



**2026 - 2027**



# **Employee Benefits Guide**

***Classified***

# WELCOME TO YOUR EMPLOYEE BENEFITS!

San Luis Coastal Unified School District is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

This guide contains 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 the Human Resources Department.



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Our benefits are effective **October 1** through **September 30** of each plan year

# ELIGIBILITY & ENROLLMENT

## Who May Enroll

### SLCUSD Employees

- 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
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Your spouse/domestic partner and children can be enrolled in our Medical, Dental, and Vision plans.

### Required Information

At enrollment you are required to enter the Social Security Number for all covered dependents. Health Care Reform law requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

## Required Enrollment Documentation

- 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

## When You May Enroll

- As a new hire, you may participate in the company's benefits on the first day of the month following your date of hire. You must submit enrollment forms within **ten days of hire**.
- Each year, during open enrollment (mid-May to mid-June).
- Within 30 days of a qualifying event as defined by the IRS.



# ELIGIBILITY & ENROLLMENT

## Changes to Enrollment

### Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following October 1 effective date.

### Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or death of a child or spouse
- Qualified Medical Child Support Order (QMCSO)
- 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)
- Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within **30 days** of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

## 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). With WABE, you will not qualify for dental, vision or life insurance, but you will have access to SISC "Healthy Extras" (see page 10 for details).

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.



# ELIGIBILITY & ENROLLMENT

## Paying For Your Coverage

- You and the district 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 that 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. If you prefer the post-tax option, you must request the POP form to make this selection either at time of hire or during Open Enrollment.

## Who May Decline Coverage

- An eligible employee who works less than 90% of the full-time equivalent for the applicable job classification or receives less than 90% of the amount that is contributed towards an eight-hour full-time employee.
- Active employees who are enrolled in Medi-Cal must show proof of enrollment in Medi-Cal. Documentation must reflect the effective date of enrollment in Medi-Cal.
- Active employees who are enrolled in Medicare Parts A and B may decline when they are first eligible or at Open Enrollment. Evidence of Medicare enrollment is required.
- Active employees who are enrolled in TRICARE must show proof of enrollment. Documentation must reflect the effective date of enrollment in TRICARE. TRICARE rules should be reviewed before a declination is permitted.
- Active employees, who are eligible, enrolled in a Covered California medical plan and receiving a related subsidy must show proof of enrollment and subsidy.

## When Coverage Ends

- 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 Benefit Guide.



# MEDICAL BENEFITS

## Medical Plan Descriptions

SLCUSD offers six medical plans to choose from. All six of these plans are Anthem Blue Cross PPO plans.

### Anthem Blue Cross PPO Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. You are not limited to the physicians within the network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

### Pharmacy Benefits

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

### Costco Retail Pharmacy & Mail Order Program

Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge. Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy. Here's how it works:

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

### What Makes the Health Plans Different from Each Other

All SLCUSD health plans cover the same medical services. What makes them different from each other is how much they cost.

- You either pay a **higher premium** that is taken out of your pay warrant and **pay less out-of-pocket** when you access covered health services, **OR**
- You pay a **lower premium** that is taken out of your pay warrant and **pay more out of pocket** when you access covered health services.

The health plan highlights on page 6 show out-of-pocket costs for covered health care services.

### Using Out-of-Network Providers Costs You More Out-of-Pocket

If you obtain services from an out-of-network provider, your coinsurance percentage is based on Reasonable and Customary (R&C) Fees as determined by Anthem Blue Cross.

Any out-of-network charges above the allowed coinsurance amounts are called **balance billing**. If you access care from out-of-network providers, balance billing charges are your responsibility and do not apply to the annual out-of-pocket maximum.

For more detailed information, please refer to the plan

### Find Anthem Blue Cross Network Providers and Save Money on Health Care Expenses

Go to [www.anthem.com/ca/sisc](http://www.anthem.com/ca/sisc). Refer to the "Anthem Blue Cross PPO—Large Group" network when prompted.

# MEDICAL BENEFITS

## Medical Plan Highlights

|                                                                            | Anthem Blue Cross<br>Anchor Bronze HSA                                                                                                                              | Anthem Blue Cross<br>HSA 1700                          | Anthem Blue Cross<br>80-M PPO                           |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
|                                                                            | In-Network                                                                                                                                                          | In-Network                                             | In-Network                                              |
| Lifetime Maximum Benefits                                                  | Unlimited                                                                                                                                                           | Unlimited                                              | Unlimited                                               |
| Calendar Year Deductible                                                   | What you pay for covered services before coinsurance kicks in                                                                                                       |                                                        |                                                         |
|                                                                            | Individual: \$5,000<br>Family: \$10,000                                                                                                                             | Individual: \$1,700<br>Family: \$3,400                 | Individual: \$3,000<br>Family: \$6,000                  |
| Coinsurance (You Pay)                                                      | What you pay for covered services once the deductible is met                                                                                                        |                                                        |                                                         |
|                                                                            | 30%                                                                                                                                                                 | 10%                                                    | 20%                                                     |
| Out-of-Pocket Maximum                                                      | The most you pay in a calendar year for covered services; once you pay this amount, services are covered at 100% for the rest of the calendar year (Jan 1 - Dec 31) |                                                        |                                                         |
|                                                                            | Individual: \$6,350<br>Family: \$12,700                                                                                                                             | Individual: \$3,400<br>Family: \$6,800                 | Individual: \$4,000<br>Family: \$8,000                  |
| <b>Health Services</b>                                                     | <b>You Pay</b>                                                                                                                                                      | <b>You Pay</b>                                         | <b>You Pay</b>                                          |
| Office Visit Copays<br>– Preventive Care<br>– Primary Care<br>– Specialist | No charge<br>Deductible, 30%<br>Deductible, 30%                                                                                                                     | No charge<br>Deductible, 10%<br>Deductible, 10%        | No charge<br>\$40 copay<br>\$40 copay                   |
| Hospitalization<br>– Inpatient Hospital<br>– Outpatient Surgery            | Deductible, 30%<br>Deductible, 30%                                                                                                                                  | Deductible, 10%<br>Deductible, 10%                     | Deductible, 20%<br>Deductible, 20%                      |
| Lab and X-Ray<br>– Diagnostic<br>– Complex (MRI/PET)                       | Deductible, 30%<br>Deductible, 30%                                                                                                                                  | Deductible, 10%<br>Deductible, 10%                     | Deductible, 20%<br>Deductible, 20%                      |
| <b>Emergency Services</b>                                                  | <b>You Pay</b>                                                                                                                                                      | <b>You Pay</b>                                         | <b>You Pay</b>                                          |
| Emergency Facility<br>(Copay waived if admitted)                           | \$100 copay + Deductible,<br>30%                                                                                                                                    | \$100 copay + Deductible,<br>10%                       | \$100 copay + Deductible,<br>20%                        |
| Urgent Care                                                                | Deductible, 30%                                                                                                                                                     | Deductible, 10%                                        | \$40 copay                                              |
| <b>Prescription Drug</b>                                                   | <b>You Pay</b>                                                                                                                                                      | <b>You Pay</b>                                         | <b>You Pay</b>                                          |
| Rx Deductible (EE / Fam)<br>Rx Out of Pocket Maximum                       | Subject to medical ded<br>N/A                                                                                                                                       | Subject to medical ded<br>N/A                          | \$200 / \$500 (Brand)<br>\$2,500 / \$3,500              |
| Retail Rx<br>– Generic<br>– Brand<br>– Non-Preferred Brand                 | 30-Day Supply<br>\$9 copay<br>\$35 copay<br>\$35 copay                                                                                                              | 30-Day Supply<br>\$9 copay<br>\$35 copay<br>\$35 copay | 30-Day Supply<br>\$10 copay<br>\$35 copay<br>\$35 copay |
| Retail Rx<br>– Generic<br>– Brand<br>– Non-Preferred Brand                 | 90-day Supply<br>\$0 copay<br>\$90 copay<br>\$90 copay                                                                                                              | 90-day Supply<br>\$0 copay<br>\$90 copay<br>\$90 copay | 90-day Supply<br>\$0 copay<br>\$90 copay<br>\$90 copay  |

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

## Quick Video: Understanding Medical Plan Terms

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

# MEDICAL BENEFITS

## Medical Plan Highlights

|                                                                            | Anthem Blue Cross<br>80-G PPO                                                                                                                                       | Anthem Blue Cross<br>90-C PPO                          | Anthem Blue Cross<br>100-A PPO                         |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
|                                                                            | In-Network                                                                                                                                                          | In-Network                                             | In-Network                                             |
| Lifetime Maximum Benefits                                                  | Unlimited                                                                                                                                                           | Unlimited                                              | Unlimited                                              |
| Calendar Year Deductible                                                   | What you pay for covered services before coinsurance kicks in                                                                                                       |                                                        |                                                        |
|                                                                            | Individual: \$500<br>Family: \$1,000                                                                                                                                | Individual: \$200<br>Family: \$500                     | Individual: \$0<br>Family: \$0                         |
| Coinsurance (You Pay)                                                      | What you pay for covered services once the deductible is met                                                                                                        |                                                        |                                                        |
|                                                                            | 20%                                                                                                                                                                 | 10%                                                    | 0%                                                     |
| Out-of-Pocket Maximum                                                      | The most you pay in a calendar year for covered services; once you pay this amount, services are covered at 100% for the rest of the calendar year (Jan 1 - Dec 31) |                                                        |                                                        |
|                                                                            | Individual: \$2,000<br>Family: \$4,000                                                                                                                              | Individual: \$1,000<br>Family: \$3,000                 | Individual: \$1,000<br>Family: \$3,000                 |
| <b>Health Services</b>                                                     | <b>You Pay</b>                                                                                                                                                      | <b>You Pay</b>                                         | <b>You Pay</b>                                         |
| Office Visit Copays<br>– Preventive Care<br>– Primary Care<br>– Specialist | No charge<br>\$30 copay<br>\$30 copay                                                                                                                               | No charge<br>\$20 copay<br>\$20 copay                  | No charge<br>\$20 copay<br>\$20 copay                  |
| Hospitalization<br>– Inpatient Hospital<br>– Outpatient Surgery            | Deductible, 20%<br>Deductible, 20%                                                                                                                                  | Deductible, 10%<br>Deductible, 10%                     | No charge<br>No charge                                 |
| Lab and X-Ray<br>– Diagnostic<br>– Complex (MRI/PET)                       | Deductible, 20%<br>Deductible, 20%                                                                                                                                  | Deductible, 10%<br>Deductible, 10%                     | No charge<br>No charge                                 |
| <b>Emergency Services</b>                                                  | <b>You Pay</b>                                                                                                                                                      | <b>You Pay</b>                                         | <b>You Pay</b>                                         |
| Emergency Facility<br>(Copay waived if admitted)                           | \$100 copay + Deductible,<br>20%                                                                                                                                    | \$100 copay + Deductible,<br>10%                       | \$100 copay                                            |
| Urgent Care                                                                | \$30 copay                                                                                                                                                          | \$20 copay                                             | \$20 copay                                             |
| <b>Prescription Drug</b>                                                   | <b>You Pay</b>                                                                                                                                                      | <b>You Pay</b>                                         | <b>You Pay</b>                                         |
| Rx Deductible (EE / Fam)<br>Rx Out of Pocket Maximum                       | None<br>\$2,500 / \$3,500                                                                                                                                           | None<br>\$2,500 / \$3,500                              | None<br>\$2,500 / \$3,500                              |
| Retail Rx<br>– Generic<br>– Brand<br>– Non-preferred Brand                 | 30-Day Supply<br>\$9 copay<br>\$35 copay<br>\$35 copay                                                                                                              | 30-Day Supply<br>\$9 copay<br>\$35 copay<br>\$35 copay | 30-Day Supply<br>\$9 copay<br>\$35 copay<br>\$35 copay |
| Retail Rx<br>– Generic<br>– Brand<br>– Non-preferred Brand                 | 90-day Supply<br>\$0 copay<br>\$90 copay<br>\$90 copay                                                                                                              | 90-day Supply<br>\$0 copay<br>\$90 copay<br>\$90 copay | 90-day Supply<br>\$0 copay<br>\$90 copay<br>\$90 copay |

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



# MENTAL HEALTH RESOURCES

## 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](tel: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
- Personal growth
- And more

You have the option to access your six free counseling sessions through Talkspace. You can also have unlimited messaging with a counselor, including text, voice, and video message. Talkspace's clinical network includes thousands of licensed counselors specializing in stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma, grief, relationships, healthy living, and more. Self-guided exercises such as journaling and meditation are available to supplement counseling.

To access Talkspace, call the Anthem EAP at [800-999-7222](tel:800-999-7222) or visit [talkspace.com/associatecare](http://talkspace.com/associatecare) and use "SISC" as your organization name. You can download the Talkspace app on your mobile phone or access it on your desktop computer using a Chrome, Firefox, Safari, or Edge browser.

### Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT) to manage stress, depression, anxiety, substance use and sleep issues

## Other Anthem EAP Life Balance Resources

### Identity Monitoring and Theft Resolution

- 24/7/265 free identity monitoring and theft resolution services through IDnotify.
- 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

- A library of articles on legal topics and issues.
- 100 legal forms for a variety of family and consumer situations, plus State-specific legal forms.
- Articles and resources that address estate planning questions.
- Financial Calculators that help you to get answers and explore different options regarding home and personal financing, investing, and retirement.

### Seminars and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.

### Savings Center

- Discount shopping program provided through Perks At Work, with discounts of up to 25% on name brand, practical, and luxury items.

# SISC VALUED ADDED BENEFITS

## Quest Wellness Screening

All SISC medical plan members are eligible for a free wellness screening through Quest Diagnostics. This biometric screening can provide important insights into your health risks. When you complete this screening, you will know your health numbers and can connect with your doctor to help manage health risks and prevent chronic disease.



Quest Diagnostics has more than 2,250 Patient Service Centers nationwide where you can get your screening. Here's how to schedule an appointment:

- Go to [My.QuestForHealth.com](https://My.QuestForHealth.com).
- Use Registration Key: SISC2024.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening**.
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

If you'd like to speak with Quest, you can reach them at 855-623-9355.

*Please note, any member awards will be distributed to the email used at registration within 30 days of the completed appointment.*

## Teladoc Expert Second Opinion

This benefit provides all SISC medical plan members with free support for making clear, informed medical decisions from leading medical experts. Teladoc can help answer medical questions, double-check a diagnosis, provide when help deciding on a treatment plan, or give guidance about surgery. Benefits include:



- Unlimited access to a top physician if you or a family member receive a difficult diagnosis.
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment.
- Your Physician Case Manager helps navigate the ins and outs of the healthcare system, making care more efficient and helping ease stress.
- Receive on-demand support in understanding the course of treatment, what to expect, and what the likely results are.
- You can access Teladoc at [855-201-9925](tel:855-201-9925) or by visiting [teladoc.com/SISC](https://teladoc.com/SISC).



# SISC VALUED ADDED BENEFITS

## Vida Therapy and Health Coaching

- Anthem plan members have free access to Vida. This virtual care platform can help with nutrition, weight loss, building healthy habits, mental health, and overall wellbeing.
- With Vida, your coach or therapist will personalize a plan for you, and help guide you every step of the way.
- To learn more, call [855-442-5885](tel:855-442-5885) or visit [vida.com/sisc](https://vida.com/sisc).



## Costco Free Generic Medications and Discounts

- Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer).
- 90 day supplies of free generic medications are available through the Costco mail order program. Costco membership is not required.
- For more information, call [\(800\) 774-2678](tel:800-774-2678) (press 1) or visit [costco.com](https://costco.com).



## MDLive

Anthem plan members have access to MDLIVE visits for a **\$0 copay**.

This telemedicine service provides convenient 24/7 access to board certified doctors, pediatricians, and licensed therapists via online video, phone or secure email. You can use MDLive:

- When you'd like to access mental health support and resources.
- 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.



To access MDLive, visit [www.mdlive.com/sisc](https://www.mdlive.com/sisc) or call [\(888\) 632-2738](tel:888-632-2738). Be prepared to provide your name, the patient's name, your member identification number and your phone number.



# SISC VALUED ADDED BENEFITS

## Centivo Care

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care and answers to follow-up care questions through the Centivo Care app. The app is available to you and your dependents at no cost. You can receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- In-network specialist referrals
- Answers to follow-up care questions



To learn more, <https://centivocare.com/sisc>.

## Lantern Cancer Care

Anthem PPO plan members have access to an enhanced cancer benefit through Lantern. If you or a covered family member are diagnosed with cancer, you can receive treatment support through Lantern Cancer Care. This benefit provides:

- **Guided support:** A personal oncology nurse will partner with you through every step of your cancer journey.
- **Access to excellent care:** Access to in-network community oncology clinics, hospitals, and National Cancer Institutes for high-quality care.
- **Expert review and advice:** Lantern can coordinate expert reviews of your diagnosis and treatment plan, to make sure you're getting the right care, at the right place, at the right time.



To learn more, visit <https://lanternare.com> or call (855) 961-4533.

## Value Based Site of Care Benefit

- Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.
- If you choose to have your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. You will be responsible for paying the remaining amount in full.
- There is no benefit limit when you obtain these procedures at an in-network Ambulatory Service Center.
- For questions, please contact the customer service number on your medical ID card.

| Value Based Purchasing            | Maximum Benefit at an in-network outpatient hospital facility | There is no limit at an in-network Ambulatory Service Center (ASC) |
|-----------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|
|                                   | In-Network                                                    | ASC Facility                                                       |
| Arthroscopy                       | \$4,500                                                       | n/a                                                                |
| Cataract Surgery                  | \$2,000                                                       | n/a                                                                |
| Colonoscopy                       | \$1,500                                                       | n/a                                                                |
| Upper GI Endoscopy with Biopsy    | \$1,250                                                       | n/a                                                                |
| Upper GI Endoscopy without Biopsy | \$1,000                                                       | n/a                                                                |

# SISC VALUED ADDED BENEFITS

## Hinge Health — Physical Therapy for Back and Joint Pain

- Anthem PPO plan members can receive free, personalized, digitally delivered therapy for back and joint pain.
- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching, and personalized exercise therapy.
- Reduce your back and joint pain in just 15 minutes a day.
- To access your Hinge Health benefit, call (855) 902-2777 or visit [hingehealth.com/sisc](https://hingehealth.com/sisc).



## Carrum Health — No-Cost Hip, Knee, and Spine Surgical Options

- Anthem PPO plan members can access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered.
- To learn more, call Carrum Health at (888) 855-7806 or visit [info.carrumhealth.com/sisc](https://info.carrumhealth.com/sisc).



## Maven Maternity and Postpartum Support

Anthem PPO plan members can access virtual care for pregnancy and postpartum support through Maven at no cost. Use Maven for unlimited, on-demand care from doctors, specialists, and coaches.

- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists, coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Maven provides comprehensive support through pregnancy, postpartum, return-to-work transitions, and potential miscarriage.
- Video chat or message with 30+ types of providers at no charge, from OB-GYNs and Pediatricians to Lactation Consultants and Infant Sleep Coaches.
- Free 6-month diaper subscription when you:
  1. Enroll during the first or second trimester
  2. Have an intro call with a Care Advocate
  3. Have two appointments with Maven providers during pregnancy
  4. Complete the exit survey after your baby is born



To activate your membership, download the Maven Clinic app or visit [mavenclinic.com/join/SISC](https://mavenclinic.com/join/SISC).

## InsureOne

### Free Colorectal Screening for PPO Members Age 45+

Anthem PPO plan members have an annual opportunity to receive a free FIT test. This free, easy-to-use home test screens for lower gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders. Why sign up for this test?

- Colon cancer may start with no symptoms but is highly preventable.
- When caught early, the colorectal cancer 5-year survival rate is 90%. Only 4 of 10 instances are caught early.
- When caught at later states, the 5-year survival rate drops and individuals may have to receive chemotherapy, radiation therapy, and/or surgery.
- Request your free test at <https://my.questforhealth.com>. Register for an account using the registration key SISC2026. You can also call (855) 623-9355.

# SISC VALUED ADDED BENEFITS

## Midi

### Expert Menopausal Relief Telehealth

Anthem PPO plan members can now get expert menopausal telehealth support. Hormonal changes in midlife can bring on a host of symptoms that are often misunderstood. Midi's expert clinicians can help you find safe, effective solutions menopause-related issues such as:



- Trouble sleeping
- Weight changes
- Brain fog
- Hair & skin changes
- Hot flashes
- Painful sex, low libido
- Period problems
- Bone loss
- Mood issues
- Menopause after cancer
- Menopause with cancer risk

Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get any necessary lab tests and create a personalized care plan. Treatments may include:

- FDA-approved hormonal medications
- Non-hormonal medications
- Supplements and botanicals
- Lifestyle coaching
- Wellness therapies

To start your Midi journey, visit [www.joinmidi.com/sisc](http://www.joinmidi.com/sisc).

## Lark Diabetes Prevention Program

Anthem Blue Cross 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 SISC 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
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Lark will also send you a personal activity tracker, as long as you stay active in the program.
- 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.

## Rula

### Support With Helping Find an In-Network Therapist

Rula makes it easy to find and book therapy appointments online.



- Complete a quick questionnaire about your therapy preferences and register.
- Choose a therapist from Rula's recommendations.
- Rula will verify your insurance information and will let you know your payment estimate prior to your first appointment.
- You'll receive an confirmation one to two days before your appointment, along with a video link.
- Learn more at <https://rula.com/SISC>. You can also call (323) 676-7360.

# DENTAL BENEFITS

## MetLife Dental PPO

SLCUSD is pleased to offer best-in-class dental insurance through MetLife. With the MetLife Dental PPO plans, you continue to have the freedom to visit the dentist of your choice, in or out of network. Additionally, the plans were customized and designed to provide you and your dependents with 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 because benefits for in-network covered services are based on a percentage of the Negotiated Fee—the fee that participating dentists have agreed to accept as payment in full (subject to the deductible, coinsurance and benefit maximum). If you utilize a non-network provider who does not participate in the MetLife network, your out of pocket costs may be greater because benefits paid are based on a percentage of the Reasonable and Customary (R&C) charge.

For more details on the District dental plans, please see below or [click here](#).

|                                    | MetLife PDP Plus \$3,000 |                         | MetLife PDP Plus \$1,500 |                         |
|------------------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
|                                    | In-Network <sup>1</sup>  | Out-of-Network          | In-Network <sup>1</sup>  | Out-of-Network          |
| Maximum benefit                    | \$3,000                  | \$3,000                 | \$1,500                  | \$1,500                 |
| <b>Deductible</b>                  |                          |                         |                          |                         |
| - Individual                       | \$25                     | \$25                    | \$25                     | \$25                    |
| - Family                           | \$75                     | \$75                    | \$75                     | \$75                    |
| - Deductible waived for preventive | Yes                      | Yes                     | Yes                      | Yes                     |
| Preventive services                | 100%                     | 100% (UCR) <sup>2</sup> | 100%                     | 100% (UCR) <sup>2</sup> |
| Basic services                     | 100%                     | 100% (UCR) <sup>2</sup> | 100%                     | 100% (UCR) <sup>2</sup> |
| Major services                     | 50%                      | 50% (UCR) <sup>2</sup>  | 50%                      | 50% (UCR) <sup>2</sup>  |
| <b>Services per category</b>       |                          |                         |                          |                         |
| - 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                   |
| <b>Orthodontia</b>                 |                          |                         |                          |                         |
| -Covered Members                   | Adult & Children         | Adult & Children        | Not Covered              | Not Covered             |
| -Coinsurance                       | 50%                      | 50% (UCR) <sup>2</sup>  |                          |                         |
| -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.

### 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)

SLCUSD provides vision coverage through VSP.

- You can see a VSP Vision Care in-network provider or an out-of-network provider; however, your costs will be lower if you visit an in-network provider.
- If you visit an in-network provider you will be responsible for a copay at the time of your service.
- If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.
- For more details on the VSP plan, [click here](#).

| Vision Service Plan (VSP)                     |                                                                                                                  |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| In-Network                                    |                                                                                                                  |
| Vision Services                               | You Pay                                                                                                          |
| Examination                                   | No charge                                                                                                        |
| Lenses                                        | No charge                                                                                                        |
| – Single Vision                               | No charge                                                                                                        |
| – Bifocal                                     | No charge                                                                                                        |
| – Trifocal                                    | No charge                                                                                                        |
| – Standard Progressive                        | \$50 copay                                                                                                       |
| – Premium Progressive                         | \$80 to \$90 copay                                                                                               |
| – Custom Progressive                          | \$120 to \$160 copay                                                                                             |
| Frames                                        | \$180 allowance*<br>(20% savings on amount over allowance)                                                       |
| Contact Lenses (in Lieu of Frames and Lenses) | \$150 allowance for contacts and contact lens exam; 15% discount on contact lenses exam (fitting and evaluation) |
| Service Frequency                             | Once Every 12 Months                                                                                             |
| – Examination                                 | Once Every 12 Months                                                                                             |
| – Lenses                                      | Once Every 24 Months                                                                                             |
| – Frames                                      |                                                                                                                  |

\*New frames allowance will be effective January 1, 2026

## To Find Vision Network Providers

Go to [www.vsp.com](http://www.vsp.com) or call 800-877-1795.



## Additional Discounts Available

- LASIK and PRK Benefit: You are entitled to a 15% discount on the usual and customary fees for LASIK and PRK procedures, or a 5% discount on any promotional pricing, whichever is the greater benefit, through the US Laser Network.
- Continued Eyewear Savings: After your initial visits have been utilized, you are able to receive ongoing discounts on additional eye wear purchases at a network provider, which result in discounts up to 20% off the retail price of eye wear and accessories.

# TAX SAVINGS BENEFITS

## SISC: Navia Flexible Spending Accounts

### FSA Plan Year: January 1 - December 31

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts.

If you are using an FSA debit card, you must save your receipts, in case Navia needs a copy for verification. Per IRS guidelines, all receipts must be itemized to reflect what product or service was purchased.

### Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may also use this plan to pay for over-the-counter medications, menstrual supplies, and personal protective equipment (PPE) used for the primary purpose of preventing the spread of COVID-19. Employees may defer up to **\$3,450** pre-tax for the 2026 plan year. 2027 amount will be released by IRS in November.

### Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. You may defer up to **\$7,500** pre-tax per year for 2026. Eligible expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool
- Adult daycare facilities

### Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by December 31st of each plan year.

### Grace Period

Our FSA plans have a special 2.5 month grace period after the end of the plan year on December 31, 2026. This feature gives you an additional 2.5 months through March 15, 2027 to incur expenses against your Health Care and Dependent Care Expense Accounts. All expenses incurred during the grace period will automatically deduct out of the prior year's plan.

Carefully estimate out-of-pocket expenses for the calendar year. Be sure to only elect an amount that you know will be used during the plan year. Money left in the plan after the end of the 2.5 month grace period is subject to the Use-or-Loss rule and cannot be refunded to you.

### FSA Store

If you still have money available in your Health Care FSA, you can visit the FSA Store to purchase FSA-eligible items. The FSA Store is the only one-stop-shop stocked exclusively with FSA-eligible products and services so there are no guessing games as to what is and isn't reimbursable. Go to [www.fsastore.com](http://www.fsastore.com).

### Important Note About the FSA

You will have an opportunity to enroll in the FSA during open enrollment in the fall each year. It is important to note that your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

# FINANCIAL PROTECTION BENEFITS

Life insurance is an important resource to help protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

## Basic Life Insurance

If you are enrolled in a SLCUSD medical plan (excluding the Anchor Bronze HSA), you automatically receive Basic Life insurance coverage. This coverage protects your family or other beneficiaries in the event of your death while you are actively employed with the company. You can check your life insurance coverage amount on the benefits tab in the [Helios](#) informational system.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.



## Supplemental Life and AD&D Insurance

In addition to the district-provided Basic Life and AD&D coverage, 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, contact [Traci Moreno](#) in Human Resources to provide you with enrollment forms. [Click here](#) for more information on Supplemental Life Insurance.

### Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000.

### Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$5,000 up to a maximum benefit of \$250,000, not to exceed 50% of your employee election.

### Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) are available in the amount of \$10,000.

### Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- Employee: \$250,000
- Spouse or Domestic Partner: \$50,000
- Child(ren): Entire benefit amount (\$10,000)

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. Lincoln may approve or decline coverage based on a review of your health history.

# FINANCIAL PROTECTION BENEFITS

## 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.
- **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. **This is an annual enrollment and only employees enrolled in the Catastrophic Leave Program can apply for catastrophic leave benefits in the school year they enrolled in.**

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**
- 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.

# EMPLOYEE CONTRIBUTIONS

## Contributions—Classified Full-Time

(Note: 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. *The HSA \$5,000 (Anchor Bronze) plan option does not include Dental or Vision coverage.*

| PPO 80-M                                         | With MetLife PPO \$1,500<br>No Ortho | With MetLife PPO \$3,000<br>With Ortho |
|--------------------------------------------------|--------------------------------------|----------------------------------------|
| Total Annual Premium (Medical + Dental + Vision) | \$20,244.72                          | \$20,591.52                            |
| Annual District Contribution                     | \$13,622.36                          | \$13,795.76                            |
| Annual Employee Contribution                     | \$6,622.36                           | \$6,795.76                             |
| 10thly Employee Contribution                     | \$662.24                             | \$679.58                               |
| 12thly Employee Contribution                     | \$551.86                             | \$566.31                               |
| PPO 80-G                                         | With MetLife PPO \$1,500<br>No Ortho | With MetLife PPO \$3,000<br>With Ortho |
| Total Annual Premium (Medical + Dental + Vision) | \$25,572.72                          | \$25,919.52                            |
| Annual District Contribution                     | \$16,286.36                          | \$16,459.76                            |
| Annual Employee Contribution                     | \$9,286.36                           | \$9,459.76                             |
| 10thly Employee Contribution                     | \$928.64                             | \$945.98                               |
| 12thly Employee Contribution                     | \$773.86                             | \$788.31                               |
| PPO 90-C                                         | With MetLife PPO \$1,500<br>No Ortho | With MetLife PPO \$3,000<br>With Ortho |
| Total Annual Premium (Medical + Dental + Vision) | \$29,112.72                          | \$29,459.52                            |
| Annual District Contribution                     | \$18,056.36                          | \$18,229.76                            |
| Annual Employee Contribution                     | \$11,056.36                          | \$11,229.76                            |
| 10thly Employee Contribution                     | \$1,105.64                           | \$1,122.98                             |
| 12thly Employee Contribution                     | \$921.36                             | \$935.81                               |
| PPO 100-A                                        | With MetLife PPO \$1,500<br>No Ortho | With MetLife PPO \$3,000<br>With Ortho |
| Total Annual Premium (Medical + Dental + Vision) | \$31,356.72                          | \$31,703.52                            |
| Annual District Contribution                     | \$19,178.36                          | \$19,351.76                            |
| Annual Employee Contribution                     | \$12,178.36                          | \$12,351.76                            |
| 10thly Employee Contribution                     | \$1,217.84                           | \$1,235.18                             |
| 12thly Employee Contribution                     | \$1,014.86                           | \$1,029.31                             |

# EMPLOYEE CONTRIBUTIONS

## Contributions—Classified Full-Time

(Note: 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. *The HSA \$5,000 (Anchor Bronze) plan option does not include Dental or Vision coverage.*

| HSA \$1,700                                      | With MetLife PPO \$1,500<br>No Ortho | With MetLife PPO \$3,000<br>With Ortho |
|--------------------------------------------------|--------------------------------------|----------------------------------------|
| Total Annual Premium (Medical + Dental + Vision) | \$22,584.72                          | \$22,931.52                            |
| Annual District Contribution                     | \$14,792.36                          | \$14,965.76                            |
| Annual Employee Contribution                     | \$7,792.36                           | \$7,965.76                             |
| 10thly Employee Contribution                     | \$779.24                             | \$796.58                               |
| 12thly Employee Contribution                     | \$649.36                             | \$663.81                               |

  

| HSA \$5,000 (Anchor Bronze)         | Employee Only | Employee +Child(ren) |
|-------------------------------------|---------------|----------------------|
| Total Annual Premium (Medical Only) | \$10,176.00   | \$16,244.00          |
| Annual District Contribution        | \$8,588.00    | \$11,612.00          |
| Annual Employee Contribution        | \$1,588.00    | \$4,612.00           |
| 10thly Employee Contribution        | \$158.80      | \$461.20             |
| 12thly Employee Contribution        | \$132.33      | \$384.33             |



# CARRIER CONTACTS

| Plan                                                                                                                                                                                                                                                                                                                  | Phone                                                                                                                       | Website                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Benefits</b>                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Anthem Medical plans                                                                                                                                                                                                                                                                                                  | See ID Card                                                                                                                 | <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Prescription Drugs<br>– Navitus<br>– Costco Mail Order Pharmacy                                                                                                                                                                                                                                                       | 866-333-2757<br>800-774-2678                                                                                                | <a href="http://www.navitus.com">www.navitus.com</a><br><a href="http://www.costco.com">www.costco.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Anthem Employee Assistance Program (EAP)                                                                                                                                                                                                                                                                              | 800-999-7222                                                                                                                | <a href="http://www.anthemEAP.com">www.anthemEAP.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SISC Value Added Benefits<br>– Quest Wellness Screening<br>– Teladoc Expert Second Opinion<br>– Vida Therapy and Health Coaching<br>– MDLive<br>– Centivo Care<br>– Lantern Cancer Care<br>– Hinge Health<br>– Carrum Health<br>– Maven Maternity & Postpartum<br>– Midi Health<br>– Lark Diabetes Prevention Program | 855-623-9355<br>855-201-9925<br>855-442-5885<br>888-632-2738<br>–<br>855-961-4533<br>855-902-2777<br>888-855-7806<br>–<br>– | <a href="http://My.QuestForHealth.com">My.QuestForHealth.com</a><br><a href="http://teladoc.com/SISC">teladoc.com/SISC</a><br><a href="http://vida.com/sisc">vida.com/sisc</a><br><a href="http://www.mdlive.com/sisc">www.mdlive.com/sisc</a><br><a href="https://centivocare.com/sisc">https://centivocare.com/sisc</a><br><a href="https://lanterncare.com">https://lanterncare.com</a><br><a href="http://hingehealth.com/sisc">hingehealth.com/sisc</a><br><a href="http://info.carrumhealth.com/sisc">info.carrumhealth.com/sisc</a><br><a href="http://mavenclinic.com/join/SISC">mavenclinic.com/join/SISC</a><br><a href="http://www.joinmidi.com/sisc">www.joinmidi.com/sisc</a><br><a href="http://www.lark.com/anthemBC">www.lark.com/anthemBC</a> |
| <b>Dental Benefits</b>                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MetLife PDP Dental Plans                                                                                                                                                                                                                                                                                              | 800-GET-MET8                                                                                                                | <a href="http://www.metlife.com">www.metlife.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Vision Benefits</b>                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Vision Service Plan (VSP)                                                                                                                                                                                                                                                                                             | 800-877-1795                                                                                                                | <a href="http://www.vsp.com">www.vsp.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Tax Savings Benefits</b>                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SISC: Navia Flexible Spending Accounts                                                                                                                                                                                                                                                                                | 800-972-1727 ext 4416                                                                                                       | <a href="http://sisc.kern.org/flex/">http://sisc.kern.org/flex/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Financial Protection Benefits</b>                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lincoln Life Insurance                                                                                                                                                                                                                                                                                                | 800-423-2765                                                                                                                | <a href="http://lincolnfinancial.com">lincolnfinancial.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| American Fidelity Disability Insurance                                                                                                                                                                                                                                                                                | 866-504-0010                                                                                                                | <a href="http://americanfidelity.com">americanfidelity.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



# IMPORTANT INFORMATION

## Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. SLCUSD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department.

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Summary of Benefits and Coverage (SBC)



## The Affordable Care Act (ACA) and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2026 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 SLCUSD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because SLCUSD'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.

## Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by SLCUSD. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details. The SBCs are available from Human Resources

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## NOTES

[illegible]



2211 Michelson Drive, Suite 1200 | Irvine, California 92612  
Telephone: (949) 833-2983 | Fax: (949) 833-9549

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

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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