



SAN LUIS COASTAL
UNIFIED SCHOOL DISTRICT

2025

**Open
Enrollment
Presentation**



Benefit Period

October 1, 2025 – September 30, 2026

Important Dates

Open Enrollment

May 2025						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2025						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Plan Year: October 1, 2025 through September 30, 2026

2025-2026 Important Changes

What is NOT Changing?

- Medical, Dental, and Vision carriers
- Life and Disability carriers
- Plan designs and plan options

What's New? What is Changing?

- New employee costs – please refer to the **Classified and Certificated 2025-2026 Employee Benefit Guide**
- **New SISC Value-Added Benefits**
 - **Midi Health** – virtual menopause clinic benefit
 - **Lantern Cancer Care** – enhanced cancer benefit
 - Virtual primary care is now through **Centivo Care** (formerly Eden Health)
 - **MDLive** will have a \$0 copay (was \$10) effective 10/1/2025
- **Quest Health Screenings:** PPO Members over age 45 are eligible for a free at-home colorectal cancer screening kit
- **Classified, Confidential and Management staff can now add voluntary life insurance** without answering additional medical questions or completing a medical exam
 - If interested in enrolling, please submit an enrollment form to Traci Moreno at tmoreno@slcusd.org no later than **June 15, 2025**

Eligibility

Who May Enroll

- Regular, full-time employees working at least 50% are eligible to enroll in medical benefits.
- Regular, full-time employees working 90% must enroll in medical benefits.

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order

**Notify HR within
30 days of a
qualifying event**



Documentation Required

To enroll your spouse, domestic-partner or dependents, you will need to provide completed enrollment forms and the following supporting documents, as applicable, within thirty (30) calendar days of your date of hire:

- 1040 Tax Form (most recent year), showing joint filing with spouse. Otherwise, an Affidavit of Marriage is required
- Marriage Certificate (only for new marriages within one year)
- Birth Certificate (for children)
- Declaration of Domestic Partnership issued by the State of California



WABE – Waiver of Benefits



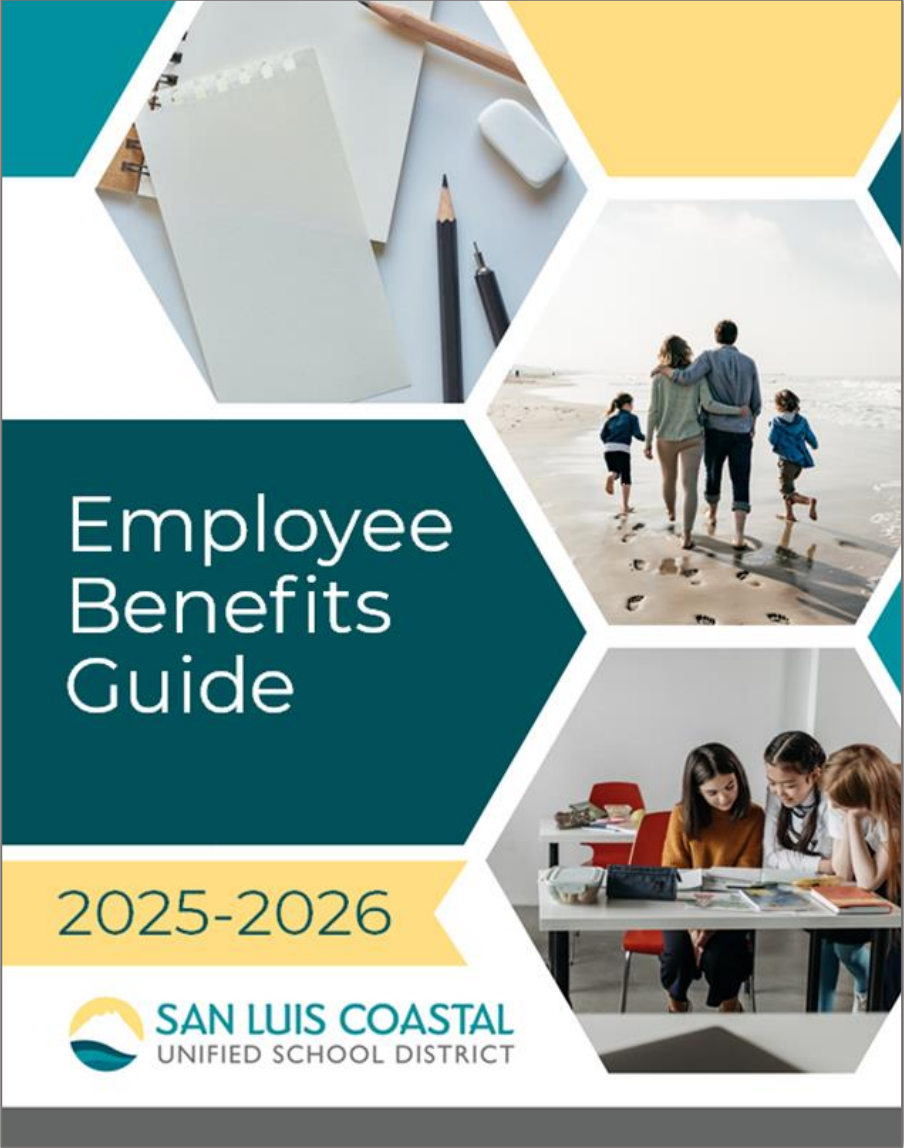
- SISC requires **100% participation** of full-time employees (FTE 90% and above) in SISC sponsored **medical plans or WABE**.
- To qualify for WABE, you must have proof that you are covered under another health benefit plan. Employees who select this option are not enrolled in a medical/prescription plan. This option is used only to satisfy the participation requirement of a full-time employee. **The cost of WABE option is the same as the single rate for the Anchor Bronze plan.**
- **Employees who do not elect a medical plan before their new hire election window expires will automatically be enrolled in WABE.**
- **WABE includes** the following **value-added** benefits at no charge:
 - **MDLIVE:** 24/7 physician line
 - **EAP:** Employee Assistance Program
 - **Teladoc Medical Experts:** Expert Second Opinion
 - **Health Smarts:** Biometric Screenings & Flu Shots
 - **Vida Health:** Personal Health Coaching

Online Benefits Enrollment

- If you are currently enrolled in health insurance, **you will receive an email via Helios on May 14th with a link to make any changes to your current coverage.**
- Current Health Benefit Plan information is located on the Benefits tab that is found on the left menu bar of your Helios employee portal.
- If you qualify to enroll (work 50% or more) but do not currently have coverage and **WANT** to enroll, please contact Traci Moreno at tmoreno@slcusd.org and ask for enrollment forms.
- This is also a chance to add or delete dependents on your current plan.



Benefit Information Guide



Benefits



Employee Contributions



Resources and Contacts

Understanding Insurance Terms



Premium

Premium is the amount of money charged by your insurance company for the plan you have chosen. You must pay your premium to keep your coverage active, regardless of whether you use it or not.



Co-payment

Co-payment is a fixed dollar amount you pay for specific services covered by your health plan.



Deductible

Deductible is the fixed dollar amount you must pay from personal funds for covered medical services BEFORE insurance coverage begins making payments. Deductibles typically calculate January 1 to December 31.



Coinsurance

Coinsurance is your share of the costs of a covered healthcare service calculated as a percentage (for example 30%) that you must pay after the deductible amount has been met.



Out-of-pocket

Out-of-pocket expenses are the cost of medical care that are not covered by insurance and that you need to pay for on your own. Your out-of-pocket expenses include deductibles, coinsurance, copays, and any services that are not covered by your health insurance plan.

Quick Video: Learn more about how the medical plans work:
<https://info.baldwin.com/terms/>

Medical Plans



	Anthem Blue Cross Anchor Bronze	Anthem Blue Cross HSA 1700	Anthem Blue Cross 80-M PPO	Anthem Blue Cross 80-G PPO	Anthem Blue Cross 90-C PPO	Anthem Blue Cross 100-A PPO
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	Individual: \$5,000 Family: \$10,000	Individual: \$1,700 Family: \$3,400	Individual: \$3,000 Family: \$6,000	Individual: \$500 Family: \$1,000	Individual: \$200 Family: \$500	Individual: \$0 Family: \$0
Coinsurance (You Pay)	30%	10%	20%	20%	10%	0%
Out-of-Pocket Maximum	Individual: \$6,350 Family: \$12,700	Individual: \$3,400 Family: \$6,800	Individual: \$4,000 Family: \$8,000	Individual: \$2,000 Family: \$4,000	Individual: \$1,000 Family: \$3,000	Individual: \$1,000 Family: \$3,000
Health Services	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Office Visit Copays						
– Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
– Primary Care	Deductible, 30%	Deductible, 10%	\$40 copay	\$30 copay	\$20 copay	\$20 copay
– Specialist	Deductible, 30%	Deductible, 10%	\$40 copay	\$30 copay	\$20 copay	\$20 copay
Hospitalization						
– Inpatient Hospital	Deductible, 30%	Deductible, 10%	Deductible, 20%	Deductible, 20%	Deductible, 10%	No charge
– Outpatient Surgery	Deductible, 30%	Deductible, 10%	Deductible, 20%	Deductible, 20%	Deductible, 10%	No charge
Lab and X-Ray						
– Diagnostic	Deductible, 30%	Deductible, 10%	Deductible, 20%	Deductible, 20%	Deductible, 10%	No charge
– Complex (MRI/PET)	Deductible, 30%	Deductible, 10%	Deductible, 20%	Deductible, 20%	Deductible, 10%	No charge
Emergency Services	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Emergency Facility (Copay waived if admitted)	\$100 copay + Deductible, 30%	\$100 copay + Deductible, 10%	\$100 copay + Deductible, 20%	\$100 copay + Deductible, 20%	\$100 copay + Deductible, 10%	\$100 copay
Urgent Care	Deductible, 30%	Deductible, 10%	\$40 copay	\$30 copay	\$20 copay	\$20 copay

*First 3 primary care visits are covered with \$0 Copay

Prescription Drugs



	Anthem Blue Cross Anchor Bronze	Anthem Blue Cross HSA 1700	Anthem Blue Cross 80-M PPO	Anthem Blue Cross 80-G PPO	Anthem Blue Cross 90-C PPO	Anthem Blue Cross 100-A PPO
Prescription Drug	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Rx Deductible (EE / Fam)	Subject to medical ded	Subject to medical ded	\$200 / \$500 (Brand)	Subject to medical ded	Subject to medical ded	Subject to medical ded
Rx Out of Pocket Maximum	N/A	N/A	\$2,500 / \$3,500	\$2,500 / \$3,500	\$2,500 / \$3,500	\$2,500 / \$3,500
Retail Rx	30-Day Supply	30-Day Supply	30-Day Supply	30-Day Supply	30-Day Supply	30-Day Supply
– Generic	\$9 copay	\$9 copay	\$10 copay	\$9 copay	\$9 copay	\$9 copay
– Brand	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay
– Non-Preferred Brand	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Retail Rx	90-day Supply	90-day Supply	90-day Supply	90-day Supply	90-day Supply	90-day Supply
– Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
– Brand	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
– Non-Preferred Brand	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay

MetLife Dental Benefits



MetLife Dental Plans

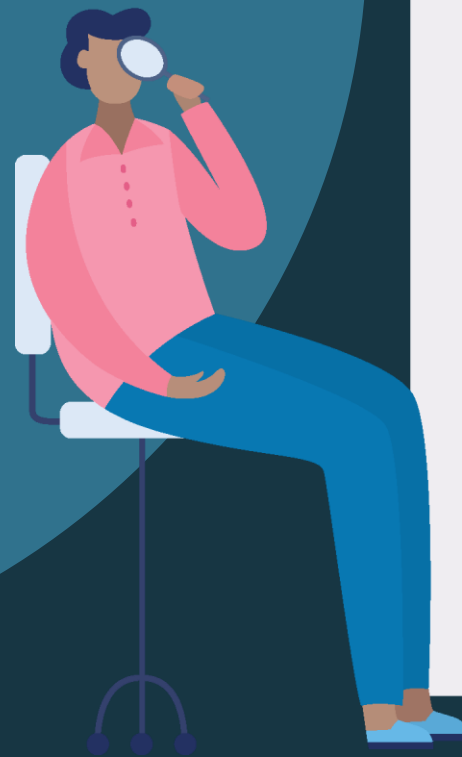


	MetLife PDP Plus \$3,000		MetLife PDP Plus \$1,500	
	In-Network ¹	Out-of-Network	In-Network ¹	Out-of-Network
Maximum benefit	\$3,000	\$3,000	\$1,500	\$1,500
Deductible				
- Individual	\$25	\$25	\$25	\$25
- Family	\$75	\$75	\$75	\$75
- Deductible waived for preventive	Yes	Yes	Yes	Yes
Preventive services	100%	100% (UCR) ²	100%	100% (UCR) ²
Basic services	100%	100% (UCR) ²	100%	100% (UCR) ²
Major services	50%	50% (UCR) ²	50%	50% (UCR) ²
Services per category				
- Exams / cleanings / X-rays	Preventive	Preventive	Preventive	Preventive
- Extractions & fillings	Basic	Basic	Basic	Basic
- Endodontics	Basic	Basic	Basic	Basic
- Periodontics	Basic	Basic	Basic	Basic
- Oral surgery	Basic	Basic	Basic	Basic
- Crowns / inlays / onlays	Basic	Basic	Basic	Basic
- Bridges / dentures / implants	Major	Major	Major	Major
Orthodontia				
- Covered Members	Adult & Children	Adult & Children		
- Coinsurance	50%	50% (UCR) ²	Not Covered	Not Covered
- Lifetime Benefit Maximum	\$3,000	\$3,000		

1. Network benefits are paid based on Negotiated Fee.

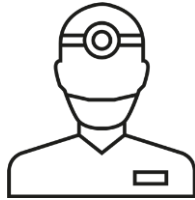
2. Non-network benefits are paid based on the Reasonable and Customary (R&C) charges based on the 90th percentile.

Vision Benefits



Vision Plan

Examination



Exam

Network: \$0 Copay
Non-Network: up to \$50
Reimbursement
Every 12 months

+

Glasses



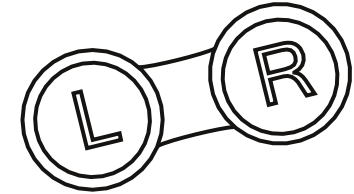
Lenses

Network: \$0 Copay
Non-Network: up to \$100
Reimbursement
Every 12 months

Frames

Network: \$180 Allowance
Non-Network: up to \$70
Reimbursement
Every 24 months

OR



Contact Lenses

Network: \$180 Allowance
Non-Network: up to \$105
Reimbursement
Every 12 months

Basic & Voluntary Life Benefits



Basic Life and AD&D

Financial protection for your family if you die or become seriously injured

Benefit: **\$10,000**

This benefit is offered to **Classified** Employees



Basic Life and AD&D

Financial protection for your family if you die or become seriously injured

Benefit: **\$100,000**

This benefit is offered to **Confidential and Management** Employees



Voluntary Benefits

Life/AD&D

100%
EMPLOYEE
PAID

New This Year!

- **Classified, confidential or management staff can now add voluntary life insurance** without answering additional medical questions or completing a medical exam.
- Voluntary life is additional to Basic Life at discounted group rates. Rates are shown in the Enrollment Form.
- If interested in enrolling, submit the enrollment form to Traci Moreno at tmoreno@slcusd.org **no later than June 15, 2025.**



New SISC Value Added Benefits



New SISC Value Added Benefits

Snapshot

Midi Health – New Partner!	Quest Wellness Screening	Lantern Cancer Care	Centivo Care
<p>Virtual menopause clinic where members can access expert care for perimenopause & menopause through a specialized virtual clinic.</p> <p>Available to all SISC Anthem PPO members as an in-network provider. Standard plan cost-sharing applies.</p>	<p>PPO Members over age 45 are eligible for a free at-home colorectal cancer screening kit.</p> <p>All members with positive test results will receive guidance from a Lantern case nurse through next steps in treatment</p>	<p>Personalized guidance and support at any point in your cancer journey, from initial diagnosis to remission. Connects patient to a personal oncology nurse and care team.</p> <p>Included as part of SISC PPO medical benefits at no cost.</p>	<p>Formerly Eden Health. Offers access to a primary care team through a smart phone app using video visits and live chat.</p> <p>Available at no cost to all adult SISC PPO members enrolled on an active or <65 plan. <i>HSA members are not eligible for this benefit.</i></p>

Other Benefit Reminders

PCP Visits	MDLive	Free Costco Generics	Vision Frames Allowance
<p>\$0 copay for the first three visits with an PCP each calendar year</p>	<p>MDLive copay will change from \$10 to \$0 effective 10/1/2025</p>	<p>With your pharmacy coverage through Navitus, most generic medications have a \$0 copay for a 30 or 90-day supply when you fill them at a Costco pharmacy.</p> <p>New! You can now get your prescription delivered from your local Costco for free with Instacart. Once a prescription is filled, a text is sent with the link to access Instacart for free!</p>	<p>Effective 1/1/2026, the frame and contact lens allowance will be increased from \$150 to \$180. Members can now use their frame allowance for non-prescription sunglasses or blue light filtering glasses.</p>

Employee Contributions



Employee Contributions - Classified

PPO 80-M	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$17,983.44	\$18,310.68
Annual District Contribution	\$11,991.72	\$12,155.34
Annual Employee Contribution	\$5,991.72	\$6,155.34
10thly Employee Contribution	\$599.17	\$615.53
12thly Employee Contribution	\$499.31	\$512.95

PPO 80-G	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$22,735.44	\$23,062.68
Annual District Contribution	\$14,367.72	\$14,531.34
Annual Employee Contribution	\$8,367.72	\$8,531.34
10thly Employee Contribution	\$836.77	\$853.13
12thly Employee Contribution	\$697.31	\$710.95

PPO 90-C	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$25,855.44	\$26,182.68
Annual District Contribution	\$15,927.72	\$16,091.34
Annual Employee Contribution	\$9,927.72	\$10,091.34
10thly Employee Contribution	\$992.77	\$1,009.13
12thly Employee Contribution	\$827.31	\$840.95

PPO 100-A	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$27,835.44	\$28,162.68
Annual District Contribution	\$16,917.72	\$17,081.34
Annual Employee Contribution	\$10,917.72	\$11,081.34
10thly Employee Contribution	\$1,091.77	\$1,108.13
12thly Employee Contribution	\$909.81	\$923.45

HSA \$1,700	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$20,095.44	\$20,422.68
Annual District Contribution	\$13,047.72	\$13,211.34
Annual Employee Contribution	\$7,047.72	\$7,211.34
10thly Employee Contribution	\$704.77	\$721.13
12thly Employee Contribution	\$587.31	\$600.95

HSA \$5,000 (Anchor Bronze)	Employee Only	Employee +Child(ren)
Total Annual Premium (Medical Only)	\$9,084.00	\$14,484.00
Annual District Contribution	\$7,542.00	\$10,242.00
Annual Employee Contribution	\$1,542.00	\$4,242.00
10thly Employee Contribution	\$154.20	\$424.20
12thly Employee Contribution	\$128.50	\$353.50

- **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.**
- **All plan options, with the exception of the HSA \$5,000 (Anchor Bronze) plan, include Medical, Dental, and Vision coverage**

Employee Contributions - Certificated

PPO 80-M	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$17,983.44	\$18,310.68
Annual District Contribution	\$11,491.72	\$11,655.34
Annual Employee Contribution	\$6,491.72	\$6,655.34
11thly Employee Contribution	\$590.16	\$605.03
12thly Employee Contribution	\$540.98	\$554.61

PPO 80-G	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$22,735.44	\$23,062.68
Annual District Contribution	\$13,867.72	\$14,031.34
Annual Employee Contribution	\$8,867.72	\$9,031.34
11thly Employee Contribution	\$806.16	\$821.03
12thly Employee Contribution	\$738.98	\$752.61

PPO 90-C	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$25,855.44	\$26,182.68
Annual District Contribution	\$15,427.72	\$15,591.34
Annual Employee Contribution	\$10,427.72	\$10,591.34
11thly Employee Contribution	\$947.97	\$962.85
12thly Employee Contribution	\$868.98	\$882.61

PPO 100-A	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$27,835.44	\$28,162.68
Annual District Contribution	\$16,417.72	\$16,581.34
Annual Employee Contribution	\$11,417.72	\$11,581.34
11thly Employee Contribution	\$1,037.97	\$1,052.85
12thly Employee Contribution	\$951.48	\$965.11

HSA \$1,700	With MetLife PPO \$1,500 No Ortho	With MetLife PPO \$3,000 With Ortho
Total Annual Premium (Medical + Dental + Vision)	\$20,095.44	\$20,422.68
Annual District Contribution	\$12,547.72	\$12,711.34
Annual Employee Contribution	\$7,547.72	\$7,711.34
11thly Employee Contribution	\$686.16	\$701.03
12thly Employee Contribution	\$628.98	\$642.61

HSA \$5,000 (Anchor Bronze)	Employee Only	Employee +Child(ren)
Total Annual Premium (Medical Only)	\$9,084.00	\$14,484.00
Annual District Contribution	\$7,042.00	\$9,742.00
Annual Employee Contribution	\$2,042.00	\$4,742.00
11thly Employee Contribution	\$185.64	\$431.09
12thly Employee Contribution	\$170.17	\$395.17

- **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.**
- **All plan options, with the exception of the HSA \$5,000 (Anchor Bronze) plan, include Medical, Dental, and Vision coverage**

Open Enrollment Action Items

- Log-in to Helios and view your current elections
- All health benefit information (rates, plans, comparison charts, etc.) can be found on the SLCUSD website under Human Resources / Health Benefits.
- Make enrollment changes if desired
- **If you do not want to make any changes to your coverage, you do not need to participate in Open Enrollment.**
- Open enrollment for SISC's FSA through Navia is in Fall 2025. The FSA plan year begins January 1, 2026. **Reminder**, you cannot be enrolled in an FSA and open an HSA bank account concurrently.

Open Enrollment is May 14th through June 15th, 2025!

