.healthcare.gov.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. SLOCOE has posted all federally required annual notices on our intranet for you to download and read at your convenience.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by San Luis Obispo County Office of Education. Please refer to the SBC and carrier contracts for additional plan details.





Formerly Burnham Benefits

2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.baldwin.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact the Human Resources Department.

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