SAN LUIS COASTAL
UNIFIED SCHOOL DISTRICT

2026 - 2027

Retiree Benefits Guide

Retirees - Classified & Certificated

WELCOME TO YOUR RETIREE 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 Retirees

- SLCUSD provides retirees under age 65, and their eligible dependents, the same medical and vision benefit options as active employees.

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 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 district 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

- 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

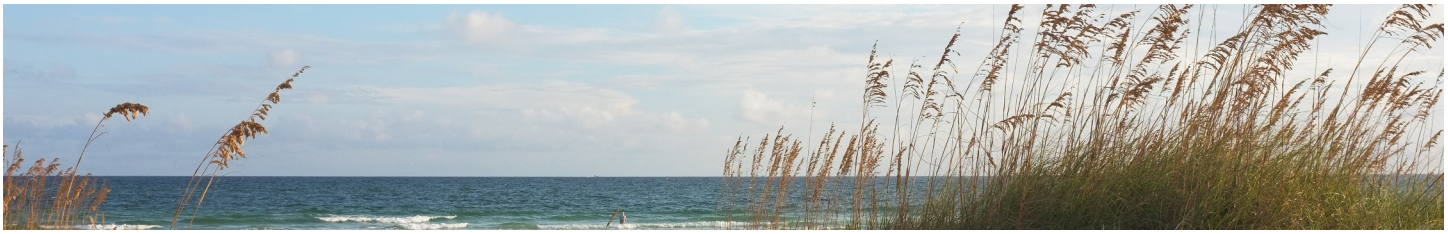
Coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage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

What Coverage is Available?

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

IMPORTANT

SISC does not allow retirees to waive coverage and re-enroll at a later date. If you do not enroll in a plan now, you will lose coverage eligibility indefinitely. This policy also applies to your dependents. If you do not enroll your spouse or your dependents now, they cannot be added at a future date or during a future open enrollment. This is designated by the carriers. It is your responsibility to enroll yourself and your dependents by submitting a enrollment form and any required documentation as proof of dependent status.



ELIGIBILITY & ENROLLMENT

Paying For Your Coverage

- Retirees who have worked full time in the district for ten (10) full years or more qualify for district subsidized health care premiums.
- Retirees who have worked part time for ten (10) full years or more qualify for prorated district contributions until the age of 65.
- Retirees who have worked less than 10 full years may continue enrollment at their own expense.

District Contribution

- **The current district contribution for a full-time classified employee is $6,000**. The balance of the cost of the plan (beyond $6,000) is then split between the district and the retiree 50/50.
- **The current district contribution for a full-time certificated employee is $5,000**. The balance of the cost of the plan (beyond $5,000) is then split between the district and the retiree 50/50.
- The district contribution for employees working less than full-time is calculated based on the employee's average FTE over the ten years of service. This benefit will continue until you reach the age of 65.
- Premiums will be made by automatic withdrawal from the retiree's bank account on the 5th of each month to pay for that month's coverage. For example, a withdrawal on October 5 will be payment for October.

Retirees Over Age 65

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

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

Important Medicare Guidelines

Retirees and their spouses/domestic partners that are age 65 or older are required to provide proof of Medicare Parts A and B. A copy of the Medicare card for the retiree and the spouse/domestic partner must be sent to SISC prior to the first of the month in which they turn 65 (or the first of the prior month if the birthdate falls on the first of the month), or when first enrolled in a SISC plan. Retirees must have continuous enrollment in Medicare while enrolled in a SISC retiree plan. Your benefits will remain with Anthem Blue Cross or and Medicare will continue to be the primary insurance for those enrolled that are age 65 or older.

Retirees and covered dependents should contact Social Security three months in advance of their 65th birthday or retirement, and provide the district proof of Medicare Parts A and B enrollment to avoid surcharges. This non-refundable surcharge will be passed along to the retiree for failure to comply with requirements to provide proof of Medicare Part A and/or B enrollment card. As a courtesy, SISC will notify employees turning age 65 by mailing a letter to them. This letter will have an explanation on Medicare and when they must enroll.

If proof of Medicare is not provided to SISC, a non-refundable penalty surcharge will be applied to the monthly premium. The surcharge will be applied the first of the month in which the member turns 65 until the Medicare card is produced.

2026-2027 Missing Medicare Surcharge	
Missing Part A	$700
Missing Part B	$900
Missing Parts A and B	$1,600

MEDICAL BENEFITS

SLCUSD offers five medical plans to choose from. All five 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.

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

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.

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

Go to **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 80-G PPO	Anthem Blue Cross 90-C PPO	Anthem Blue Cross 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 Family: $1,000	Individual: $200 Family: $500	Individual: $0 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 service; once you pay this amount, services are covered at 100% for the rest of the plan year (Sep 30 - Oct 1)		
	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**
Office Visit Copays – Preventive Care – Primary Care – Specialist	No charge $30 copay $30 copay	No charge $20 copay $20 copay	No charge $20 copay $20 copay
Hospitalization – Inpatient Hospital – Outpatient Surgery	Deductible, 20% Deductible, 20%	Deductible, 10% Deductible, 10%	No charge No charge
Lab and X-Ray – Diagnostic – Complex (MRI/PET)	Deductible, 20% Deductible, 20%	Deductible, 10% Deductible, 10%	No charge No charge
Emergency Services	**You Pay**	**You Pay**	**You Pay**
Emergency Facility (Copay waived if admitted)	$100 copay + Deductible, 20%	$100 copay + Deductible, 10%	$100 copay
Urgent Care	$30 copay	$20 copay	$20 copay
Prescription Drug	**You Pay**	**You Pay**	**You Pay**
Rx Deductible (EE / Fam) Rx Out of Pocket Maximum	Subject to medical ded $2,500 / $3,500	Subject to medical ded $2,500 / $3,500	Subject to medical ded $2,500 / $3,500
Retail Rx – Generic – Brand – Non-preferred Brand	30-Day Supply $9 copay $35 copay $35 copay	30-Day Supply $9 copay $35 copay $35 copay	30-Day Supply $9 copay $35 copay $35 copay
Retail Rx – Generic – Brand – Non-preferred Brand	90-day Supply $0 copay $90 copay $90 copay	90-day Supply $0 copay $90 copay $90 copay	90-day Supply $0 copay $90 copay $90 copay

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

MEDICAL BENEFITS

Medical Plan Highlights

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

MENTAL HEALTH RESOURCES

Anthem Employee Assistance Program

The District provides retirees with support for a wide variety of challenges through the SISC Anthem Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance. You can access the EAP by calling 800-999-7222 or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:

Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges with up to 6 free counseling sessions per issue per benefit year, plus unlimited phone support for:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

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 or visit 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

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 or by visiting teladoc.com/SISC.

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 or visit 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 (press 1) or visit costco.com.

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

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 or call (888) 632-2738. Be prepared to provide your name, the patient's name, your member identification number and your phone number.

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 and take a quick one-minute survey to see if you could benefit from Lark's

Lantern Cancer Care

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://lanterncare.com or call (855) 961-4533.

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.

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.

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.

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 – Single Vision – Bifocal – Trifocal – Standard Progressive – Premium Progressive – Custom Progressive	 No charge No charge No charge $50 copay $80 to $90 copay $120 to $160 copay
Frames	$180 allowance
Contact Lenses (in Lieu of Frames and Lenses)	$180 allowance for contacts and contact lens exam
Service Frequency – Examination – Lenses – Frames	 Once Every 12 Months Once Every 12 Months Once Every 24 Months

To Find Vision Network Providers

Go to 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.

RETIREE CONTRIBUTIONS

Contributions—Certificated Retiree

PPO 80-M	Single	Two-Party	Family
Total Annual Premium	$12,876.00	$18,300.00	$23,268.00
Annual District Contribution	$9,438.00	$12,150.00	$14,634.00
Annual Retiree Contribution	$3,438.00	$6,150.00	$8,634.00
Monthly Retiree Contribution	$286.50	$512.50	$719.50

PPO 80-G	Single	Two-Party	Family
Total Annual Premium	$16,704.00	$23,604.00	$30,012.00
Annual District Contribution	$11,352.00	$14,802.00	$18,006.00
Annual Retiree Contribution	$5,352.00	$8,802.00	$12,006.00
Monthly Retiree Contribution	$446.00	$733.50	$1,000.50

PPO 90-C	Single	Two-Party	Family
Total Annual Premium	$19,284.00	$27,144.00	$34,512.00
Annual District Contribution	$12,642.00	$16,572.00	$20,256.00
Annual Retiree Contribution	$6,642.00	$10,572.00	$14,256.00
Monthly Retiree Contribution	$553.50	$881.00	$1,188.00

PPO 100-A	Single	Two-Party	Family
Total Annual Premium	$20,916.00	$29,388.00	$37,368.00
Annual District Contribution	$13,458.00	$17,694.00	$21,684.00
Annual Retiree Contribution	$7,458.00	$11,694.00	$15,684.00
Monthly Retiree Contribution	$621.50	$974.50	$1,307.00

HSA 1700	Single	Two-Party	Family
Total Annual Premium	$14,520.00	$20,628.00	$26,232.00
Annual District Contribution	$10,260.00	$13,314.00	$16,116.00
Annual Retiree Contribution	$4,260.00	$7,314.00	$10,116.00
Monthly Retiree Contribution	$355.00	$609.50	$843.00

RETIREE CONTRIBUTIONS

Contributions—Classified Retiree

PPO 80-M	Single	Two-Party	Family
Total Annual Premium	$12,876.00	$18,300.00	$23,268.00
Annual District Contribution	$9,938.00	$12,650.00	$15,134.00
Annual Retiree Contribution	$2,938.00	$5,650.00	$8,134.00
Monthly Retiree Contribution	$244.83	$470.83	$677.83

PPO 80-G	Single	Two-Party	Family
Total Annual Premium	$16,704.00	$23,604.00	$30,012.00
Annual District Contribution	$11,852.00	$15,302.00	$18,506.00
Annual Retiree Contribution	$4,852.00	$8,302.00	$11,506.00
Monthly Retiree Contribution	$404.33	$691.83	$958.83

PPO 90-C	Single	Two-Party	Family
Total Annual Premium	$19,284.00	$27,144.00	$34,512.00
Annual District Contribution	$13,142.00	$17,072.00	$20,756.00
Annual Retiree Contribution	$6,142.00	$10,072.00	$13,756.00
Monthly Retiree Contribution	$511.83	$839.33	$1,146.33

PPO 100-A	Single	Two-Party	Family
Total Annual Premium	$20,916.00	$29,388.00	$37,368.00
Annual District Contribution	$13,958.00	$18,194.00	$22,184.00
Annual Retiree Contribution	$6,958.00	$11,194.00	$15,184.00
Monthly Retiree Contribution	$579.83	$932.83	$1,265.33

HSA 1700	Single	Two-Party	Family
Total Annual Premium	$14,520.00	$20,628.00	$26,232.00
Annual District Contribution	$10,760.00	$13,814.00	$16,616.00
Annual Retiree Contribution	$3,760.00	$6,814.00	$9,616.00
Monthly Retiree Contribution	$313.33	$567.83	$801.33

CARRIER CONTACTS

Plan	Phone	Website
Medical Benefits		
Anthem Medical plans	See ID Card	www.anthem.com/ca/sisc
Prescription Drugs – Navitus – Costco Mail Order Pharmacy	866-333-2757 800-774-2678	www.navitus.com www.costco.com
Anthem Employee Assistance Program (EAP)	800-999-7222	www.anthemEAP.com
SISC Value Added Benefits – Teladoc Expert Second Opinion – Vida Therapy and Health Coaching – MDLive – Lark Diabetes Prevention Program – Lantern Cancer Care – Centivo Care – Carrum Health – Hinge Health	855-201-9925 855-442-5885 888-632-2738 - 855-961-4533 - 888-855-7806 855-902-2777	teladoc.com/SISC vida.com/sisc www.mdlive.com/sisc www.lark.com/anthemBC https://lanterncare.com https://centivocare.com/sisc info.carrumhealth.com/sisc hingehealth.com/sisc
Vision Benefits		
Vision Service Plan (VSP)	800-877-1795	www.vsp.com

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

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

Learn more at 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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