

2020

BENEFITS GUIDE



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

MANAGEMENT & CONFIDENTIAL

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 Jenni Pong at **(805) 782-7248** or Lindsey Eckersley at **(805) 782-7264**.

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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 Life, Voluntary Short Term Disability and Cancer 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.



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 18** of this guide.

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 web address will be provided to you by email when the Open Enrollment period begins annually in late May or Early June. If you have any questions or need assistance, please contact Jenni Pong at **(805) 782-7248** or Lindsey Eckersley at **(805) 782-7264**.



Medical Benefits

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. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.



Finding a Medical Provider

Go to www.anthem.com/ca/sisc or call (800) 564-7475. Refer to the “Anthem Blue Cross PPO—Large Group” network when prompted.

Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Medical plans. You are urged to use generic drugs when they are available. If you or your physician requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Costco Retail Pharmacy and Mail Order Program

Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge (does not apply to medical plan 80M)! Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

1. Take your prescription to any Costco pharmacy. You do not need to be a Costco member.
2. Present your insurance card to the pharmacist.
3. Get your generic medications (excluding some narcotic pain medications and some cough medications) for free. You will pay \$35 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.



Medical Benefits

	Option 1 Anthem Blue Cross PPO 100% D/\$20	Option 2 Anthem Blue Cross PPO 90% C/\$20	Option 3 Anthem Blue Cross PPO 90% G/\$20
	In- Network	In- Network	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	\$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	\$0 Individual/\$0 Family	\$200 Individual/\$500 Family	\$0 Individual/\$0 Family
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.

	Option 1: PPO 100% D/\$20		Option 2: PPO 90% C/\$20		Option 3: PPO 90% G/\$20	
	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental
EMPLOYEE Pays 10thly						
.90 to 1.0 FTE PAYS	\$865.44	\$867.12	\$746.64	\$748.32	\$728.64	\$730.32
.75 to .89 FTE PAYS	\$1,045.44	\$1,047.12	\$926.64	\$928.32	\$908.64	\$910.32
.50 to .74 FTE PAYS	\$1,165.44	\$1,167.12	\$1,046.64	\$1,048.32	\$1,028.64	\$1,030.32
SLOCOE Pays 10thly						
.90 to 1.0 FTE - SLOCOE PAYS	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
.75 to .89 FTE - SLOCOE PAYS	\$1,020.00	\$1,020.00	\$1,020.00	\$1,020.00	\$1,020.00	\$1,020.00
.50 to .74 FTE - SLOCOE PAYS	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00

Medical Benefits

	Option 4 Anthem Blue Cross PPO 80% G/\$30	Option 5 Anthem Blue Cross PPO 80% M/\$40	Option 6 Anthem Blue Cross PPO Anchor Bronze
	In- Network	In- Network	In- Network
Health Benefits			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) Out of Pocket Maximum	\$500 Individual/\$1,000 Family \$2,000 Individual /\$4,000 Family	\$3,000 Individual/\$6,000 Family \$4,000 Individual /\$8,000 Family	\$5,000 Individual/\$10,000 Family \$6,350 Individual /\$12,700 Family
Co-Insurance (Plan Pays)	80% after Ded	80% after Ded	70% after Ded
Office Visit Copay	\$30 Copay ¹	\$40 Copay ¹	70% after Ded
Hospitalization	80% after Ded	80% after Ded	70% after Ded
Lab and X-Ray	80% after Ded	80% after Ded	70% after Ded
Emergency Services	\$100 Copay, 80% after Ded	\$100 Copay, 80% after Ded	\$100 Copay, 70% after Ded
Urgent Care	\$30 Copay	\$40 Copay	70% after Ded
Chiropractic (Limits Apply)	80% after Ded	80% after Ded	70% after Ded
Pharmacy Benefits			
Pharmacy Deductible Out of Pocket Maximum	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family	Medical Deductible Applies Medical Out of Pocket Max Applies
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Supply Limit	\$10 Copay \$35 Copay 30 Days	\$15 Copay \$50 Copay 30 Days	\$9 Copay \$35 Copay 30 Days

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

	Option 4: PPO 80% G/\$30		Option 5: PPO 80% M/\$40		Option 6: Anchor Bronze
	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental	Medical Plan Only
EMPLOYEE Pays 10thly					
.90 to 1.0 FTE PAYS	\$535.44	\$537.12	\$194.64	\$196.32	\$0.00 / \$0.00
.75 to .89 FTE PAYS	\$715.44	\$717.12	\$374.64	\$376.32	\$0.00 / \$82.80
.50 to .74 FTE PAYS	\$835.44	\$837.12	\$494.64	\$496.32	\$0.00 / \$202.80
SLOCOE Pays 10thly					
.90 to 1.0 FTE - SLOCOE PAYS	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$703.20 / 1,102.80
.75 to .89 FTE - SLOCOE PAYS	\$1,020.00	\$1,020.00	\$1,020.00	\$1,020.00	\$703.20 / \$1,020.00
.50 to .74 FTE - SLOCOE PAYS	\$900.00	\$900.00	\$900.00	\$900.00	\$703.20 / \$900.00

Additional Medical Benefits Provided Through SISC

Health Smarts Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost if you participate in a District-offered Medical plan. Health Smarts is a comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).

To access the Health Smarts health improvement program, contact SISC at the number shown on your medical ID card.

MDLIVE

As a Medical plan participant, you have access to MDLIVE, a service that provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs. Based on the information you provide, advice will include general health care and pediatric care specific to you or your dependent's condition. This service is subject to a \$5 copay regardless of your Medical plan's regular office visit copay, except HDHP participants who will need to pay the cost in full until the plan deductible has been satisfied.

When to use MDLIVE:

- 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.

Common Conditions Treated by MDLIVE			
General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

To access MDLive, go to www.mdlive.com/sisc or call **(888) 632-2738**. Be prepared to provide your name, the patient's name (if you're not calling for yourself), your member identification number and your phone number.

Advance Medical

SISC offers a valuable expert second opinion service through Advance Medical. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

Advance Medical matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Advance Medical when you:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or a major procedure

With Advance Medical, members receiving a medical opinion have unlimited concierge access to a specialist. To take advantage of your Advance Medical benefit, go to advance-medical.net/sisc or call **(855) 201-9925**.

Additional Medical Benefits Provided Through SISC

Solera4me

A 16 week cutting edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. Available at no cost to members who qualify.

You will have access to choose from an array of national and local programs, like Weight Watchers, Jenny Craig, Retrofit and HealthSlate. While these programs differ, most include the following elements



Access to a personal coach



Weekly lessons



A small group for support



Tools like a wireless scale or an activity tracker

To find out if you qualify for the program, take a 1 minute quiz at www.solera4me.com/sisc.

Active&Fit

With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own

- Use the online fitness tracking feature, which uses a variety of wearable devices and apps
- You pay only \$25 a month (plus \$25 enrollment fee and taxes)
- To learn more:
 1. Log into www.anthem.com/ca/sisc
 2. Click “Discounts”
 3. Visit “Special Offers”

Hinge Health

- Personalized, digitally delivered therapy for back, knee, shoulder, neck and hip pain
- To access your Hinge Health benefit, call **(855) 902-2777** or visit hingehealth.com/sisc

Vida Digital Coaching

- Anthem plan members have access to Vida Digital Coaching, a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions. Examples include nutrition, weight loss, mental health, and building healthy habits
- To learn more, call **(855) 442-5885** or visit vida.com/sisc

City of Hope Oncology

- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge
- To learn more, visit cityofhope.org or call **(877) 220-3556**



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 <http://video.burnhambenefits.com/terms>.

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 cost 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, protect you from higher costs down the road, and most importantly... potentially save your life. Take advantage of these no cost benefits now to hopefully avoid major illnesses and 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 can't 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.

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, 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 can save you money.



The FSA or HSA Can Help You Save Money on Your Health Care Expenses

When you use your Flexible Spending Account ([page 14](#)) or your Health Savings Account ([page 15](#)) to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.

Dental Benefits

Delta Dental PPO Plans

With the Delta Dental Preferred Provider Organization (PPO) dental plans, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

	Option 1 Delta Dental Premier Dental		Option 2 Delta Dental PPO Dental (w/Ortho)	
	Network	Non-Network	Network	Non-Network
Dental Benefits				
Calendar Year Maximum	Unlimited*	Unlimited*	Unlimited*	\$1,000
Deductible (Annual) - Individual - Family	None		None	\$25 \$75
Preventive (Plan Pays) Exams, X-Rays, Cleanings	70%-100%	70%-100% (UCR)	100%	50%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	70%-100%	70%-100% (UCR)	100%	50%
Major Services (Plan Pays) Crowns, Prosthetics	70%-100% 50% Prosthetics	70%-100% (UCR) 50% Prosthetics (UCR)	100% 60% Prosthetics	50%
Orthodontia - Covered Members - Coinsurance - Lifetime Benefit Maximum	Not Covered		Adult & Children 100% \$2,000	

*Implant benefit limited to \$2,000 annual maximum.



Finding a Dental Provider

Go to www.deltadentalins.com or call (866) 499-3001.

- Option 1: Refer to the “Delta PPO” or “Delta Premier” network.
- Option 2: Refer to the Delta PPO network.

Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

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 will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

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	\$150-\$170 Benefit	\$30 Reimbursement
Contact Lenses	\$150 Allowance In Lieu of Frames and Lenses	\$90 Allowance In Lieu of Frames and Lenses
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	

Note

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 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).



Finding a Vision Provider

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

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.

Important Note: VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

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 the company. 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 benefits, you may elect to purchase additional Term Life insurance at discounted group rates provided by **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.

Voluntary Disability

As part of your CTA Membership, you have the opportunity to purchase Voluntary Short Term Disability (STD) income replacement at discounted group rates, through **The Standard**. If you experience a temporary disability, benefits begin once your waiting period has been satisfied after the start of your accident, sickness or pregnancy and will continue up to age 65. If you are over age 65 at the time of disability, your benefit will continue for one year. STD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to the benefit amount elected.



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, 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 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. Employees may defer up to \$2,750 pre-tax per year.

Please note, HSA medical participants may only participate in Health Care Spending Account to cover out-of-pocket Dental and Vision expenses through the Limited Purpose Plan.

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 per 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.



Benefit Video – How FSAs Can Help Save You Money

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

Important Note About the FSA

You will have an opportunity to enroll in the FSA during open enrollment in October/November 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.

Example: How You Can Save Money with an FSA:

	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

Health Savings Account (HSA) – For Anthem Anchor Bronze Only

What is an HSA?

A Health Savings Account, also known as an HSA, is a tax savings account that can be funded with tax-exempt dollars by you, a family member or anyone else on your behalf. When you contribute to an HSA, your taxable income is lowered and your take-home pay may increase. Interest and investment earnings on HSA funds are generally tax-free.

The HSA is administered by American Fidelity Assurance Company and it is automatically opened for you when you enroll in the Anthem Blue Cross HSA Plan. Money from the HSA can help pay for eligible medical expenses not covered by the Anthem, including the deductible and coinsurance. See www.irs.gov for a full list of eligible expenses. You can only have this account if you are enrolled in a qualified high deductible plan such as San Luis Obispo County Office of Education's Anthem Anchor Bronze Plan.

Who's Eligible

You're eligible to open an HSA if:

- You enroll in a qualifying high-deductible health plan such as the Anthem Blue Cross HDHP Plan.
- Your **only** coverage is a high-deductible health plan. If you are covered under your spouse's plan and that plan is not a high-deductible plan, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Health Care Flexible Spending Account (FSA) through your spouse.
- You have not signed up for Medicare coverage.

HSA Contributions

The maximum contribution that can be made into an HSA account in 2020 is \$3,550 for an individual and \$7,100 for a family.

Important HSA Facts

Pay Healthcare Expenses

Each time you have a qualified health expense, you decide whether to:

- Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g., medical expenses during retirement).
- Use your HSA to pay for eligible medical expenses such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care and prescription drugs. (For a complete list of eligible expenses, visit www.irs.gov.)

HSA Accounts are Portable

Any money in your HSA that you don't spend rolls over from year to year. If you change jobs, switch to another medical plan or even retire, your HSA and the money in it is yours to keep. You can choose to save it to pay for eligible health care expenses tax-free in retirement.



Benefit Video– Health Savings Accounts

To better understand how high deductible health plans and health savings accounts work, visit <http://video.burnhambenefits.com/hdhp>.

Retirement Benefits

Retirement Savings Plans

SLOCOE offers you the option to participate in a 403(b) Tax Sheltered Annuity Plan (TSA/403(b) Plan) and the 457(b) Deferred Compensation Plan (DCP/457(b) 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
2020 Basic Limit	\$19,500	\$19,500	\$39,000
Total (if Age 50+)	\$26,000	\$26,000	\$52,000

We are 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 contribution, 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 this plan. Your salary deferral contributions in our plan 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.



Other Benefits

Anthem Blue Cross Employee Assistance Program

If you are enrolled in one of our medical plans, you will automatically be enrolled in the Employee Assistance Program (EAP) through Anthem Blue Cross. The EAP provides you and your household members with free, confidential assistance to help with personal/professional problems that may interfere with work or family responsibilities. You are encouraged to utilize services early in the progression of a problem before situations significantly impact your personal life or work.

This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety and depression. The EAP also serves more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

- You and your household members can receive up to six counseling sessions per problem. If a problem requires more lengthy or specialized treatment than the EAP is intended to provide, the EAP will refer you to Anthem Blue Cross to help you locate a participating Anthem Blue Cross Medical provider.
- Emergencies handled by staff members are available by phone 24/7 on a toll-free basis.
- The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will be provided same-day service.
- Evening appointments are available.



Accessing the EAP

To access EAP benefits, go to www.anthemeap.com or you may call **(800) 999-7222** to be immediately connected to an EAP counselor.

Cancer Benefit

The Cancer Medical Reimbursement Plan (CMRP) through North Carolina Mutual is intended to supplement your existing primary health insurance benefits. This plan provides 100% reimbursement for covered medical expenses of cancer (Leukemia, Hodgkin Disease, or any malignant growth which is positively identified as cancer) with a lifetime maximum benefit of \$1,000,000. CMRP will reimburse up to \$500 per year of your health insurance plan deductible as well as any coinsurance payments you make, provided they are covered expenses under your primary health insurance plan. Coverage for a pre-existing condition will be available after 12 consecutive months of coverage under this plan. For additional information, please visit the Human Resources Department.



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	(800) 564-7475
Anthem Website	www.anthem.com/ca/sisc
Navitus Pharmacy	(866) 333-2757
Mail Order Pharmacy	(800) 607-6861
Coverage While Traveling.....	(800) 810-2583

Dental - Delta Dental

Member Services	(866) 499-3001
Carrier Website	www.deltadentalins.com

Vision - VSP

Member Services	(800) 877-7195
Carrier Website	www.vsp.com

Life and AD&D / Disability - Mutual of Omaha / California State Disability

Mutual of Omaha Life Member Services	(800) 775-8805
The Standard Disability Member Services (CTA)	(800) 522-0406

Employee Assistance Program - Anthem Blue Cross

Counselor Services	(800) 999-7222
Carrier Website	www.anthem.com/ca/sisc

Flexible Spending Account –SISC Flex

Member Services	(800) 972-1727 ext 4416
Carrier Website	http://sisc.kern.org/flex/

Retirement Plans

Envoy Plan Services.....	(800) 248-8858
	www.envoyplanservices.com

Additional Benefits Provided by SISC

Health Smarts Member Services	(661) 636-4410
Health Smarts Website	www.sischealth.com
MDLIVE Member Services	(888) 632-2738
MDLIVE Website	www.mdlive.com/sisc
Advance Medical Member Services.....	(855) 201-9925
Advance Medical Website.....	advance-medical.net/sisc
Hinge Health Member Services	(855) 902-2777
Hinge Health Website	hingehealth.com/sisc
Vida Digital Coaching	(855) 442-5885
Vida Digital Coaching Website	vida.com/sisc
City of Hope Oncology Member Services.....	(877) 220-3556
City of Hope Oncology Website.....	cityofhope.org

The Affordable Care Act and You

If you are a .90 FTE or above, you are required by SISC to enroll in the Health Benefits. The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by San Luis Obispo County Office of Education (SLOCOE) or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty

Because SLOCOE's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit 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 provided by Anthem Blue Cross for additional plan details.





Learn more at www.burnhambenefits.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 benefit program, please contact the Human Resources Department.