



2024 - 2025

# EMPLOYEE BENEFITS GUIDE



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

**CERTIFICATED & MANAGEMENT  
SELF-PAY RETIREE**

# Welcome to Your San Luis Obispo County Office of Education Retiree 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 **Kim Boyd at (805) 782-7223** or **Meghan Knable at (805) 782-7294**.

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## Important Information

### Individual Mandate for Health Coverage

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](http://www.coveredca.com);
- Enroll in coverage through a government-sponsored program if eligible at [www.cencalhealth.org](http://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](http://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

# Enrollment Information

## Who May Enroll

If you are a retiree, you and your eligible dependents may participate in SLOCOE's benefits program. 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 retiree, you may enroll at the following times:

- As a new retiree, you may participate in SLOCOE's benefits program within 30 days of your eligibility date. If you do not enroll for coverage within 30 days of your eligibility date, you will lose eligibility.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

## 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 upcoming 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 **Kim Boyd at (805) 782-7223** or **Meghan Knable at (805) 782-7294** 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

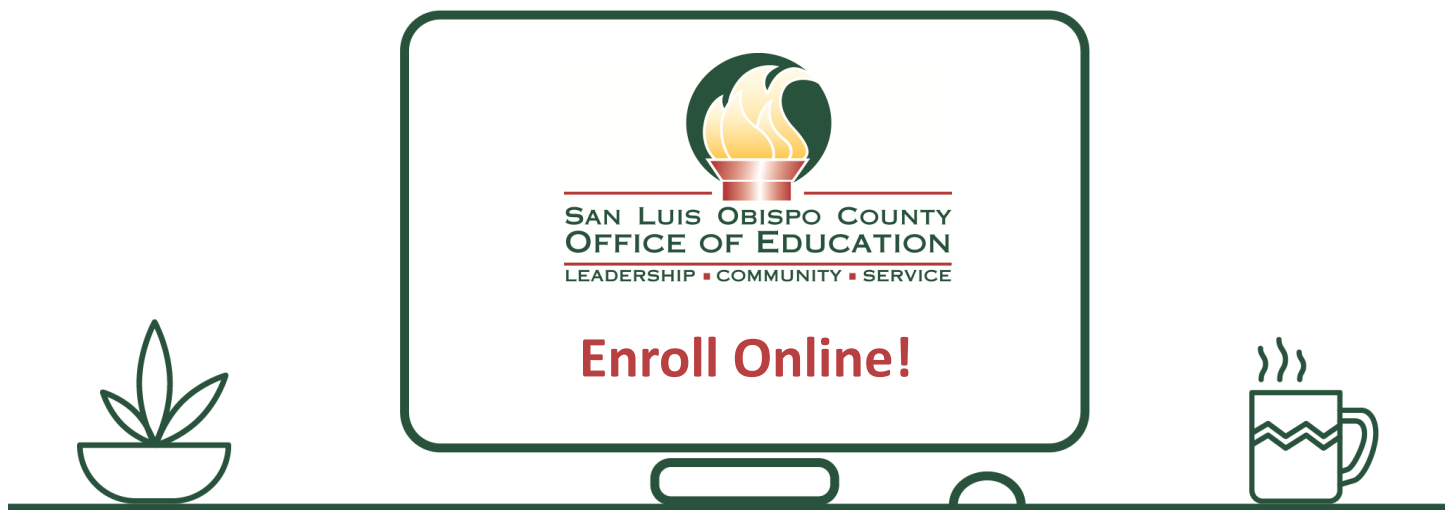
Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier website addresses are located on **page 5** of this guide.



# Enrollment Information

## Online Benefits Enrollment

Annually in July, you will receive an information packet regarding Open Enrollment. This packet 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 in your information packet when the Open Enrollment period begins annually in July. If you have any questions or need assistance, please contact **Kim Boyd** at (805) 782-7223 or **Meghan Knable** at (805) 782-7294.

### Important Note

- For those who do not have email access, please return the completed retiree plan selection form as instructed prior to the enrollment deadline.
- For those who choose to keep the same plan coverage that you currently have for 2023-2024, no action is required.



# 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 **Kim Boyd at (805) 782-7223** or **Meghan Knable at (805) 782-7294**.

## Medical - SISC/Anthem Blue Cross

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| Member Services .....            | (800) 564-7475                                                     |
| Anthem Website .....             | <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a> |
| 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 ..... | <a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a> |

## Vision - VSP

|                       |                                              |
|-----------------------|----------------------------------------------|
| Member Services ..... | (800) 877-7195                               |
| Carrier Website ..... | <a href="http://www.vsp.com">www.vsp.com</a> |

## Additional Benefits Provided by SISC

|                                                      |                                                                            |
|------------------------------------------------------|----------------------------------------------------------------------------|
| MDLive Member Services .....                         | (800) 657-6169                                                             |
| MDLive Website .....                                 | <a href="http://www.mdlive.com/sisc">www.mdlive.com/sisc</a>               |
| Teladoc Medical Experts Opinion Member Services..... | (800) 835-2362                                                             |
| Teladoc Medical Experts Opinion Website.....         | <a href="http://www.teladoc.com/sisc">www.teladoc.com/sisc</a>             |
| Hinge Health Member Services .....                   | (855) 902-2777                                                             |
| Hinge Health Website .....                           | <a href="http://www.hingehealth.com/sisc">www.hingehealth.com/sisc</a>     |
| Vida Digital Coaching Member Services .....          | (855) 442-5885                                                             |
| Vida Digital Coaching Website .....                  | <a href="http://www.vida.com/sisc">www.vida.com/sisc</a>                   |
| City of Hope Oncology Member Services.....           | (877) 220-3556                                                             |
| City of Hope Oncology Website.....                   | <a href="http://www.contigohealth.com/sisc">www.contigohealth.com/sisc</a> |



# Medical Benefits (Under 65)

|                             | Option 1<br>Anthem Blue Cross<br>PPO 100% D/\$20<br>#40325Y | Option 2<br>Anthem Blue Cross<br>PPO 90% C/\$20<br>#40324W | Option 3<br>Anthem Blue Cross<br>PPO 90% G/\$20<br>#40324S |
|-----------------------------|-------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
|                             | In- Network                                                 | In- Network                                                | In- Network                                                |
| <b>Health Benefits</b>      |                                                             |                                                            |                                                            |
| 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 <sup>1</sup>                                     | \$20 Copay <sup>1</sup>                                    | \$20 Copay <sup>1</sup>                                    |
| 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                                                  | \$30 Copay                                                 | \$20 Copay                                                 |
| Chiropractic (Limits Apply) | 100% after Ded                                              | 90% after Ded                                              | 90% after Ded                                              |
| <b>Pharmacy Benefits</b>    |                                                             |                                                            |                                                            |
| 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.

## Medical Rates

The amounts in the chart below reflect the full medical premiums before any contributions from SLOCOE. Carefully review the full medical, dental and vision premiums provided in this Benefit Guide to help you select the right plan for you and your dependent(s).

|                                   | Option 1: PPO 100% D/\$20 | Option 2: PPO 90% C/\$20 | Option 3: PPO 90% G/\$20 |
|-----------------------------------|---------------------------|--------------------------|--------------------------|
| <b>&lt;65 Retiree 12thly Rate</b> |                           |                          |                          |
| <b>Single</b>                     | \$1,356.00                | \$1,292.00               | \$1,256.00               |
| <b>2-Party</b>                    | \$1,907.00                | \$1,813.00               | \$1,771.00               |
| <b>Family</b>                     | \$2,423.00                | \$2,304.00               | \$2,251.00               |



# Medical Benefits (Under 65)

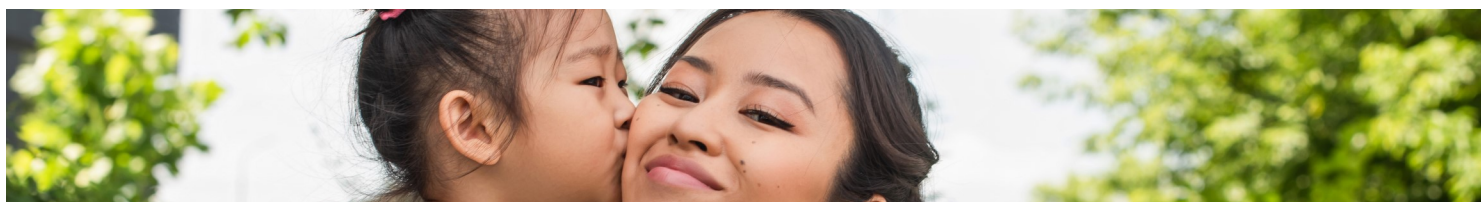
|                                                                                    | Option 4<br>Anthem Blue Cross<br>PPO 80% G/\$30<br>#40324J            | Option 5<br>Anthem Blue Cross<br>PPO 80% M/\$40<br>#40325W              |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|
|                                                                                    | In- Network                                                           | In- Network                                                             |
| Health Benefits                                                                    |                                                                       |                                                                         |
| Lifetime Maximum                                                                   | Unlimited                                                             | Unlimited                                                               |
| Deductible (Annual)<br>Out of Pocket Maximum                                       | \$500 Individual/\$1,000 Family<br>\$2,000 Individual /\$4,000 Family | \$3,000 Individual/\$6,000 Family<br>\$4,000 Individual /\$8,000 Family |
| Co-Insurance (Plan Pays)                                                           | 80% after Ded                                                         | 80% after Ded                                                           |
| Office Visit Copay                                                                 | \$30 Copay <sup>1</sup>                                               | \$40 Copay <sup>1</sup>                                                 |
| Hospitalization                                                                    | 80% after Ded                                                         | 80% after Ded                                                           |
| Lab and X-Ray                                                                      | 80% after Ded                                                         | 80% after Ded                                                           |
| Emergency Services                                                                 | \$100 Copay, 80% after Ded                                            | \$100 Copay, 80% after Ded                                              |
| Urgent Care                                                                        | \$30 Copay                                                            | \$40 Copay                                                              |
| Chiropractic (Limits Apply)                                                        | 80% after Ded                                                         | 80% after Ded                                                           |
| Pharmacy Benefits                                                                  |                                                                       |                                                                         |
| Pharmacy Deductible<br>Out of Pocket Maximum                                       | \$200 Individual/\$500 Family<br>\$2,500 Individual /\$3,500 Family   | \$200 Individual/\$500 Family<br>\$2,500 Individual /\$3,500 Family     |
| Retail Pharmacy<br>- Generic Formulary<br>- Brand Name Formulary<br>- Supply Limit | \$10 Copay<br>\$35 Copay<br>30 Days                                   | \$10 Copay<br>\$35 Copay<br>30 Days                                     |

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

## Medical Rates

The amounts in the chart below reflect the full medical premiums before any contributions from SLOCOE. Carefully review the full medical, dental and vision premiums provided in this Benefit Guide to help you select the right plan for you and your dependent(s).

|                         | Option 4: PPO 80% G/\$30 | Option 5: PPO 80% M/\$40 |
|-------------------------|--------------------------|--------------------------|
| <65 Retiree 12thly Rate |                          |                          |
| Single                  | \$1,116.00               | \$872.00                 |
| 2-Party                 | \$1,572.00               | \$1,237.00               |
| Family                  | \$1,998.00               | \$1,572.00               |



# Medical Benefits (Over 65)

|                                                                      | Option 1<br>Anthem Blue Cross<br>PPO Plan 100-A EGWP<br>#4R004A 104050 | Option 2<br>Anthem Blue Cross<br>PPO Plan 100-A<br>#40325Z |
|----------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------|
|                                                                      | PPO Network                                                            | PPO Network                                                |
| <b>Health Benefits</b>                                               |                                                                        |                                                            |
| Lifetime Maximum                                                     | Unlimited                                                              | Unlimited                                                  |
| Deductible (Annual)<br>Out-of-Pocket Maximum <sup>1</sup>            | None<br>\$1,000 Individual / \$3,000 Family                            | None<br>\$1,000 Individual / \$3,000 Family                |
| Co-Insurance (Plan Pays)                                             | 100%                                                                   | 100%                                                       |
| Office Visit Copay                                                   | \$0 Copay                                                              | \$0 Copay                                                  |
| Hospitalization <sup>2</sup>                                         | 0%                                                                     | 0%                                                         |
| Lab and X-Ray                                                        | 0%                                                                     | 0%                                                         |
| Emergency Services                                                   | \$100 Copay, 0%                                                        | \$100 Copay, 0%                                            |
| Urgent Care                                                          | \$0 Copay                                                              | \$0 Copay                                                  |
| Chiropractic (Limits Apply) <sup>2</sup>                             | Administered by ASH<br>0%                                              | Administered by ASH<br>0%                                  |
| <b>Pharmacy Benefits*</b>                                            | <b>EGWP Medicare Part D Rx Plan</b>                                    |                                                            |
| Pharmacy Deductible                                                  | None                                                                   | None                                                       |
| Pharmacy Copay<br>- Tier 1 Drugs<br>- Tier 2 Drugs<br>- Supply Limit | Retail<br>\$0 Copay<br>\$35 Copay<br>30 Days                           | Retail<br>\$9 Copay<br>\$35 Copay<br>30 Days               |

<sup>1</sup>When using the non-network tier, you are responsible for all amounts exceeding the fee schedule. Non-covered expenses do not apply to Out-of-Pocket maximum. Member copayments and coinsurance for Emergency Medical Care with a non-PPO provider also apply to the Out-of-Pocket maximums.

<sup>2</sup>Subject to utilization review or medical necessity.

## Medical Rates

The amounts in the chart below reflect the full medical premiums before any contributions from SLOCOE. Carefully review the full medical, dental and vision premiums provided in this Benefit Guide to help you select the right plan for you and your dependent(s).

|                                | Option 1: PPO Plan 100-A EGWP | Option 2: PPO Plan 100-A |
|--------------------------------|-------------------------------|--------------------------|
| <b>65+ Retiree 12thly Rate</b> |                               |                          |
| <b>Single</b>                  | \$579.00                      | \$699.00                 |
| <b>2-Party</b>                 | \$1,158.00                    | \$1,398.00               |
| <b>Family</b>                  | \$1,523.00                    | \$1,763.00               |

**\*IMPORTANT NOTE:** The 65+ PPO Retiree Prescription Plan for Option 1 is EGWP Medicare Part D Rx Plans. You will be auto-enrolled into Medicare Part D plan and will receive a separate ID card from your medical plan. Medicare Part D Income Related Monthly Premium Adjustment Amount (IRMAA) will apply. High income earners must pay a monthly amount to Medicare.

# Medical Benefits (Over 65)

## CompanionCare Medicare Supplement Plan

CompanionCare is for retirees over the age of 65 and is a supplemental insurance coverage to Medicare. Retiree must have Medicare parts A & B in order to participate. Medicare is billed as the primary insurance while CompanionCare is billed as the secondary insurance. It is to your advantage to use a participating Blue Cross provider who accepts assignment of Medicare benefits. If you use a provider who does not accept assignment of Medicare benefits, the provider of service or member must file the claim twice, once for the Medicare payment and then again for the plan payment. Vision benefits is covered through VSP (Vision Service Plan). Prescription program is through Navitus. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications.

| CompanionCare Medicare Supplement Plan—40003A                                          |                                                                             |                                                                                                                                                 |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                        | Medicare                                                                    | CompanionCare                                                                                                                                   |
| <b>Health Benefits</b>                                                                 |                                                                             |                                                                                                                                                 |
| Inpatient Hospital (Part A)                                                            | Pays all but first \$1,632 for 1st 60 days                                  | Pays \$1,632                                                                                                                                    |
|                                                                                        | Pays all but \$408 a day for the 61st—90th day                              | Pays \$408 a day                                                                                                                                |
|                                                                                        | Pays all but \$816 a day; Lifetime Reserve for 91st to 150th day            | Pays \$816 a day                                                                                                                                |
|                                                                                        | Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage) | Pays 100% after Medicare and Lifetime reserve are exhausted, up to 365 days per lifetime                                                        |
| Skilled Nursing Facilities (must be approved by Medicare)                              | Pays 100% for 1st 20 days                                                   | Pays nothing                                                                                                                                    |
|                                                                                        | Pays all but \$204 a day for 21st—100th day                                 | Pays \$204 a day for 21st to 100th day                                                                                                          |
|                                                                                        | Pays nothing after 100th day                                                | Pays nothing after 100th day                                                                                                                    |
| Deductible (Part B)                                                                    | \$240 Part B deductible per year                                            | Pays \$240                                                                                                                                      |
| Basis of Payment (Part B)                                                              | 80% Medicare Approved (MA) charges after Part B deductible                  | 20% MA charges including 100% of Medicare Part B deductible                                                                                     |
| Medical Services (Part B)<br>- Doctor, x-ray, appliances and ambulance<br>- Laboratory | 80% MA charges<br>100% MA charges                                           | 20% MA charges<br>Pays nothing                                                                                                                  |
| Physical/Speech Therapy (Part B)                                                       | 80% MA charges up to the Medicare annual benefit amount                     | 20% MA charges up to the Medicare annual benefit amount (PT & ST combined)                                                                      |
| Blood (Part B)                                                                         | 80% MA charges after 3 pints                                                | Pays 1st 3 pints un-replaced blood and 20% MA charges                                                                                           |
| Travel Coverage (when outside the US for less than 6 consecutive months)               | Not covered                                                                 | Pays 80% inpatient hospital, surgery, anesthetist and in hospital visits for medically necessary services for 90 days of treatment per lifetime |
| <b>Pharmacy Benefits</b>                                                               |                                                                             |                                                                                                                                                 |
| Navitus                                                                                |                                                                             |                                                                                                                                                 |
| <b>Outpatient Prescription Drugs</b>                                                   |                                                                             |                                                                                                                                                 |
| - Retail Pharmacy (30 day supply)                                                      | \$9 generic / \$35 brand-name                                               |                                                                                                                                                 |
| - Mail Order / Costco (90 day supply)                                                  | \$18 generic / \$90 brand-name                                              |                                                                                                                                                 |
| 65+ Retiree Pays 12thly                                                                | CompanionCare w/ MetLife Dental & VSP Vision                                |                                                                                                                                                 |
| Per Participant                                                                        | \$419.00                                                                    |                                                                                                                                                 |

# Medical Benefits

## 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. 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](http://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.

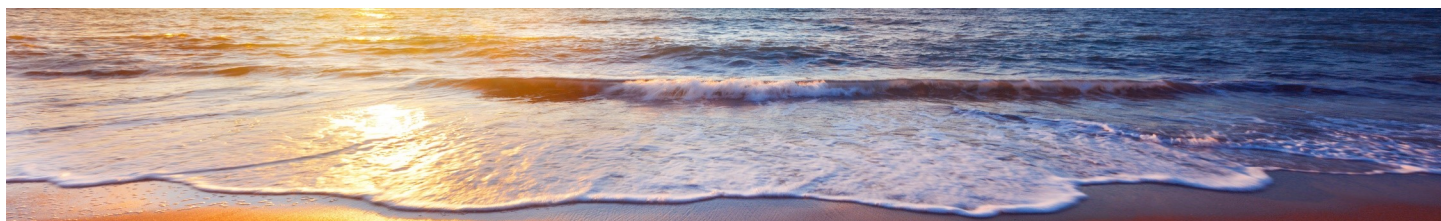


### Teladoc Medical Expert Opinions

SISC offers a valuable expert second opinion service through Teladoc. 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 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 Teladoc 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 SISC Medical Experts Opinion through Teladoc, members receiving a medical opinion have unlimited concierge access to a specialist. To take advantage of this benefit, go to [www.teladoc.com/sisc](http://www.teladoc.com/sisc) or call **(800) 835-2362**.



# Medical Benefits

## Additional Benefits Through SISC, continued



### 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.



### Active & Fit DIRECT Discounted Gym Memberships

- 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:
  - Log into [www.anthem.com/ca/sisc](http://www.anthem.com/ca/sisc)
  - Click “Discounts”
  - Visit “Special Offers”



### Silver&Fit

This program is now available with the Companion Care - Medicare Supplemental Plan at no cost to you. Register online to get more details on local fitness centers, home fitness programs and fun fitness challenges. Learn how to track your exercise and get rewarded for being active. Go to [www.SilverandFit.com](http://www.SilverandFit.com) to register and find more details on program offerings.



### Lark Diabetes Prevention Program

- Anthem 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 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

Go to [www.lark.com/anthemBC](http://www.lark.com/anthemBC) and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



### 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 [www.hingehealth.com/sisc](http://www.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 [www.vida.com/sisc](http://www.vida.com/sisc).



### City of Hope Oncology Center of Excellence

- 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 [www.contigohealth.com/sisc](http://www.contigohealth.com/sisc) or call (877) 220-3556.

# 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.



# Dental Benefits

## MetLife Dental PPO Plan

With the MetLife Dental PPO plan, 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 since 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 benefits through MetLife.

|                                                                                        | Dental PPO<br>MetLife PDP Plus |                          |
|----------------------------------------------------------------------------------------|--------------------------------|--------------------------|
|                                                                                        | Network <sup>1</sup>           | Non-Network <sup>2</sup> |
| <b>Dental Benefits</b>                                                                 |                                |                          |
| Annual Benefits Maximum Per Individual                                                 | \$5,000                        | \$5,000                  |
| Deductible (Annual)                                                                    |                                |                          |
| - Individual                                                                           | \$25                           | \$25                     |
| - Family                                                                               | \$75                           | \$75                     |
| Preventive ( <i>Plan Pays</i> )<br>Exams, X-Rays, Cleanings                            | 100%                           | 100% (UCR) <sup>2</sup>  |
| Basic Services ( <i>Plan Pays</i> )<br>Fillings, Oral Surgery,<br>Periodontics, Crowns | 100%                           | 100% (UCR) <sup>2</sup>  |
| Major Services ( <i>Plan Pays</i> )<br>Dentures, Bridges, Implants                     | 50%                            | 50% (UCR) <sup>2</sup>   |
| Orthodontia                                                                            | Not Covered                    |                          |

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.

|                    | MetLife Dental Rates |
|--------------------|----------------------|
| <b>12thly Rate</b> |                      |
| <b>Single</b>      | \$76.89              |
| <b>2-Party</b>     | \$149.49             |
| <b>Family</b>      | \$215.04             |



### For More Information On Your Dental Benefits

- Go to [www.mybenefits.metlife.com](http://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 will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

|                         | VSP<br>PPO Plan B \$15/\$25                     |                                                |
|-------------------------|-------------------------------------------------|------------------------------------------------|
|                         | Network                                         | Non-Network                                    |
| Vision Benefits         |                                                 |                                                |
| 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<br>In Lieu of Frames and Lenses | \$90 Allowance<br>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 Vision Rates                                |                                                |
| 12thly Rate             |                                                 |                                                |
| Single                  | \$7.80                                          |                                                |
| 2-Party                 | \$15.60                                         |                                                |
| Family                  | \$23.40                                         |                                                |

### 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](http://www.truhearing.com) or call (866) 754-1607.



#### Finding a Vision Provider

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



# Employee Assistance Program

## 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](http://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 and 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

### Other Benefits

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars
- Discount shopping program provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items



#### Accessing the EAP

To access EAP benefits, go to [www.anthemEAP.com](http://www.anthemEAP.com) or you may call **(800) 999-7222** to be immediately connected to an EAP counselor.





Learn more at [www.burnhambenefits.com](http://www.burnhambenefits.com)

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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.