



SLCUSD

Benefit Information Guide

October 1, 2024 - September 30, 2025



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Welcome to your BENEFITS!

Our district is a member of SISC (Self Insured Schools of California). SISC partners with schools throughout the state to provide access to provider networks and benefits at some of the lowest rates available. Take a look at the many valuable benefit programs for you and your family in this helpful guide.

- Page 2 [What You Need to Know](#)
- Know Who is Covered
 - Enrolling in Health Benefits
 - Paying For Your Coverage
 - Basic Health Care Definitions
 - Timing of Insurance and Premium Deductions
- Page 4 [Medical and Prescription Plan Options and Costs](#)
- All Plans Offer Identical Coverage
 - There is a Maximum Cost on All Plans
 - Free Preventive Care on All Plans
 - Additional Medical Benefits Provided Through SISC
 - Accessing Care Out-of-Network
 - Anchor Bronze Plan
 - All Other Health Care Plans
 - Part Time Employees
 - Opting Out of Insurance - WABE
- Page 8 [Dental, Vision, and Life Insurance](#)
- Dental
 - Vision
 - Life Insurance
 - Supplemental Life Insurance
- Page 9 [Additional Medical Services Provided by SISC](#)
- Page 10 [SISC Flex Plan - Flexible Spending Accounts \(FSA's\)](#)
- Page 11 [Disability Benefits for Classified Employees in CSEA and SEIU
Catastrophic Leave Program](#)
- Page 12 [Annual Enrollment - for 2024-25](#)
- Annual Enrollment and Changes After You Enroll
 - Be on Time - Annual Enrollment Ends June 30, 2023
- Page 13 [Retiree Medical, Dental, and Vision Benefits](#)
- Medical and Prescription Premiums
 - Dental Premiums
 - Vision Premiums
- Page 15 [Contacts](#)
- Insurance Carrier Contacts
 - District Contacts

What You Need to Know

Know Who is Covered

If you are a .5 FTE employee or above, you and your eligible dependents may enroll in health benefits. Other benefits listed in this guide may be available to you even if you do not enroll in health benefits. See those sections for details. **Employees working at least 90% of full-time are required to enroll in a health benefit plan.** You may also enroll your spouse/domestic partner and/or dependent children up to age 26 (or older if disabled and requiring care). You will be required to provide proof of eligibility for newly enrolled dependents.

Enrolling in Health Benefits

- New employees wishing to enroll in health benefits must submit enrollment forms within 10 days of hire.
- Employees not currently covered by a health benefit plan who wish to enroll must either submit enrollment paperwork during the Open Enrollment period or within 30 days of a [qualifying event](#).

Paying for Your Coverage

SLCUSD and you share in the cost of the benefits you elect. Any voluntary benefits such as Supplemental Life Insurance that you elect will be paid by you at the discounted group rates. You are automatically enrolled in the Premium Only Plan (POP), when you first enroll for health benefits. This means 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](#) or during open enrollment. If you prefer the post-tax option, you must request the POP form to make this selection.

Basic Health Care Definitions

View this quick [video](#) to help you understand medical plan terms such as coinsurance, copays, deductibles, and out-of-pocket maximums.

Deductible - the amount you pay before insurance begins to pay for services. Deductibles and out of pocket maximums are calculated on a calendar year (January – December). Your deductible runs between January 1 and December 31 every year. Any amount that you pay toward your deductible in the fourth quarter of a calendar year (between October 1 and December 31) is credited for the current year and the next year. This may help you save money when you need services near the end of the year.

Copay - the fixed dollar amounts you pay for covered health care when you receive the service (i.e. office visit)

Coinsurance - your share of the costs of a covered service after you meet the deductible, calculated as a percent of the allowed amount. Ex: If on the 80% plan, and you had a hospital stay that cost \$1300 with a \$300 deductible, you would pay the deductible and then the remaining \$1000 coinsurance would be shared - \$800 paid by insurance, and \$200 paid by you.

Out of Pocket Maximum - the maximum amount you will pay on each plan for in-network services - includes deductibles, copays and coinsurance. Insurance pays 100% after you reach your out of pocket maximum.

Dependents - Dependents can be included in packages 1-8 without any additional cost to your premium. Dependents can be a spouse, a domestic partner, a child from birth to age 26, or a disabled dependent who can continue on your coverage past age 26 (if unmarried and a dependent for Federal Income Tax purposes. In order to add or drop dependents, the membership change form with supporting documents must be submitted to HR.

Timing of Insurance and Premium Deductions

New plans and rates begin October 1 of each year for all participants in our health care plan. Premiums will be deducted from your pay warrant each month. Premium deductions and end dates for coverage vary as follows:

- **School year employees:** School year classified employees receive 10 pay warrants. School year certificated employees receive 11 pay warrants. Your monthly premium deduction is the annual premium amount divided by the number of pay warrants you receive in the year. Employees who complete the school year will have coverage through September 30th. If you leave before the end of the school year, your coverage ends on the last day of the month that your employment ends. Note: Employees who enroll in health benefits for the first time at the beginning of the school year will see a double deduction on their first pay warrant to cover September. Adjusted annual premiums for employees who start after the beginning of the school year will be divided equally by the number of remaining months in the coverage year. Employees moving from a 10 or 11 month calendar to a 12 month calendar (or vice versa) are also subject to adjusted calculations.
- **Twelve (12) month employees:** Year round employees receive 12 pay warrants. Coverage ends the last day of the month in which employment ends.
- **Retirees:** Coverage ends the last day of the month in which employment ends. If you wish to continue health care coverage as a retiree, new plans and rates will begin the first day of the month following retirement with no gap in coverage. Retiree plans and rates are different from current employee packages, so please refer to the [retiree section](#) of this guide.

Medical and Prescription Plan Options and Costs

All Plans Offer Identical Coverage

You have six plan options to choose from during open enrollment. All six of these plans are Anthem Blue Cross PPO (Preferred Provider Organization) plans and, therefore, the medical coverage and provider networks (doctors, laboratories, hospitals, etc.) on all of the plans offered are **IDENTICAL**. If a procedure is covered under the 100% plan, it will be covered under the Anchor Bronze plan. The difference between these plans is only about costs. Either you pay a *higher premium* that is taken out of your monthly pay warrant, and *pay less out of pocket* when you receive services (higher monthly premiums and lower deductibles) OR you pay a *lower premium* that is taken out of your monthly pay warrant, and *pay more out of pocket* for health services as you need them (lower monthly premiums and higher deductibles).

There is a Maximum Cost on All Plans

All plans have a maximum out of pocket cost. This means that no matter which plan you choose, as long as you stay in-network (see Accessing Care Out-of-Network below) the maximum out of pocket cost is the most you will have to pay, even if you and several family members have catastrophic medical bills.

Free Preventive Care on All Plans

Any health care service that is considered preventive care such as well baby visits, annual exams and screenings (such as mammograms and colonoscopies) are free of cost. Note: these services must be considered preventive care in order to qualify. If you are having a procedure done before the standard that is set for that preventive care (such as a colonoscopy prior to age 50), it may not be considered preventive, so you will want to confirm this with your healthcare provider.

Accessing Care Out-of-Network

A network provider is a hospital, doctor, medical group, dentist or other health care provider contracted to provide services to members at a contracted or discounted rate. Health care providers who are not contracted are considered to be Out-of-Network providers. Out-of-Network providers access is allowed for the Anthem plans. However, the cost you pay for benefits is higher and you are subject to balance billing. Out-of-Network providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company will pay the provider based on a fee schedule, the member is responsible for paying the difference.

Anchor Bronze Plan and the HSA \$1,700 Plan

The Anchor Bronze plan and the HSA \$1,700 plan are compliant with the Affordable Care Act. They are Anthem Blue Cross PPO plans, but with these plans, you pay 100% of your health care expenses (including prescriptions) up to the annual deductible, then the plans will pay the percent of designated costs for covered services (co-insurance) until the annual out-of-pocket maximum is reached. If the out-of-pocket maximum is reached, the plan pays 100%.

Here is a summary:

- Lowest Premiums
- Highest Deductible
- Anchor Bronze Plan does **not** include dental or vision
- Anchor Bronze Plan does **not** cover spouses, but you have the option of coverage for children at an additional cost
- HSA \$1,700 **does** include dental and vision
- Prescriptions are included in the deductible
- These plans are Health Savings Account (HSA) compatible, which means that you can put away pre-tax dollars. *The limits you can contribute in 2024 to an HSA account is \$4,150 for self-only coverage and \$8,300 for family coverage.* SLCUSD does not offer HSA's, so you will need to set this up with your bank or other service provider. Check out this [video](#) for more information.

All Other Health Care Plans

The rates for all health care plans offered, except the Anchor Bronze plan, are **composite rates**. Composite rates mean that regardless of how many family members you cover on your insurance (e.g. single, two-parties, and families), the cost is the same.

Benefits At a Glance

80 M	80 G	90 C	100 A
<ul style="list-style-type: none"> ➤ Mid-Range Premiums ➤ High Deductible 	<ul style="list-style-type: none"> ➤ Mid-Range Premiums ➤ Mid-Range Deductible 	<ul style="list-style-type: none"> ➤ Mid to High-Range Premiums ➤ Low to Mid-Range Deductible 	<ul style="list-style-type: none"> ➤ Highest Premiums ➤ No deductible

80M, 80G, and 90C	100A
<p>You pay copays for office visits and prescriptions, plus 100% of your health care expenses until you reach the annual deductible amount. Once you reach the annual deductible, the plan covers 80% or 90% of the cost (depending on the plan you choose) until you reach the annual out-of-pocket maximum. Once you reach the out-of-pocket maximum, the plan pays 100%.</p>	<p>You pay copays for office visits and prescriptions up to the out-of-pocket maximum. Once you reach the out of pocket maximum, the plan pays 100% for the rest of the year.</p>

Plan Details:

What You Pay	Anchor Bronze HSA	HSA 1700	80M	80G	90C	100A
Deductible	\$5000 single \$10,000 w/ children	\$1,700* single \$3,400 family	\$3000 single \$6000 family	\$500 single \$1000 family	\$200 single \$500 family	\$0 single \$0 family
Coinsurance	30% after deductible	10% after deductible	20% after deductible	20% after deductible	10% after deductible	\$0
Routine Care	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit	Subject to deductible	Subject to deductible	\$40	\$30	\$20	\$20
Hospital (see comparison chart for all services)	30% after deductible	10% after deductible	20% after deductible	20% after deductible	10% after deductible	\$0
	\$100 copay for Emergency Room Visit and then appropriate coinsurance after deductible is met. Copay waived if admitted.					
Prescriptions	Subject to medical deductible, then \$0/Costco generics \$9/generics \$35/brand	Subject to medical deductible, then \$0/Costco generics \$9/generics \$35/brand	\$200 single \$500 family deductible, then \$5/Costco generics \$15/generics \$35/brand	No deductible \$0/Costco generics \$9/generics \$35/brand		

Max Out of Pocket*	\$6350 single \$12,700 w/children	\$3,400 single \$6,800 family	\$4000 single \$8000 family	\$2000 single \$4000 family	\$1000 single \$3000 family	\$1000 single \$3000 family
Rate Sheets For CL staff			Packages include medical, dental and vision plans			
Rate Sheets For CE staff			Packages include medical, dental and vision plans			

* See Summary of Benefits for the HSA 1700 for additional information on [single](#) vs [family](#) deductibles. The out of pocket maximum on all plans includes items listed in the chart above except prescription costs. Note: This does not apply to the HSA Plans.

Part Time Employees

Health benefits are offered to employees who work 50% or 20 hours or more per week. Employees who work 90% or more of full time are required to take health benefits. Premiums are based on the number of hours worked per week on the part time rate sheets for Classified and Certificated staff.

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

Full Time Employees (defined as 90% or more of full time) are required to enroll in a health insurance plan. However, employees wishing to opt out of health benefits may do so by signing up for WABE (Waiver of Anchor Bronze Enrollment). Under WABE, you will not qualify for dental, vision or life insurance, but will have access to the additional medical benefits provided by SISC.

To qualify for WABE, you must have proof that you are covered under another health benefit plan. Employees who select this option are not enrolled in a medical/prescription plan. This option is used only to satisfy the participation requirement of a full time employee. The cost of this option is the same as the single rate for the Anchor Bronze plan.

Dental, Vision, and Life Insurance

Dental

New this year - Metlife Dental will be replacing Delta Dental effective October 1, 2024!

All benefit packages except the Anchor Bronze plan include dental benefits within the package. This means that your dental coverage is included in your premiums. There are two Metlife plans to choose from: **Metlife PDP Plus without Ortho** and **Metlife PDP Plus with Ortho**. Below is a summary of benefits.

Summary of Benefits	Metlife PDP Plus \$1,500 <u>no</u> Ortho	Metlife PDP Plus \$3,000 with Ortho
For details on covered services, including out of network benefits, please click on this link	100% with In Network Dentist for basic & restorative services and 50% for major restorative services.	100% with In Network Dentist for basic & restorative services and 50% for major restorative services and Orthodontia. Lifetime allowance up to \$3,000 per individual for Orthodontia.
Annual Maximum Benefit	\$1,500 per individual	\$3,000 per individual
Annual Premium	Included in medical packages on the previous page Rate Sheet links.	

Vision

All medical packages, except the Anchor Bronze plan, include vision benefits within the package. This means that your vision coverage is part of your medical premiums. Below is a summary of benefits.

Summary of Benefits	Vision Services Provider (VSP)
Annual Maximum Benefit For details on coverage and	Wellness Exam: once every calendar year Lenses: once every calendar year

costs, please refer to the VSP Benefit Details	Frames: once every other calendar year
Annual Premium	Included in medical packages on the previous page Rate Sheet links.

Life Insurance

All classified and management medical packages, except the Anchor Bronze plan, include life insurance benefits within the package. The District pays the basic life insurance premium. You can check your life insurance benefit amount on your benefits tab in the [Helios](#) informational system.

Supplemental Life Insurance

Employees are eligible to enroll in [Supplemental Life Insurance](#) at the time of hire. Supplemental Life Insurance premiums are paid by the employee. If you decide to enroll in Supplemental Life after your first 31 days of employment, you will need to enroll online as well as complete the enrollment form. Please contact [Traci Moreno](#) in Human Resources to start this process.

Additional Benefits Provided Through SISC

Below are some of the [Value Added programs](#) included with our benefits at no additional cost. New this year is Eden Health, SmileWay and Sydney Health mobile app!

- [Eden Health](#) - Get connected to an entire health Care Team 24/7 with a phone app.
- [SmileWay](#) - Dental Support for chronic conditions.
- [Sydney Health mobile app](#) - Access personalized health and wellness information wherever you are.
- [Blue Shield mobile app & website](#) - manage your health care anytime, anywhere.
- Employee Assistance Program (EAP) - Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal or stress issues.
- [Teladoc](#)- World-renowned medical advice for you and your family.
- [MD Live](#) - Consult with doctors and pediatricians over the phone or using online video for medical conditions such as cold, fever, sore throat, flu, infection and children’s health issues. Physicians can prescribe medication when appropriate. Online behavioral health visits are also available.
- [Costco](#) - Generic prescriptions filled at Costco are free on the 80G, 90C and 100A plans. You do not need to be a Costco member to use the pharmacy. Click to learn about [Costco mail order](#).
- [Enhanced Cancer Benefit](#) - Consult with experts who can help you navigate the complex world of cancer treatment.

- [Carrum Health](#) - No cost hip, knee and spine surgical options.
- [Vida Health](#) - One on one coaching to help you prevent, treat or reverse conditions such as pre diabetes, diabetes, hypertension, obesity, depression, anxiety and more.
- [Hinge Health](#) - Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.
- [Maven Maternity](#)- SISC is partnering with Maven to provide around-the-clock support to new and expecting parents.

SISC Flex Plan - Flexible Spending Accounts (FSAs)

A [Flexible Spending Account](#) (FSA) can help you save money. FSA's are a great way to help pay for eligible health care and dependent or elder care expenses with tax-free dollars. There are two types of FSA accounts: [Health Care FSA](#) (allows you to pay for out-of-pocket medical, dental, and vision expenses with tax-free dollars) and [Dependent Care FSA](#) (can be used to pay for your qualified day care expenses with pre-tax dollars which can save you up to \$1700 per year). Navia is the company SISC uses as our provider for FSAs. Below is a description of these FSA's. See the [SISC Flex Enrollment Guide](#) for details about FSA accounts. For a better understanding of how Flexible Spending Accounts work, watch this quick [video](#).

Health Care FSA	Dependent Care FSA
Eligible medical, dental and vision expenses for you, your spouse and any dependents under age 26 you claim on your federal tax return, even if they are not covered by an SLCUSD medical plan.	Eligible dependent care expenses for children under 13 (claimed on your federal tax return or for whom you are the custodial parent), and a spouse or parent who is physically or mentally incapable of self-care.

Decide how much to contribute upon hire (amount will be prorated by the months remaining in the calendar year) or during Annual Enrollment (November of each year). These amounts will be deducted each month from your pay warrant.

Health Care FSA	Dependent Care FSA
\$100 - \$2,850 in 2023* \$100 - \$3,200 in 2024*	\$100 - 5,000*
* IRS maximum allowed	

Pay for expenses during the year using a [debit card](#) provided by Navia or submit a [reimbursement request](#).

Know Your FSA Deadlines

You must use your FSA money for eligible expenses incurred from January 1, 2024 to December 31, 2024 or you lose it. Any money left in your FSA after that time is forfeited (i.e. it does not roll over from year to year). However, there is a grace period to submit claims or spend any unused money from the previous year at the FSA store ([FSAstore.com](https://www.FSAstore.com)). All monies must be used by March 15, 2025 for the 2024 year.

Disability Insurance for Classified Employees in CSEA & SEIU

Classified employees who work ten (10) hours or more per week are automatically enrolled in [American Fidelity Disability Insurance](#).

Short Term Disability provides paid benefits for up to a year when you are unable to work due to illness or injury. Benefit amounts payable beginning the 8th consecutive regular dates of absence during disability.

Long Term Disability is a partial wage replacement insurance if you become totally or partially disabled and are unable to work. Benefits will not begin until you have been unable to work due to illness or injury for 365 days and are approved by American Fidelity.

Catastrophic Leave Program

The [Catastrophic Leave Program](#) is voluntary and requires a monetary donation with a maximum of \$75.00 per employee to be enrolled within the program. Employees can also opt to not enroll but make a one time donation to the fund for their fellow employees. Catastrophic leave is a way to support those who are in very serious health situations, or who have children or spouses who are in dire medical situations, and have exhausted all applicable leaves. Catastrophic leave is NOT intended to provide pay because an employee has exhausted available leaves. When sick, personal necessity and vacation leaves are depleted, an employee may go on extended sick leave (for their own illness) which provides for partial pay as outlined in the Education Code and our collective bargaining agreements. Open enrollment for the Catastrophic Leave Program takes place in May and is offered to all regular employees who have been employed since September 1 of the prior year.

Employees wishing to contribute will be required to donate the following every year:

- \$25 for classified employees who work less than 4 hours/day.
- \$45 for classified employees working 4-7 hours/day.
- \$75 for all classified employees working more than 7 hours/day and all certificated and management employees.
- All employees enrolling in the program will have an equal deduction taken out of 10 paychecks during the school year (September -June).
- Enrollment in the Catastrophic Leave program does not guarantee approval of requests for benefits. Each application is reviewed by the Catastrophic Leave Committee on its merits and must meet the criteria set forth in the agreement.

- Only employees enrolled in the Catastrophic Leave Program are eligible to apply for Catastrophic Leave benefits.
- **Please refer to the [Catastrophic Leave Agreement](#) for all changes and updates.**

Open Enrollment - Here's What's New for 2024-2025

SISC is constantly trying to improve on the service offered to member districts and their employees. The following are reminders for the upcoming benefit year beginning October 1, 2024:

- Limits apply for the 5 outpatient procedures when performed at a hospital:
 - Arthroscopy \$4,500
 - Cataract surgery \$2,000
 - Colonoscopy \$1,500
 - Upper GI Endoscopy with Biopsy \$1,250
 - Upper GI Endoscopy without Biopsy \$1,000
- VSP-wholesale frame allowance increased to \$150 to match the retail frame allowance. Members can access their full frame allowance at Costco, Sam's Club and Walmart.
- \$0 copay for the first three visits to a primary care provider each calendar year
- Quest Diagnostics is the new partner for the Health Screening Program

Open Enrollment and Changes After You Enroll

Open enrollment occurs annually in the spring of each year. The benefits you choose during Open Enrollment will go into effect from October 1 through September 30 of the following year.

Your Delta Dental plan will automatically be changed to the equivalent plan through Metlife. The change will be effective 10/1/24 and will look like the following:

*Delta Dental Incentive will transfer to Metlife PDP Plus (no Ortho) \$1,500 cap

*Delta Dental PPO will transfer to Metlife PDP Plus (with Ortho) \$3,000 cap

If you wish to accept this automatic change - no open enrollment change for dental is necessary. If you do want to change from a plan with Ortho to a plan without Ortho or vice versa, and it is not the plan you would automatically be changed to, then participate in open enrollment.

Open enrollment options	Action required
No Change to plans or dependents	No action needed

Change your medical plan	Make your selection on Helios
Change your dental plan	Make your selection in Helios
Add or drop dependents	Complete a membership change form with supporting documents if necessary
Drop coverage if you work less than 90% of full time	Complete a declination form with the effective date of Oct. 1, 2024
Enroll in coverage if you work more than 50% of full time	Complete enrollment form packet. Please contact Traci Moreno for enrollment forms.

Important Note: You can only change your benefits outside of the open enrollment period with a qualifying event as defined by the IRS. **You have 31 days after a qualifying event to make benefit changes.** Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- A qualified medical support order
- Death of a spouse or child
- Change in residence or workplace
- Loss of coverage
- Eligibility for Medicaid
- Change of employment status

Be On Time - Open Enrollment Ends June 17, 2024!

Open enrollment for active employees ends June 17, 2024 so don't miss the window! You will receive an email in May inviting you to review your current coverage and decide if you want to make changes.

Retiree: Medical, Dental and Vision Benefits

San Luis Coastal (SLCUSD) provides retirees under age 65, and their eligible dependents, the same medical and vision benefit options as active employees. Retirees who have worked full time in the district for ten (10) full years or more qualify for district subsidized health care premiums. Retirees who have worked part time for ten (10) full years or more qualify for prorated district contributions until the age of 65. Retirees who have worked less than 10 full years may continue enrollment at their own expense.

Medical and vision benefit options for retirees are the same as for SLCUSD active employees. As a retiree, you can continue medical and vision with tiered rates (i.e. single, two-party, and family) or you can choose to opt out of either or both of these benefits.

Please note - if you opt out of any benefit, you may not re-enroll in the future. Dental is offered directly through Metlife.

The current district contribution for a full-time **classified** employee is \$6,000. The balance of the cost of the plan (beyond \$6,000) is then split between the district and the retiree 50/50. The current district contribution for a full-time **certificated** employee is \$5,000. The balance of the cost of the plan (beyond \$5,000) is then split between the district and the retiree 50/50. The district contribution for employees working less than full-time is calculated based on the employee’s average FTE over the ten years of service. This benefit will continue until you reach the age of 65.

For information on plan details, see the [plan detail section](#) earlier in this informational guide. The premium amounts are listed below. Premiums will be made by automatic withdrawal from the employee’s bank account on the 5th of each month to pay for that month’s coverage. Example, a withdrawal on October 5 will be payment for October.

IMPORTANT!

If you or your spouse will be 65 when you retire, you must contact Medicare! Medicare cards with parts A and B must be submitted to HR to avoid large penalties!

When retirees turn 65, there is no more District contribution. At this time, you can remain on insurance through SISC direct billing. SISC offers a Medicare supplemental plan called Companion Care. A letter will be sent to you prior to your turning age 65 with current cost information and instructions.

For more information about Medicare options, we recommend talking with HICAP (Health Insurance Counseling and Advocacy Program) at 800-434-0222.

Medical and Prescription Premiums for Retirees*

Classified Staff

What You Pay	80M	80G	90C	100A	HSA 1500
<u>ANNUAL PREMIUM</u>	\$2,232 Single \$4,422 2 Party \$6,432 Family	\$3,810 Single \$6,630 2 Party \$9,240 Family	\$4,866 Single \$8,076 2 Party \$11,076 Family	\$5,532 Single \$8,988 2 Party \$12,234 Family	\$2,922 single \$5,406 2 Party \$7,686 Family

Certificated Staff

What You Pay	80M	80G	90C	100A	HSA 1500
ANNUAL PREMIUM	\$2,732 Single \$4,922 2 Party \$6,932 Family	\$4,310 Single \$7,130 2 Party \$9,740 Family	\$5,366 Single \$8,576 2 Party \$11,567 Family	\$6,032 Single \$9,488 2 Party \$12,734 Family	\$3,422 Single \$5,906 2 Party \$8,186 Family

Dental Premiums for Metlife

New this year - You will sign up directly with Metlife for dental coverage but will continue medical and vision services under SISC. Metlife does not offer Orthodontic coverage for retirees. The only difference in the plans is the annual cap.

What You Pay	Metlife \$1,500 cap	Metlife \$3,000 cap
ANNUAL PREMIUM	\$827.28 Single \$1,612.08 2 Party \$2,347.32 Family	\$894.84 Single \$1,739.76 2 Party \$2,503.68 Family

Vision Premiums

What You Pay	
ANNUAL PREMIUM	\$126.00 Single \$252.00 2 Party \$378.00 Family

*Premiums listed above are for employees who have worked at least 10 full years of service for SLCUSD. For information on part-time rates or for full cost premiums with less than 10 years service, contact Traci Moreno at tmoreno@slcusd.org

Contacts

Insurance Carrier Contacts

SISC / Anthem Blue Cross

- Member Services 800-825-5541
- Anthem Website www.anthem.com/ca/sisc
- Navitus Pharmacy 866-333-2757
- Mail Order Pharmacy 800-607-6861
- Coverage While Traveling 800-810-2583

Dental - Metlife

- Member Services 800-GET-MET8
- Carrier Website www.metlife.com

Vision - VSP

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

Life and AD&D / CA State Disability

- Lincoln Life 800-423-2765
- The Standard Insurance CO. 800-522-0406

SISC Flex Plan- Flexible Spending Account (FSA)

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

Additional Benefits Provided by SISC

- Employee Assistance Program 800-999-7222
- MDLive Member Services 888-632-2738
- MDLive Website www.mdlive.com/sisc
- Expert Medical Opinions 800-838-2362
- Advance Medical Website advance-medical.net/sisc

District Contacts

For questions regarding health insurance, please [see our website](#).

Traci Moreno 805.549.1239 tmoreno@slcusd.org	Current Employee Health Insurance Open enrollment for employees Catastrophic Leave
Lynsey Bond 805.549.1262 lbond@slcusd.org	Retiree Health Insurance Open Enrollment for Retirees