



2024 - 2025

EMPLOYEE BENEFITS GUIDE



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

CLASSIFIED 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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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.



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 19** of this guide.

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 web address 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**](mailto:bolsson@slocoe.org).



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 the number located on the back of your ID Card. 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. 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 plan medications and some cough medications) for free.



Prescription Drug Provider: Navitus

For customer service and mail order service for Navitus, your prescription provider go to www.navitus.com or call (866) 333-2757.

Medical Benefits

Medical Plan Highlights	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.

Health Plan Contributions	Option 1: PPO 100% D/\$20		Option 2: PPO 90% C/\$20		Option 3: PPO 90% G/\$20	
	w/ Life, VSP & MetLife DPPO (No Ortho)	w/ Life, VSP & MetLife DPPO (With Ortho)	w/ Life, VSP & MetLife DPPO (No Ortho)	w/ Life, VSP & MetLife DPPO (With Ortho)	w/ Life, VSP & MetLife DPPO (No Ortho)	w/ Life, VSP & MetLife DPPO (With Ortho)
.90 to 1.0 FTE Pays 10thly						
Single	\$606.07	\$611.33	\$547.27	\$552.53	\$526.87	\$532.13
2-Party	\$1,203.03	\$1,216.13	\$1,091.43	\$1,104.53	\$1,043.43	\$1,056.53
Family	\$1,560.61	\$1,601.11	\$1,408.21	\$1,448.71	\$1,333.81	\$1,374.31
.75 to .89 FTE Pays 10thly						
Single	\$700.53	\$705.80	\$641.73	\$647.00	\$621.33	\$626.60
2-Party	\$1,385.22	\$1,398.32	\$1,273.62	\$1,286.72	\$1,225.62	\$1,238.72
Family	\$1,838.29	\$1,878.80	\$1,685.89	\$1,726.40	\$1,611.49	\$1,652.00
.50 to .74 FTE Pays 10thly						
Single	\$763.51	\$768.77	\$704.71	\$709.97	\$684.31	\$689.57
2-Party	\$1,506.67	\$1,519.78	\$1,395.07	\$1,408.18	\$1,347.07	\$1,360.18
Family	\$2,023.42	\$2,063.92	\$1,871.02	\$1,911.52	\$1,796.62	\$1,837.12

Medical Benefits

Medical Plan Highlights

	Option 4 Anthem Blue Cross PPO 80% G/\$30	Option 5 Anthem Blue Cross PPO 80% M/\$40	Option 6 Anthem Blue Cross HSA \$5,000 <i>(formerly Anchor Bronze)</i>
	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 and Out of Pocket Max Applies
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Supply Limit	\$10 Copay \$35 Copay 30 Days	\$10 Copay \$35 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.

Health Plan Contributions

	Option 4: PPO 80% G/\$30		Option 5: PPO 80% M/\$40		Option 6: HSA \$5,000 <i>(formerly Anchor Bronze)</i>
	w/ Life, VSP & MetLife DPPO (No Ortho)	w/ Life, VSP & MetLife DPPO (With Ortho)	w/ Life, VSP & MetLife DPPO (No Ortho)	w/ Life, VSP & MetLife DPPO (With Ortho)	w/ Life Single / EE+Child(ren)
.90 to 1.0 FTE Pays 10thly					
Single	\$405.67	\$410.93	\$208.87	\$214.13	Single: \$51.25
2-Party	\$809.43	\$822.53	\$415.83	\$428.93	EE + Child: \$82.01
Family	\$1,005.01	\$1,045.51	\$644.61	\$685.11	EE + Children: \$82.01
.75 to .89 FTE Pays 10thly					
Single	\$500.13	\$505.40	\$303.33	\$308.60	Single: \$145.71
2-Party	\$991.62	\$1,004.72	\$598.02	\$611.12	EE + Child: \$264.20
Family	\$1,282.69	\$1,323.20	\$892.29	\$932.80	EE + Children: \$264.20
.50 to .74 FTE Pays 10thly					
Single	\$563.11	\$568.37	\$366.31	\$371.57	Single: \$208.69
2-Party	\$1,113.07	\$1,126.18	\$719.47	\$732.58	EE + Child: \$385.66
Family	\$1,467.82	\$1,508.32	\$1,057.42	\$1,097.92	EE + Children: \$385.66

Medical Benefits



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

Additional Benefits Through SISC

Hinge Health

Hinge Health is a digital interactive physical therapy program available to Anthem PPO members to help members who are suffering from chronic back or joint pain. You will have free access to Hinge Health's program, which provides personalized, interactive therapy using the latest technology. Hinge empowers members with tools to help relieve chronic pain, at a convenient time and location of their choosing.

Eligible members receive wearable sensors and a monitoring device to guide them through virtual therapy sessions from home. Members have unlimited access to a personal health coach, links to educational articles and information regarding available treatment options. To learn more, go to www.hingehealth.com/sisc or call (855) 902-2777.

Vida Digital Coaching

SISC offers Vida Digital Coaching, a virtual care platform that treats lifestyle, chronic and behavior health conditions. Anthem PPO members under the age of 65 will have access to:

- 1:1 virtual platform with health coaching and therapy
- Digital interventions and programs
- Track progress with in-app trackers & connected devices
- Tools and resources such as videos and lessons

Learn more at www.vida.com/sisc or call (855) 442-5885.

City of Hope Oncology Center of Excellence Program

If you receive a cancer diagnosis, this benefit through Contigo Health provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge. Anthem PPO members have access to:

- In-person evaluation at the City of Hope with confirmation of diagnosis
- Paid travel arrangements for patient and companion
- Development of a customized treatment plan
- Access to a personal care nurse to coordinate care
- Clinical trial education and genetic risk education
- Transition of care and collaboration with home oncologist for one year post-evaluation

Find out more at www.contigohealth.com/sisc or call (877) 220-3556.

Maven Maternity and Postpartum Support

- A virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialist, coaches, and trustworthy content tailored to your experience.
- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialist coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Free 6-month diaper subscription for SISC PPO members who:
 - Enroll during the first or second trimester
 - Have an intro call with a Care Advocate
 - Have two appointments with Maven providers during pregnancy
 - Complete the exit survey when their baby is born
- To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.



Additional Benefits Through SISC

Value Based Purchasing

Anthem members can receive reference pricing for five common procedures when performed at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital. If you choose to have one of the procedures shown below at an in-network outpatient facility, only the amounts listed will be paid for the procedure. You will be responsible for paying the remaining amount in full. Covered procedures performed at Ambulatory Surgery Centers (ASC) have no limit on the amount paid by the plan.

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

Enhanced Hip and Knee Replacement and Spine Surgery Benefit

SISC partners with Carrum Health to provide Anthem PPO members with exclusive access to top-quality surgeons at Scripps Hospital in San Diego for hip and knee replacements, and many inpatient spine surgeries. Patients receive:

- Personalized “concierge” support
- No medical bills; coinsurance and deductibles are waived
- Travel expenses are covered for the patient and one adult companion

To access this benefit, visit <https://info.carrumhealth.com/sisc> or call (888) 855-7806.

SISC Medical Expert Opinions

SISC offers a valuable expert second opinion service through Teladoc to Anthem members. 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. Teladoc can help Anthem members when they:

- Are dealing with complex medical conditions
- Are considering surgery or a major procedure
- Have questions about managing a health condition
- Want a second opinion on a documented diagnosis or treatment plan

For more information, visit www.teladoc.com/sisc or call (800) 835-2362.



Additional Benefits Through SISC

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. Effective October 1, 2023, MDLive visits will have a \$10 copay. HSA members will continue to pay the full cost of the visit until deductible is met.

- 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 (800) 657-6169. 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.

Eden Health Virtual Primary Care

Eden Health is a virtual primary care provider available through a smartphone application. Eden Health provides free remote access for Anthem PPO members* to a full healthcare team. Through Eden, SISC Anthem PPO members can connect with a primary care physician to manage all their physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow-up questions using video visits or live chat.

It’s never been easier to stay on top of your health. Eden Health can provide:



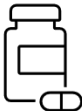
Scheduled video visits or live chat with a primary care physician



Diagnoses and Treatments



Answers to follow-up care questions



Prescription Refills



Specialist Referrals



Mental Health Support

*SISC members enrolled on an HSA plan are not eligible for this benefit.

To access Eden Health, scan the QR code to download the Eden Health app, and register for your free Eden Health membership.



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 CITRMS (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



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 (No medical questions required to get coverage)	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 (Please refer to your Enrollment Form)
– 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 50% \$3,000	
- Covered Members				
- Coinsurance				
- 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	\$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	

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).

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.



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 \$50,000. 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.

Voluntary Short Term 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/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 **\$3,200** pre-tax for the 2024 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 2024 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 <http://video.burnhambenefits.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
2024 Contribution Limit	\$23,000	\$23,000	\$46,000
Age 50+ Catch-Up Limit	\$7,500	\$7,500	\$15,000
Total (if Age 50+)	\$30,500	\$30,500	\$61,000

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 - VSP

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

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/slocoe

Employee Assistance Program - Anthem Blue Cross

Member Services	(800) 999-7222
Carrier Website	www.anthemaeap.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

Hinge Health	
Member Services	hingehealth.com/sisc
Carrier Website	(855) 902-2777
Vida Digital Coaching	
Member Services	vida.com/sisc
Carrier Website	(855) 442-5885
City of Hope Oncology Center of Excellence	
Member Services	sisc.contigohealth.com
Carrier Website	(877) 220-3556
Maven Maternity and Postpartum Support	
Carrier Website	mavenclinic.com/join/SISC
Carrum Health	
Member Services	https://info.carrumhealth.com/sisc
Carrier Website	(888) 855-7806
Teladoc Medical Expert Opinions	
Member Services	www.teladoc.com/sisc
Carrier Website	(800) 835-2362
MDLive	
Member Services	www.mdlive.com/sisc
Carrier Website	(800) 657-6169

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 2024 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.



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Notes

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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.

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