

2025

COUNTY
of SAN LUIS
OBISPO

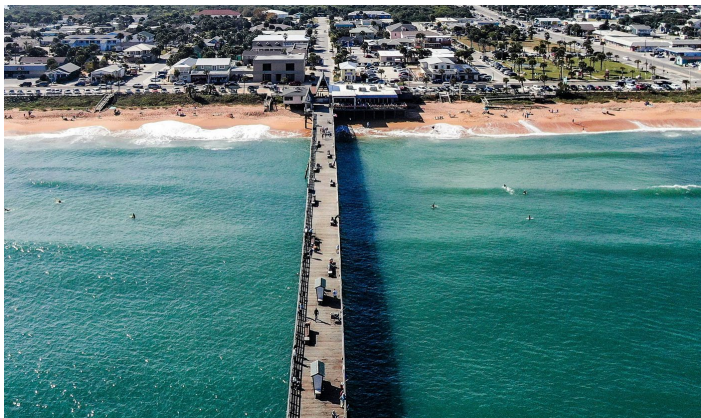
Employee Benefits Brochure



Open Enrollment October 4 – 18, 2024
slocounty.ca.gov/benefits

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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see your Annual Notices for more details.



BENEFITS FOR YOUR HEALTH & VALUE

We are providing you with this brochure to help you understand the benefits available to you and how to best use them. Please review it carefully. A list of plan contacts and resources are provided on the last page of this booklet.

The information in this booklet is a general outline of the benefits offered under the County of San Luis Obispo benefits program. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC) and/or insurance policies. If the information in this booklet differs from the plan documents, the plan documents will prevail. For more information, please visit slocounty.ca.gov/benefits or contact the insurance carrier.

The benefits in this summary are effective:

January 1, 2025 – December 31, 2025

OPEN ENROLLMENT PERIOD:

October 4 – October 18, 2024

You will only receive a new Blue Shield medical ID card if you change your medical enrollment. ID cards will be mailed in December of 2024.



HOW TO ENROLL IN BENEFITS

Before you enroll, collect the date of birth, social security number (SSN), address, and phone number for each dependent you wish to add to your coverage!

ENROLL ONLINE AT BENXCEL.NET

Visit our online enrollment system benxcel.net to login. Logged into the County's network and want to skip the hassle of remembering your user ID and password? Click here to utilize [BenXcel Single Sign On](#).

USERNAME AND PASSWORD	EXAMPLE
<p>All usernames and passwords have been set to the following:</p> <p>Username: first letter of your first name, full last name, and entire date of birth.</p> <p>Password: If you cannot remember your password call BCC at (800) 685-6100 or click the "Forgot Password" button.</p> <p>Company Name: SLO</p>	<p>Employee: Judy Smith-Doe DOB: 01/25/1973</p> <p>User ID: jsmithdoe01251973</p> <p>If you need assistance, contact BCC at (800) 685-6100.</p>

After you login, follow the system prompts to review your benefit options and begin making elections or changes. Make sure all the information about yourself and dependent(s) is correct. Don't forget to upload dependent verification documentation for new dependents. If documentation is not received, your dependent(s) will not be enrolled.

A confirmation statement will appear once you have made your elections. Click finish at the bottom of the page and save or print the confirmation statement for your records.

If you need help with system navigation, **contact BCC at (800) 685-6100** for assistance. If you enter the wrong username or password more than five times, you will be locked out. Contact your Department HR Person (Payroll Coordinator) or call BCC to reset.

Reminder: Qualifying life event changes must be made within 31 days of the life event.

ENROLLING FOR THE FIRST TIME?

Welcome to the County of San Luis Obispo!

After you review your enrollment options and decide your benefit elections, you will visit BenXcel.net to enroll. If using a County computer, use the [BenXcel Single Sign On](#).

- You have 30 days from your start date to make your benefit elections.
- Your benefits coverage will begin the first of the following month from your hire date.
 - Example: if your hire date is March 6, your benefit effective date is April 1.
- Outside of your first 30 days of hire, you may only make election changes during the annual Open Enrollment period or within 31 days of a qualifying life event.

Visit slocounty.ca.gov/benefitsqe for more information.

NEW HIRE CHECKLIST

- REVIEW:** this Employee Benefits Brochure as a summary of all available plans to determine what is best for you and your family.
- ENROLL:** or waive medical coverage within 30 days from your date of hire.
- CONFIRM:** and review your elections and confirm they are accurate by printing a confirmation statement.
- DOCUMENT:** when adding any dependents (spouse, domestic partner, children) to your plan elections. You are required to provide dependent documentation (marriage certificate, birth certificate, domestic partner registration) in the Benxcel.net enrollment system. Contact your department HR person or visit slocounty.ca.gov/benefitsqe for resources on how to upload your documentation.
- CONSIDER:** Life Insurance. As a new hire, you can elect up to \$150,000 in Life Insurance without evidence of insurability (EOI), see page 40 for details.
- AND CONSIDER:** anticipated health or childcare costs by enrolling in a healthcare Flexible Spending Account (FSA), or a Dependent Care Flexible Spending Account (DC FSA). Money is contributed tax-free, allowing your money to go further towards these anticipated costs. Review maximums, roll overs and limitations on page 36.

PREMIUM COSTS AND COLLECTION

A **Cafeteria** contribution is a fixed dollar amount the County contributes towards employees' healthcare premiums, if enrolled in County medical insurance. The monthly Cafeteria amount is determined by your bargaining unit, and contribution tiers are based on the number of medically-enrolled dependents you have on your plan. Visit our County Contribution and Premiums [page](#) for more information.

After your Cafeteria is applied, any remaining premium due is deducted from your pay, so be prepared for the initial payroll deduction. If your Cafeteria is greater than your premiums, you will receive the remainder as a café cash out on your paycheck. For those not enrolled in a County medical plan, no Cafeteria is provided; however, the County will pay your dental and vision premiums.

WHO'S ELIGIBLE FOR BENEFITS



Waiving Medical Insurance

Eligible employees must provide documentation for **other group coverage** to decline County medical insurance.

Individual plans, including the California Marketplace benefits and Medicare Plans are **not** considered other group coverage and would not be a qualified medical plan to waive County medical insurance.

Separation & Divorce

Legally separated or former spouses and former stepchildren are ineligible dependents and will be removed from County insurance plans **effective the date of the legal separation or divorce decree**. Medical claims and premiums incurred by ineligible dependents due to late notification to the County are the responsibility of the employee.

Employee Eligibility

As a Permanent, part-time or full-time employee working 20 or more hours per week, you are eligible for the benefits as outlined in your respective labor agreements. In addition, any employee meeting the definition of full-time as defined by the Affordable Care Act (ACA) is eligible for a medical benefit.

Dependent Eligibility

- Spouse: your legal spouse to whom you are legally married to under state law, including a same- sex spouse.
- Domestic Partner: your registered domestic partner. Domestic Partner Affidavit is required.
- Children: your natural, adopted, stepchildren or domestic partner's children up to age 26. They do not have to live with you or be enrolled in school.
- Children under age 26 for which you have legal guardianship (including married children).
- Tax dependents over age 26 who are disabled and dependent on you for support. Contact your insurance carrier for a disabled dependent affidavit.
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Who is Not Eligible?

Family members who are not eligible for coverage include, but are not limited to:

- Parents, grandparents, and siblings.
- Employees who work fewer than 20 hours per week, temporary employees, contract employees or employees residing outside the United States.
- Former spouses and stepchildren.

Dual Coverage Limitation

For medical insurance, a County employee cannot be covered as both an employee and a dependent of another employee or retiree.

QUALIFYING LIFE EVENTS

Open Enrollment is the annual opportunity to make changes to your benefit elections without a qualifying life event. Any changes you make must be consistent with the change in status.

You are responsible for making enrollment changes by logging in online at BenXcel.net **within 31 days** of your qualifying life event. [Click here](#) to watch an instructional video on how to initiate a Qualifying Event within BenXcel. Be sure to pay attention to the Qualifying Event in order to ensure your effective date is correct.

Visit slocounty.ca.gov/benefitsqe for more information.

COMMON QUALIFYING EVENTS

Birth, adoption, or new legal guardianship of a child

New children can only be added to existing plans. No plan changes allowed.

Change in legal marital status including Marriage, Divorce or Death

Former spouses and stepchildren are ineligible dependents and will be removed from County insurance plans effective the date of the divorce decree.

Change in your health coverage or your spouse's coverage due to your spouse's employment

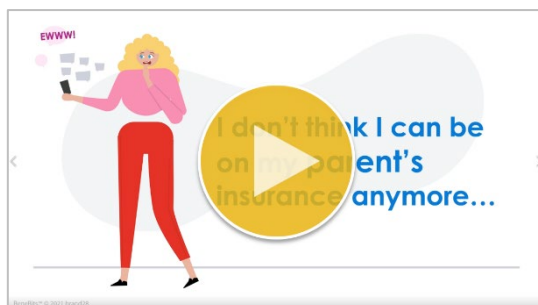
New eligibility for other group healthcare coverage – If your spouse is hired at a new job & is offered group medical coverage that they would like to enroll in, etc.

Change in employment status that affects eligibility for you, your spouse, or dependent child(ren) including retirement, going temp to perm, part-time to full-time and returning to work from non-pay status/leave.

Change in an individual's or dependents' eligibility for Medicare or Medicaid

If you qualify for a mid-year benefit change, you will be **required** to submit proof of the change. Refer to the next page for the types of documentation required when adding dependents to your coverage for the first time.

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

DEPENDENT DOCUMENTATION

The following documents are required to enroll a dependent in health benefit plans. Social Security Numbers for all dependents are required to be covered on the plans.

The County of San Luis Obispo reserves the right to request additional documentation to substantiate eligibility. An employee may be held responsible for substantial charges if services are provided for a person who is found to be ineligible. Visit slocounty.ca.gov/benefitsqe for more information.

Dependent Type	Required Documentation	Resources to Obtain Documentation
Dependent Spouse (same or opposite gender)	Add: Marriage Certificate Remove: Divorce Decree	<ul style="list-style-type: none"> County office that issued original Marriage Certificate Vitalchek.com
Registered Domestic Partner	Add: State, County or City issued Declaration/Certificate of Domestic partnership Remove: Termination of Domestic Partnership	<ul style="list-style-type: none"> County/City office that issued original certificate sos.ca.gov/registries/domestic-partners-registry
Dependent child by birth	Birth Certificate (must include parents' name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage.	<ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration Vitalchek.com
Dependent child by adoption	Final Adoption Papers and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> State agency that issued final adoption papers Adoption agency that issued placement papers Social Security Administration
Dependent stepchild(ren)	Marriage Certificate and Birth Certificate (must include parents' name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions	<ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration Vitalchek.com
Dependent child by legal guardianship	Birth Certificate (must include parents' name), and copies of any court orders or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> County that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration Vitalchek.com

NAVIGATOR PPO PLANS POWERED BY ACCOLADE



PHONE: (866) 406-1275

WEBSITE: member.accolade.com



Click to view video

Don't Forget you have Accolade to assist you!

County of San Luis Obispo employees enrolled in a County medical plan have access to Accolade healthcare and benefits service.

About Accolade Health Assistants?

Remember, Accolade Health Assistants are part of your Accolade Care team and are here to provide an exceptional healthcare experience through phone, their web portal and mobile app.

Health and Benefits Support

Accolade Health Assistants and nurses are your first place to turn whenever you have a healthcare need or benefits question - available by phone or secure messaging through the web portal and web app.

Through Accolade you can:

- **Get Benefits Guidance** – health assistants can help you learn more about the benefits available to you and your family.
- **Find In-Person Care** – Accolade Health Assistants can help find and schedule appointments with high-quality, in-network doctors, specialists or healthcare facilities. They can also help you understand your options for care (e.g., PCP, Urgent Care, Emergency room).
- **Understand Coverage and Costs** – Accolade can help you understand your health plan coverage, costs, and make sense of confusing medical bills.
- **Access Virtual Care*** – Accolade Care gives you 24/7 access to primary care and mental health support. Accolade Care doctors can also prescribe medications.
- **Receive Nurse Support** – get connected to a nurse who can help you understand symptoms, learn about conditions or explore treatment options. You can also connect with clinical programs specific to your health conditions, which offer enhanced support.
- **Expert Medical Opinion** - *2nd. MD* is Accolade's expert medical opinion service. They can arrange for a second opinion from a world-renowned doctor about a diagnosis, treatment option, surgery or medication you are feeling unsure about – at no cost to you.

*\$0 copay for High Deductible Health Plan members in 2024 as permitted under the Consolidated Appropriations Act of 2023 expected to expire December 31, 2024. If the law is not extended, a copay will apply for telehealth services.

2025 EAP TRAINING COURSES

The County's EAP includes live webinar courses throughout the year. Learn how to manage your work/home life, plan for retirement, and more. See below for the 2024 - 2025 schedule. To register please visit [NeoGov Learn](#).

Additionally, all live offerings are recorded and uploaded to NeoGov Learn for on-demand access.



Course	Day	Date	Time (PST)
Communication Skills in the Workplace	Tuesday	July 23, 2024	10:00 AM
The Art of Feng Shui	Thursday	August 22, 2024	1:00 PM
Social Security Retirement Planning	Tuesday	September 10, 2024	10:00 AM
Becoming A Pet Parent	Thursday	November 14, 2024	1:00 PM
Community and Giving Back: Leaving our Footprints	Thursday	January 23, 2025	1:00 PM
Managing Priorities to Maximize Your Day	Wednesday	February 19, 2025	2:00 PM
Tax Tips	Tuesday	March 18, 2025	10:00 AM
Intro To Neurodiversity	Thursday	April 24, 2025	1:00 PM
Be Positive	Tuesday	May 20, 2025	10:00 AM
Healthy Kids	Thursday	June 19, 2025	1:00 PM



HEALTH INSURANCE

You already know the County of San Luis Obispo offers great benefits, but how much do you really know about your benefits package? During Open Enrollment, it's easy to overlook all of your benefits to make sure you have the "basics" like health insurance. However, the **County's benefits are anything but basic. This section will break down what Health Insurance is, what affects your premiums, and how you can get the most out of your benefits.**

What is Health Insurance and How To Maximize Your Healthcare

Health insurance or medical insurance is a type of insurance that covers the whole or a part of the risk of a person incurring medical expenses. As with other types of insurance, risk is among many individuals. Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In the following section you'll find information on:







- **Finding the right care at the right cost**
- **The Employee Health Clinic** – Available to all employees!
- **Virtual Care options**
- **Mental health options through Headspace, Accolade Care, and Blue Shield Networks**
- **Saving money on prescription drugs**

Health Enhancing Programs

A majority of what affects your premium are claims costs. To help manage costs, the County provides programs and services to help you access care when and how you need it, including addressing special health concerns. See pages 18-19 on these free and low-cost benefit programs to maximize your healthcare and reduce your expenses!

- **Anthem EAP** - Employee Assistance Program
- **Livongo** – Diabetes Management and Prevention
- **Hinge Health** – Virtual Physical Therapy and Women's Pelvic Health Program
- **Carrum Health** – Free Surgical Benefit for Qualified Surgeries
- **Cylinder Health** - Cylinder is a no cost health benefit that helps with symptoms like heartburn, gas, bloating, indigestion, and irregularity.

GETTING CARE WHEN YOU NEED IT

Where to Go	What is it	What can be treated
<p>Employee Health Clinic</p> 	<p>All County employees can visit the Onsite Employee Health Clinic. See the next page for more information.</p>	<ul style="list-style-type: none"> • Non-emergency care • Preventive care • Minor procedures • Vaccinations
<p>Accolade Health Assistant Line</p> 	<p>Speak directly to a registered nurse, primary care physician and or doctor who can help you with your health-related questions. Check the back of your medical ID card for the member service number.</p>	<ul style="list-style-type: none"> • Choosing appropriate medical care • Finding a doctor or hospital • Understanding treatment options • Achieving a healthier lifestyle • Answering medication questions
<p>Virtual Care</p> 	<p>E-visits, telephone, and video visits are simple and secure ways to get care and save yourself an office visit and money with Accolade's Virtual Care.</p> <p>You can also use Headspace to connect with a clinician or psychiatrist for mental health support.</p>	<ul style="list-style-type: none"> • Sore throat, cough, cold and flu • Eye conditions • Rash • Sinus problems • Urinary tract infection • Mental Health
<p>Your Doctor's Office</p> 	<p>Go to a doctor's office when you need preventive or routine care. Your doctor can access your medical records, manage your medications and refer you to a specialist, if needed.</p>	<ul style="list-style-type: none"> • Annual Physical • Checkups • Preventive services • Minor skin conditions • Vaccinations • General health management
<p>Urgent Care (UC)</p> 	<p>Urgent Care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent Care centers treat issues that aren't life threatening.</p>	<ul style="list-style-type: none"> • Sprains • Strains • Minor burns • Minor infections • Minor broken bones • Cuts that may need a few stitches
<p>Emergency Room (ER)</p> 	<p>The ER is for serious life-threatening or very serious conditions that require immediate care. This is also when to call 911.</p>	<ul style="list-style-type: none"> • Breathing difficulty • Chest pain • Heavy bleeding • Major broken bones • Major burns • Severe head injury • Spinal injuries • Sudden weakness or trouble talking

EMPLOYEE HEALTH CLINIC



Available to ALL County Employees!

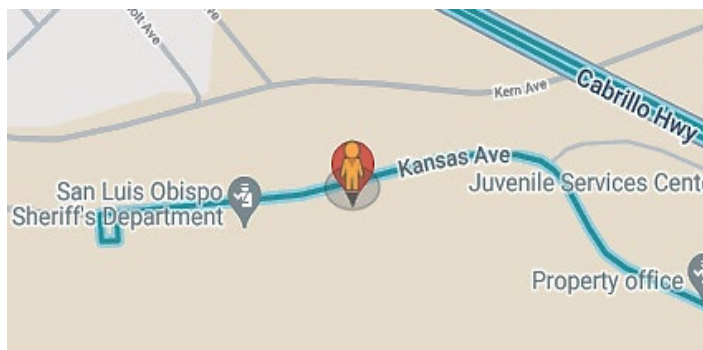
All services performed onsite are **free** to all employees covered on the County Blue Shield EPO or PPO plans. Blue Shield HDHP members have a \$25 copay. Employees with other insurance can access the clinic and ordinary co-pays will apply.

Same-day appointments are available; schedule online or by calling the clinic.

For more information or to schedule an appointment online, visit www.slo.clinic.

Clinic Hours: Monday – Friday 8:00 AM – 4:30 PM. Closed for lunch from 12:00 PM – 1:00 PM.

Type of Service	Clinic Services
Acute and Episodic Care 	<ul style="list-style-type: none">• Colds & Flu• Infections (Eye, Ear, Skin)• Rashes and Skin Problems• Urinary Tract Infection (UTI)• Viral Infections
On-Going Care 	<ul style="list-style-type: none">• Asthma Treatment• Allergy Treatment• Diabetes• Stress and Depression• Blood Draws
Preventative Service 	<ul style="list-style-type: none">• Diabetes Prevention• Risk Screenings• Routine Physicals• Pap Smears• Vaccines



Phone: (805) 754-2037

Website: www.slo.clinic

Address:

1485 Kansas Avenue
San Luis Obispo, CA 93405



Scan to
Schedule an
Appointment

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$ Generic Drug

\$\$ Brand Name Drug

\$\$\$ Specialty Drug

PRESCRIPTION TIPS!

You can receive your routine medication by **MAIL ORDER**. Your doctor will need to authorize a 90-day supply. You can submit refills through a website or app, or by phone. You will get the best rates when opting for the 90-day supply.

Express Scripts: (877) 554-3091

NOTE: PPO & EPO members have different customer service lines from the HDHP for their prescriptions.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

Understanding The Formulary Can Save You Money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a Formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get The Most From Your Coverage

To get the most out of your prescription drug coverage, determine where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice.

GENERIC MEDICATIONS are always the least expensive. Get in the habit of asking your doctor or pharmacist if there's a generic alternative. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents. RxnGo.com offers free generics.

If a generic drug is not available, ask your doctor whether there is an effective brand name medication that is on the plan's preferred drug list.

SPECIALTY MEDICATIONS can cost a lot of money! That is why the County offers [SaveOnSP](#) as a program to help lower your prescription out-of-pocket costs as low as \$0! Call (800) 683-1074 for more information. This program is not eligible to HDHP Plan members.

SHOP AROUND! Even within the same drugstore chain, you may find a better price at a different location. Your medical plan may have an online tool or app to compare prices. Or try websites like goodrx.com or rxsaver.com

VIRTUAL CARE BENEFITS



Accolade Care

At no extra cost, with Accolade Care, you can see and speak with a board-certified doctor or therapist right from your phone, tablet or computer. You'll have access to:

- Doctors who have trained at the top 50 U.S. medical schools
- Same-day virtual primary care visits
- Physical and mental health support
- 24/7 support from your Care Team

Accolade Care Can Treat:

- **Urgent medical issues** like the cold, flu, urinary tract infections, sinus infections, rashes
- **Ongoing conditions** such as diabetes, high blood pressure, asthma, anxiety or depression
- **Everyday care** such as prescription refills, birth control, HIV prevention, preventive care and screenings

Book your first appointment or log in at member.accolade.com or scan the QR code to get started.



Blue Shield's Teladoc Health

Talk to a doctor or mental health professional anywhere you are by phone or video. Set up an appointment with a licensed doctor, psychiatrist, psychologist or counselor by phone or video. Appointments are available daily from 7 a.m. to 9 p.m., from the convenience and privacy of your home. Visit Teladoc.com/bsc and set up an account.

Applicable copays do apply.

Check your benefit summaries and plan documents for cost.

Mental Healthcare

A Happier, Healthier You

Obtain extra mental health support at no cost for whatever you're going through. You'll get access to mental health support via phone, text, and video via Headspace. With the Headspace mobile app you'll receive:

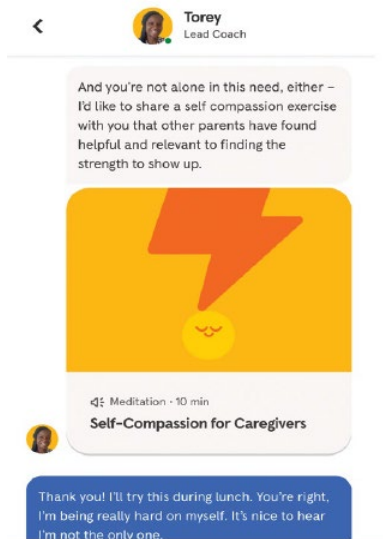
- Guided meditations for stress, anxiety, productivity, and more.
- Chat with a coach via text for personalized support.
- Schedule an appointment with a therapist or psychiatrist for extra support.



Get Started

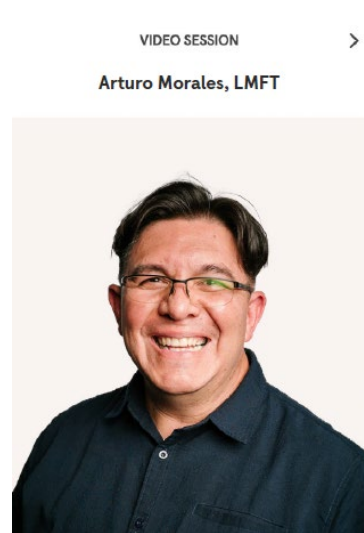
You can start using Headspace by using the [County Headspace Member Login](#) or scan the QR code.

Get help with whatever's on your mind - anytime



Mental Health Coaching

Coaches help you with everyday challenges. Manage feelings of anxiety and depression, improve relationships, cope with work stress, and more. Meet with a coach right away or schedule an appointment. You'll talk to your coach through text-based chats from your smartphone, and it's all private.



Clinical Care

For more support, meet with a clinician via video. They'll see you within days, and you can make appointments on weekends and evenings. They'll work with your coach to make sure you get what you need.



Meditation and Mindfulness

Explore hundreds of guided exercises for meditation and mindfulness. Learn to manage stress, bounce back from challenges, sleep soundly, and build healthy habits.

[Learn More about this Benefit](#)

When you need help meeting life’s challenges, the Anthem Blue Cross Employee Assistance Program (EAP) is here for you and your household members. Check out some of the free services offered. All services offered through the EAP are at **no cost to you**:



Dependent Care and Daily Living Resources

- Information available on childcare, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more

Other AnthemEAP.com Resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Need help? Give EAP a try today. Call us at **(833) 954-1067**. Or go to AnthemEAP.com and enter your company code: **PRISM**

Counseling

- Up to **5 free** visits per issue per year
- Face-to-face counseling or online visits via LiveHealth Online
- Call EAP or use the online Member Center to initiate services

Legal Consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles

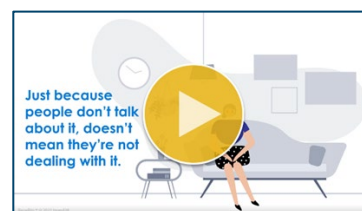
Financial Consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools

ID Theft Protection

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors

Available 24/7, 365 days a year
Everything you share is confidential.



Mental Health (EAP)

FREE & CONVENIENT BENEFITS

The County's benefits are designed to improve and support your physical, mental and financial health. When you thrive, we thrive. Providing benefits that meet and exceed employee expectations is how we make it happen. Using the following benefits can not only improve your health, but also lower your costs!

BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED
--------------------	-----------------------------------

Physical Therapy for Back or Joint Pain & Women's Pelvic Health

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. Women's Pelvic Health program can help reduce pelvic pain, improve bladder, and increase pelvic strength and control. Available for preventative, acute, and chronic needs at no cost.

All PPO & EPO members

Call (855) 902-2777

Visit: hingehealth.com/prism/



Surgical and Breast Cancer Treatment Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel for patient and companion as well as medical bills. Oncology benefit is available as guidance for all cancer types. Treatment and surgery may be available for first time, non-metastatic Breast Cancer at a City of Hope affiliated facility. Please Note: Total joint replacement, spinal fusion and bariatric (weight loss) surgeries will require a second opinion evaluation through the Carrum Health Program.

All PPO & EPO members

Call: (888) 855-7806

Mon-Fri 9am to 5pm PST

Visit: carrum.me/prism



Diabetes Management Program Livongo

No-cost program to help members with diabetes reduce risk and improve condition management. Free meter and unlimited test strips using 24/7 cellular real-time technology. Active monitoring and coaching also available. No copays or out-of-pocket fees.

All PPO & EPO members

Call: (800) 945-4355

Visit: welcome.livongo.com/prism

Registration code: PRISM



FREE & CONVENIENT BENEFITS CONTINUED

BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED
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Digestive Health Program by Cylinder

Cylinder is a no cost health benefit that helps with symptoms like heartburn, gas, bloating, indigestion, and irregularity. You will receive a free, at-home gut microbiome test to measure good and bad bacteria in your gut. Program also includes working with a registered dietitian and health coach to get to the root cause of your digestive symptoms.

PPO, EPO & HDHP members

Visit: <https://go.cylinderhealth.com/SLO/>



Weight Management Care Omada with Express Scripts

Individuals managing diabetes or those that are pre-diabetic in need of a weight management/maintenance program, will have access to Omada at no cost. This program is targeted to individuals at risk for diabetes or heart disease and who can benefit strictly from weight management support and education. You'll receive 24/7 access to support, a plan built around you, dedicated health coach, wireless smart scale, and integrative weekly lessons. This benefit is only available to members on a Blue Shield EPO or PPO plan.

PPO & EPO members

Visit:

express-scripts.com/healthsolutions

Note: ESI may reach out to members who meet eligibility criteria for this program. This is not a self-enroll option.



Discount Medications GoodRx

Discounts on medications for all. GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use GoodRx to find current prices and discounts, receive free coupons, and simply bring the coupons to your pharmacy when you pick up your prescription.

PPO, PPO, & HDHP members

Members Call:

(888) 799-2553

Pharmacies Call:

(844) 857-4351

Visit: gold.goodrx.com



OTHER BENEFITS



DELTA DENTAL COST ESTIMATOR TOOL

Delta PPO members can plan visits and compare costs before they receive their treatments. Estimates for each member are personalized based on benefits. Members can compare procedure costs at nearby dentists should members need to plan in terms of costs. Members can also receive a detailed explanation of their costs based on upcoming treatment.

Log in to your account on Delta Dental by visiting their site [here](#).



VSP MEMBER EXTRAS

VSP members can get access to over \$3,000 in savings with industry-leading brands with the VSP Exclusive Member Extra program.

Savings can include:

- Extra \$20 on featured frame brands
- Instant savings and satisfaction guarantees on popular lenses and enhancements
- Savings on LASIK
- Mail-in rebates and free trials on popular contact lens brands
- And more!

Visit vsp.com/offers to view more Bonus Offers.



AMPLIFON HEARING HEALTH CARE & QUALSIGHT LASIK

Enrollees in the Delta Dental PPO plans have access to preferred pricing on hearing aids and LASIK services through Amplifon Hearing Health Care and QualSight.

Enrollees simply give them a call, and a dedicated representative will explain the program, answer questions and help enrollees find the right services or products. Amplifon and QualSight will even help set up appointments and follow-up care.

To learn more about:

Amplifon's hearing aid discounts:

- Visit www.amplifonusa.com/deltadentalins
- Call (888) 779-1429.



QualSight's LASIK discounts:

- Visit <https://www.qualsight.com/-delta-dental>
- Call (855) 248-2020.





COMPARE OUR MEDICAL PLANS

The County of San Luis Obispo offers 5 different types of medical plans for different needs and budgets. Every plan includes free preventive care from network providers to check that you're staying healthy. Each plan provides its own network of doctors, hospitals and labs. The differences are in cost, flexibility, and access to care.

HDHP: High Deductible Health Plan

- Blue Shield HDHP with HSA

PPO: Preferred Provider Option

- Blue Shield Tandem PPO (Narrow Network)
- Blue Shield Choice PPO
- Blue Shield Care PPO

EPO: Exclusive Provider Organization

- Blue Shield EPO

You're in the driver's seat when it comes to managing your medical care and finances. A HDHP is the only plan with a Health Savings Account (HSA) funded by your own tax-free dollars and any employer contributions. The HSA helps you pay your deductible and other healthcare expenses. You can visit any provider, but if you stay in-network, you'll be able to save more of your HSA dollars for future healthcare needs.

A PPO gives you flexibility and choice, but you might pay more. You can go to any doctor without a referral, but you will pay more of the cost if they are not in the plan's network. You will need to meet an annual deductible before the plan starts to pay.

An EPO gives you more predictable costs but less flexibility. Out-of-network care is not covered except in an emergency. You pay a fixed copay for most services.

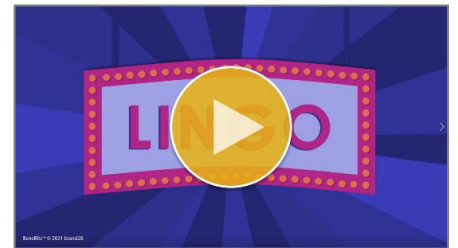


[Click To Learn All About Medical Plans](#)

CHOOSING A MEDICAL PLAN

Review some important considerations when deciding which medical plan is right for you:

- **Your Doctors** – Do you prefer to see specific doctors? Contact your Accolade Health Assistant who can help you check the doctors you see regularly are in-network before enrolling in a plan. If your doctor is not in-network, a visit will cost you more. A few minutes of research can avoid an expensive surprise.
- **Your Healthcare Needs** – Do your family members need to see a doctor often or visit Urgent Care? Do you have regular lab work or X-rays? Do you take medications on an ongoing basis? Do you have surgery planned? Review the benefit tables in this guide from page 23 - 25 to compare your costs.
- **Your Total Cost** – How much will be deducted from your pay for coverage? Does the plan have a deductible? What is the plan's annual out-of-pocket maximum? Can you offset your costs with a tax-free health account such as an HSA or an FSA? Each of these factors can affect your bottom-line cost for healthcare.
- **Important Terms** - Learn these insurance terms and compare them for each plan available to you. [Click here for details](#)



Play the Health Lingo Game!

Copay



A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.

Out-Of-Pocket Maximum



Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Balance Billing



In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill you for the \$30 difference.

Eligible Expense



A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Deductible



The amount of healthcare costs you have to pay with your own money before your plan will start to pay.

Coinsurance



After the deductible, you and the plan share the cost on a PPO or HDHP. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.

BLUE SHIELD PPO



Plan Benefits	Blue Shield Tandem PPO (Narrow Network)		Blue Shield Choice PPO		Blue Shield Care PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,250 per individual \$2,500 per family		\$1,000 per individual \$2,000 per family		\$500 per individual \$1,000 per family	
Annual Out-of-Pocket Maximum	\$3,000 per individual \$6,000 per family	No limit per individual No limit per family	\$3,000 per individual \$6,000 per family	No limit per individual No limit per family	\$2,000 per individual \$4,000 per family	No limit per individual No limit per family
Office Visit Primary Care and/or Specialist	\$35 per visit (deductible waived)	Plan pays 60%	\$35 per visit (deductible waived)	Plan pays 60%	\$20 per visit (deductible waived)	Plan pays 60% after deductible
Chiropractic Care (In-Network 20 visit limit)	\$15 per visit (deductible waived)	Plan pays 60%	\$15 per visit (deductible waived)	Plan pays 60%	\$15 per visit	Plan pays 60% after deductible
Preventive Care	No Charge	Plan pays 60%	No Charge	Plan Pays 60%	No Charge	Plan pays 60% after deductible
Diagnostic Lab and X-ray	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 60%
Urgent Care	\$35 per visit (deductible waived)	Plan pays 60%	\$35 per visit (deductible waived)	Plan pays 60%	\$20 per visit	Plan pays 60%
Emergency Room Copay waived if admitted	\$100 + plan pays 75%	Covered as In-Network	\$100 + plan pays 80%	Covered as In-Network	\$50 + plan pays 90%	Covered as In-Network
Hospitalization	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%	\$250 + plan pays 90%	\$250 + plan pays 60%
Outpatient Surgery* (No Charge if using Carrum Health)	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 60%
Provider Network	Blue Shield Tandem PPO (Narrow Network)		Blue Shield Choice PPO		Blue Shield Care PPO	
Monthly Premium Costs						
Employee Only	\$799.00		\$908.00		\$980.00	
Employee + 1	\$1,576.00		\$1,796.00		\$1,945.00	
Family	\$2,053.00		\$2,340.00		\$2,536.00	

*See next page for important note for all plans

Plan Benefits	In-Network Only
Annual Deductible	\$250 per individual \$750 per family
Annual Out-of-Pocket Maximum Embedded	\$1,500 per individual \$3,000 per family
Office Visit Primary Care and/or Specialist	\$25 per visit
Chiropractic Care	\$15 per visit (Coverage for In-Network Provider is limited to 20 visits per benefit period combined with Acupuncture visits)
Preventive Care	Adult exam w/ preventive test: Plan pays 100% (deductible waived; see contract for limitations), well-child. Plan pays 100% (deductible waived; see contract for limitations)
Diagnostic Lab and X-ray	\$25 per test
Urgent Care	\$25 per visit
Emergency Room	\$150 per visit (waived if admitted)
Hospitalization	\$250 per admittance
Outpatient Surgery* (No Charge if using the Carrum Health)	No Charge
Provider Network	Blue Shield PPO
Monthly Premium Cost	
Employee Only	\$1,111.00
Employee + 1 Dependent	\$2,211.00
Family	\$2,890.00

IMPORTANT NOTE FOR ALL PLANS:

Monthly medical premiums shown are before the County’s Cafeteria contribution per month. To find a provider, call your Accolade Health Assistant. Note for Out-of-Network benefits - member is responsible for coinsurance in addition to any charges over the allowable amount. When members use non-preferred providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Blue Shield’s allowable amount. Charges in excess of the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum.

***Please note:** total joint replacement, spinal fusion, and bariatric (weight loss) surgeries will require a second opinion evaluation through the Carrum Health Program. Participation in Carrum Health is required for total joint replacements, spinal fusions and bariatric (weight loss) procedures.

BLUE SHIELD HIGH DEDUCTIBLE HEALTH PLAN



Plan Benefits	In-Network	Out-Of-Network
Annual Deductible (Aggregate)	\$2,000 per individual \$6,000 per family	\$2,000 per individual (combined with in-network) \$6,000 per family (combined with in-network)
Annual Out-of-Pocket Maximum (Embedded)	\$6,350 per individual \$12,700 per family	\$6,600 per individual \$15,000 per family
Office Visit Primary Care and/or Specialist	Plan pays 80% after deductible	Plan pays 60% after deductible
Chiropractic Care	Plan pays 80% after deductible (Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period)	Plan pays 60% after deductible (Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period)
Preventive Care	Adult exam w/ preventive test: Plan pays 100% (deductible waived; see contract for limitations), Well-child visit: Plan pays 100% (deductible waived; see contract for limitations)	Adult exam w/ preventive test: Plan pays 60% after deductible (in-network limitations apply), Well-child visit: Plan pays 60% after deductible (in-network limitations apply)
Diagnostic Lab and X-ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	Plan pays 80% after deductible	Plan pays 80% after deductible
Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible (up to \$600 per day)
Outpatient Surgery* (No Charge if using the Carrum Health Program after deductible is met)	Plan pays 80% after deductible	Plan pays 60% after deductible
Provider Network:	Blue Shield PPO	
Monthly Premium Costs		
Employee Only	\$789.25	
Employee + 1	\$1,560.25	
Family	\$2,032.25	

*See prior page for important note for all plans

UNDERSTANDING HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

A High Deductible Health Plan (HDHP) combines a Health Savings Account (HSA) with traditional medical coverage. It provides insurance coverage and a tax-advantaged way to help save for future medical expenses. HDHPs have higher annual deductibles and out-of-pocket maximum limits than other PPO plans.

HDHP Plan Benefits		HSA Usage	
	\$2,000 Andre's in-network deductible		\$500 HSA deposit from Company
+	\$500 Andre's additional coinsurance costs	+	\$2,000 Andre's HSA contributions
=	\$2,500 Andre's total out-of-pocket	=	\$2,500 Total HSA Deposits
+	\$4,100 Covered by insurance	-	\$2,500 Paid for medical costs
=	\$6,600 Total knee surgery cost	=	\$0 HSA Balance

The HDHP deductible operates differently than other plans and it's important to be aware of how this impacts you. With the HDHP, the annual deductible must be met before plan benefits are paid for services, other than in-network preventive care services, which are covered 100%.

Another key difference is that you are required to meet your annual deductible for both medical and prescription drug expenses before the plan's coinsurance cost sharing begins. In addition, you have a separate deductible for both in and out-of-network benefits.

IMPORTANT HDHP PHARMACY NOTE:

You pay 100% of pharmacy costs until you meet the plan's deductible. This means if your prescription costs \$100, you will need to pay the \$100 every fill until you reach your deductible. You do not have a set co-pay. Once you meet your deductible, the plan will share the cost of care with you through co-insurance, meaning you will pay 20% of your prescription's cost. If your prescription costs \$100 and you have met your deductible, you will pay 20% (\$20), and the plan will cover the remaining 80% (\$80). Once you reach your annual out-of-pocket maximum, the plan will pay 100% for the remainder of the year.

PHARMACY BENEFITS



Express Scripts program coordinates with following the medical plans:

- Blue Shield Tandem PPO (Narrow Network)
- Blue Shield Care PPO
- Blue Shield Choice PPO
- Blue Shield EPO

To access information regarding prescription drugs visit: www.express-scripts.com. Be sure you are using an in-network pharmacy and your Express Scripts ID card to obtain prescriptions.

	Retail (In-Network) (30 Day Supply)	Retail/Home Delivery (In-Network) (90 Day Supply)
Generics	\$5 copay	\$10 copay
	Free generics are available through Rx 'N Go	
Preferred Brands	\$20 copay	\$40 copay
Non-Preferred Brands	\$50 copay	\$100 copay
Specialty with SaveOnSP*	\$0 specialty meds with SaveOnSP	
Deductible	None	
Out-of-Pocket Maximum	\$2,000 individual/\$4,000 family	
Mail Order Out-of-Pocket Maximum	\$1,000	

***Note on Specialty drugs:** For \$0 cost specialty meds, members can enroll into the SaveOnSP program. If they choose to opt out, their normal applicable copay will apply.

Specialty Brands without SaveOnSP	
Blue Shield Tandem PPO Blue Shield Choice PPO Blue Shield Care PPO Blue Shield EPO	Same as Non-Preferred Brands Copay is 20% up to \$100 Same as Non-Preferred Brands Copay is 20% up to \$150

Blue Shield coordinates the pharmacy benefit for the Blue Shield HDHP medical plan.

	Retail (In-Network) (30 Day Supply)	Retail/Home Delivery (In-Network) (90 Day Supply)
Generics	20% after Rx Deductible Free preventative generics are available through Rx 'N Go	
Preferred Brands	20% after Rx Deductible	
Non-Preferred Brands	20% after Rx Deductible	
Specialty Drugs	20% after Rx Deductible	
Deductible	Medical Deductible Applies	
Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum Applies	
Mail Order Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum Applies	

***IMPORTANT:** If you choose to have a brand-name medication when a generic is available, you will pay the difference in cost between the brand and generic, plus the generic copay.

MAIL PHARMACY BENEFITS

BENEFIT HIGHLIGHTS

EXPRESS SCRIPTS SMART 90 PROGRAM – You now have two ways to get up to a 90-day supply of your maintenance medications, which are drugs you take regularly for ongoing conditions. You can conveniently fill those prescriptions either through home delivery or at a retail pharmacy in the Smart90 network, either CVS or Walgreens!

There's a savings for getting one 90-day supply vs. three 30-day supplies at retail pharmacies. **After the third time you purchase up to a 30-day supply of a maintenance medication at a pharmacy, you'll pay a higher cost under your plan.** By choosing a 90-day option—either through home delivery or at a Smart90 pharmacy—you can avoid this higher cost. You will pay the same copay for your 90-day supply with either option.

RX 'N GO FREE GENERIC MEDICATIONS – Rx 'n Go is a voluntary mail order pharmacy benefit that provides you access to over 1,200 generic medications at no cost to you. All employees and covered dependents, on a Blue Shield medical plan*, have the option to receive up to a 90-day supply of generic prescription maintenance medications by mail at no cost to you.

What do I have to do?

1. Go to rxngo.com and confirm your medication(s) is on the Rx 'n Go drug list.
2. Complete the Pharmacy Profile form online or by calling Rx 'n Go.
3. Mail the Pharmacy Profile form and original prescription(s) to Rx 'n Go's pharmacy, Transition Pharmacy. Your physician may also fax, phone or E-Scribe your prescription.
4. Receive your medication(s) by mail at your home.

SAVEONSP SPECIALTY MEDICATION PROGRAM –

Specialty medications are high-cost drugs. You pay a copay but the true cost is much higher. SaveOnSP is a program that helps reduce the plan's cost. If you enroll, your copay will be \$0. Some conditions covered by SaveOnSP include: Hepatitis C, Multiple Sclerosis, Psoriasis, Inflammatory Bowel Disease, Rheumatoid Arthritis or Cancer. This program is only available to Blue Shield EPO & PPO members.

AVAILABILITY & HOW TO GET STARTED

Website: www.express-scripts.com

Call: (877) 554-3091



Website: <https://rxngo.com/>

Call: (888) 697-9646

Escribe: Transition Pharmacy



**Note: Due to IRS guidelines on the HDHP, only preventive maintenance medications are available to you for free.*

Call: (800) 683-1074



HOW TO USE RX 'N GO FREE GENERIC MEDICATIONS



3 QUICK & EASY STEPS!



Check to see if your medication is covered by clicking here:
[Medications](#)



Fill out profile form online by clicking here:
[Profile Form](#)



Have your doctor submit your prescription to the Rx 'n Go pharmacy,
Transition Pharmacy

TO SUBMIT YOUR PRESCRIPTION

- Call your doctor and have them submit your prescription(s) to **Transition Pharmacy** via E-scribe, phone (888) 697-9646, or fax (888) 697-0646.
- If you have refills of a prescription through another pharmacy that you want transferred, [email](#) or call Rx 'n Go customer service (888) 697-9646 to help obtain the prescription
- OR just fill out the profile form with the details and Rx 'n Go will take care of the rest!

Questions?
Email Customer Support
rxngo@transitionrx.com

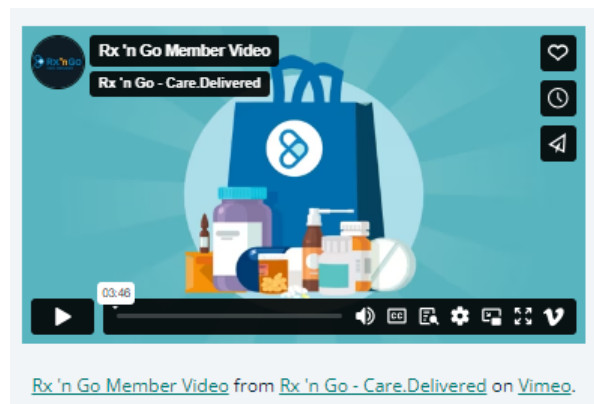
Pharmacy Address:

Rx 'N Go c/o Transition Pharmacy
2546 Metropolitan Dr
Trevose, PA 19053
rxngo.com

E-Scribe:

Transition Pharmacy
Phone: (888) 697-9646
Fax: (888) 697-0646

(fax must come from physician's office)



[Click here to view video](#)

Did you know that regular dental checkups keep your smile bright and help keep your whole body healthy? Our dental coverage provides cleanings, exams and x-rays. The County offers two dental plans. All employees are required to enroll in a dental plan.

If you select the Aetna plan, you will be required to utilize one of their in-network dentists. The Aetna Dental plan has a **limited network of providers**, and it is recommended that you complete a provider search before enrolling in this plan. You must call Aetna at the below number with your Primary Care Dentist (PCD) selection before you can schedule an appointment.

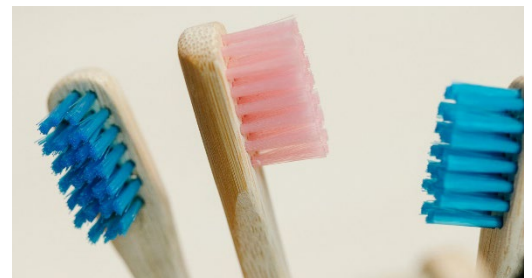
Member ID: The subscriber’s (employee) social security number for you and your dependents.

Group Name: County of San Luis Obispo

Group Number: 883524-001

Phone Number: (877) 238-6200

Website: aetna.com



AETNA DMO		
In-Network Only		
Calendar Year Deductible	\$0	
Annual Plan Maximum	None	
Waiting Period	None	
Diagnostic and Preventive	Diagnostic pays: 100% Preventive various copays apply	
Fillings	Plan pays: 100%	
Root Canals	Various copays apply	
Periodontics	Various copays apply	
Major Services	Various copays apply	
Orthodontia	Patient pays: Screening \$30.00, Diagnostic Records \$150.00, Treatment \$1,545.00, Retention \$275	
Lifetime Maximum	None (limited to one full course of treatment)	
Aetna Premiums	Semi-Monthly	Monthly
Employee Only	\$16.50	\$33.00
Employee + 1 Dependent	\$27.29	\$54.57
Family	\$40.31	\$80.61

With nearly 80% of practicing dentists in Delta’s networks, there is a good chance you already see a Delta Dental provider. To maximize your savings, it is important to be aware of the Delta network the dentist belongs to. Delta has three different networks of providers: PPO, Premier, and Non-Delta dentists. While you can visit any licensed dentist and still receive a benefit, you will save the most by visiting a Delta PPO or Premier dentist. You will not receive ID cards from the dental carriers. Below is what you will need to confirm your eligibility with your provider for yourself and your dependents.

Member ID: The subscriber’s (employee) social security number for you and your dependents.

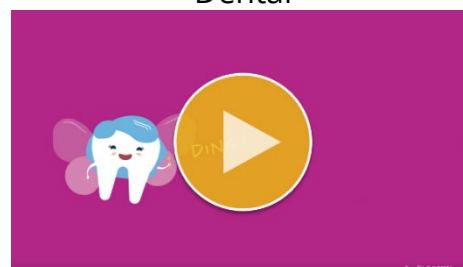
Group Name: County of San Luis Obispo

Group Number: 2999-0011

Phone: (800) 765-6003

Website: www1.deltadentalins.com

Dental



	DELTA DENTAL DPPO	
	In-Network	Out-Of-Network
Calendar Year Deductible	\$0 / per person (combined with In-Network)	\$0 / per person (combined with In-Network)
Annual Plan Maximum	\$1,750	\$1,500
Waiting Period	None	None
Diagnostic and Preventive	Plan pays: 100% Diagnostic and Preventive to do count toward annual max	Plan pays: *100% of allowable charge.
Fillings	Plan pays: 90% after deductible	Plan pays: 80% after deductible
Root Canals	Plan pays: 90% after deductible	Plan pays: 80% after deductible
Periodontics	Plan pays: 90% after deductible	Plan pays: 80% after deductible
Major Services	Plan pays: 60% after deductible	Plan pays: 50% after deductible
Orthodontia	Plan pays: 50% up to \$2,000 Lifetime Maximum (Calendar deductible does not apply)	Plan pays: 50% up to \$2,000 Lifetime Maximum (Calendar deductible does not apply)
Lifetime Maximum	\$2,000 Child or Adult	\$2,000 Child or Adult (combined with in-network)
Dental Premiums	Semi-Monthly	Monthly
Employee Only	\$23.73	\$47.46
Employee + 1	\$40.33	\$80.67
Family	\$61.69	\$123.37

*Plan pays 100% of allowable charges. Member may still be balanced billed for Diagnostic and Preventative services at out-of-network dental providers.

VIRTUAL DENTISTRY

Get check-ups remotely with virtual dentistry!

When you can't make it to the dentist's office or have an urgent question outside of regular hours, you can still get expert dental advice, virtually. Say hello to virtual dentistry!

Virtual dentistry offers members convenient access to a Delta Dental dentist for answers to questions, quick checkups, second opinions or other oral health needs in between visits to the dentist's office. Virtual assessments don't count towards exam frequency limitations and are a covered benefit for Delta Dental PPO members. For DHMO members a \$35 out-of-pocket fee will apply.

Virtual dentistry offers two kinds of virtual assessments:

- Photo assessments within 24 hours for simple dental concerns.
- Live video visits when you want expert advice immediately or are experiencing pain.

Want to learn more? Visit <https://www1.deltadentalins.com/members/virtual-dentistry.html> or scan the QR code below with your smartphone.



MEMBER PERKS

Member perks for your smile and beyond.

Your Delta Dental membership does more than help keep your smile bright and healthy when you visit the dentist. Delta Dental members also receive product discounts, resources and more to support a healthy lifestyle for your smile and beyond.

Your Delta Dental membership also includes:

- **Free wellness resources** – check out articles, videos, recipes, newsletters, and more that will help you lead a healthy life.
- **Oral health product discounts with Brushsmart** on electric toothbrushes and other home care products from premium brands
- **Lasik discounts with QualSight** – save up to 35% off the national average price of LASIK with QualSight.
- **Hearing aid discounts with Amplifon** – save an average of 66% off retail pricing for hearing aids with Aplifon.
- **Thousands of discounts with LifePerks** – save on childcare, financial, auto and travel services, fitness gear and gym memberships, as well as entertainment, including movies and theme parks.

Ready to make the most of your membership? To get started visit <https://www1.deltadentalins.com/members/perks.html>



When you have an appointment, tell them you have VSP. There is no ID card necessary.

Member ID: The subscriber’s (employee) social security number for you and your dependents.

Group Name: County of San Luis Obispo

Group Number: 00105558-01

To find a Provider visit www.vsp.com or call (800) 877-7195.

	VSP Provider Network: VSP Signature	
	In-Network	Out-Of-Network ¹
Examination		
Benefit	\$10 copay	Plan reimburses up to \$50
Frequency	1 x every 12 months	In-network limitations apply
Eyeglass Lenses		
Single Vision Lens	\$25 copay	Plan reimburses up to \$50
Bifocal Lens	\$25 copay	Plan reimburses up to \$75
Trifocal Lens	\$25 copay	Plan reimburses up to \$100
Frequency	1 x every 12 months	In-Network limitations apply
Lens Enhancements		
Standard Progressive Lenses	\$0	Plan reimburses up to \$75
Premium Progressive Lenses	\$80 - \$90	Plan reimburses up to \$75
Custom Progressive Lenses	\$120 - \$160	Plan reimburses up to \$75
Frames		
Benefit (included in prescription glasses)	<ul style="list-style-type: none"> Plan pays up to \$175 allowance Plan pays up to \$195 allowance for Featured Frame Brands Plan pays up to \$95 allowance for Costco® frames Plan pays up to \$175 allowance for Walmart/Sam’s Club 	Plan reimburses up to \$70
Frequency	1 x every 24 months	In-Network limitations apply
LightCare		
Benefit	<ul style="list-style-type: none"> \$175 allowance for ready-made non-prescription sunglasses or blue light filtering glasses in lieu of prescription glasses or contacts. \$25 lens copay applies. 1 x every 24 months 	N/A
Frequency	1 x every 24 months	
Contacts (In-lieu of frames)		
Benefit (fitting & evaluation)	Plan pays up to \$250 allowance	Plan reimburses up to \$105
Frequency	1 x every 12 months	In-Network limitations apply

1. If you choose to, you may receive covered benefits outside of the VSP network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply. Out-of-Network Claim Forms located online: www.vsp.com. Login to your account and access the *Benefits & Claims* section. You will be asked to upload your receipts, or you may mail in receipts. **Reminder:** A Costco membership is not required to receive an eye exam from a Costco optometrist, but it is required to purchase eyewear (glasses and/or contacts) from Costco Optical.


VSP PREMIUMS AND RESOURCES



VSP Vision Premiums		
	Semi-Monthly	Monthly
Employee Only	\$4.77	\$9.54
Employee + 1	\$7.27	\$14.54
Family	\$11.76	\$23.52

VISION ID CARDS

You will not receive an ID card from VSP. Below is the information you will need to confirm your eligibility with your provider for yourself and your dependents.



VSP Vision
www.vsp.com
 1-800-877-7195

Member ID: Employee's Social Security Number
Note: The Member ID for dependents is the Subscriber's Social Security Number

Group Name: County of San Luis Obispo
Group Number: 00105558-01
 In & Out of Network Benefits

SHOP ON EYECONIC

Your vision and wellness come first with VSP. With your vision benefit you have access to VSP's preferred online retailer Eyeconic.

Shop at Eyeconic and you'll love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.
- 20% off any out-of-pocket expenses on eyewear after your frame allowance is applied.



Visit eyeconic.com or scan the QR code!



TAX SAVING ACCOUNTS

The County offers a variety of pre-tax accounts to help employees manage their health and dependent care expenses.

ACCOUNT	PURPOSE	LIMIT
<p>Healthcare Flexible Spending Account (FSA)</p> <p>(All benefit eligible employees)</p>	<p>You can set aside money from your pay, pre-tax, and use it for medical, dental, and vision expenses any time during the plan year. Eligible expenses include medical, dental or vision costs such as plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You don't have to enroll in one of our medical plans to participate in the healthcare FSA. See the table on the next page for more information on how to access your FSA account. A minimum balance of \$10 is required to rollover funds to the following year. Beginning 1/1/2025 you can rollover up to \$640 of your previous year's FSA unused balance.</p>	<p>\$3,200/calendar year</p>
<p>Dependent Care Flexible Spending Account (DCFSA)</p> <p>(All benefit eligible employees)</p>	<p>Pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home childcare, and before or after school care for your dependent children under age 13. All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the Dependent Care Flexible Spending Account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses.</p>	<p>\$5,000/calendar year per household</p>
<p>Health Savings Account (HSA)</p> <p>(HDHP enrollees only)</p>	<p>An HSA is what makes high deductible health plans (HDHP) so popular. It helps with your current healthcare expenses and helps you build a safety net. Unused money rolls over at the end of the year, earns interest, and can even be invested like a 401(k). After 65, you can use the money for non-healthcare expenses (subject to your regular tax rate). You own the account, even if you change jobs. You may change the deduction amounts at any time. The contributions are subject to CA state taxes.</p>	<p>\$4,300 for individual \$8,550 for a family (\$1,000 is added to limit if you are over age 55)</p>
<p>Limited Purpose FSA (LPFSA)</p> <p>(HDHP enrollees only)</p>	<p>If you or your spouse participate in an HDHP HSA plan, you are eligible for the Limited Purpose FSA, which you can use for qualified dental and vision expenses only (not medical). A minimum balance of \$10 is required to rollover funds to the following year. Beginning 1/1/2025 you can rollover up to \$640 of your previous year's FSA unused balance.</p>	<p>\$3,200/calendar year</p>

FLEXIBLE SPENDING ACCOUNTS

You must enroll online during Open Enrollment via BenXcel.net. You will need to choose an annual contribution amount, which will then be divided up and deducted per pay period. After Open Enrollment, a debit card will be mailed to your address in BenXcel which you can begin to use to make qualified purchases. If you already have a debit card from last year's Flexible Savings Account (FSA) election, check its expiration date to see if it is still valid and you can continue to use it for 2025.

Important Information Regarding Flexible Spending Accounts

- All eligible medical expense must occur before 12/31/2025.
- You have until March 15, 2026 to submit approved receipts. Any remaining funds over the rollover maximum will be forfeited.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- Claim forms may be found on your SmartCare portal.
- **Stops on the last day of active employment. You have 60 days from termination to submit receipts for eligible expenses that occurred during your employment.**
- If you have questions regarding your account(s) or a specific claim, please contact BCC's Customer Service Center at (800) 685-6100.

Benefits Debit Card Convenience

The Health FSA debit card allows you to avoid out-of-pocket expenses, cumbersome paperwork, and reimbursement delays. One card can manage multiple account types, such as a Healthcare Flexible Spending Account and a Dependent Care Account. Swiping your benefits debit card at the point of service deducts the payment directly from your account, giving you instant access to your FSA dollars.

Forgot Your Debit Card? No Problem!

OTHER REIMBURSEMENT OPTIONS		
<u>My SmartCare Portal or Mobile App</u>	Other Electronic Submission	Paper Submission
No Reimbursement Form required, just upload a picture of your receipt! Online Portal: benefitcc.wealthcareportal.com	Fill out the Reimbursement Form & attach the receipt E-mail: fsa-claims@benxcel.com Upload to File Transfer Portal: secure.benxcel.com	Fill out the Reimbursement Form & attach the receipt: • Fax: (412) 276-7185 OR • Mail: BCC, Attn: Claims Two Robinson Plaza, Suite 200 Pittsburgh, PA 15205

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

A Health Saving Account (HSA) is available only to employees who enroll in the Blue Shield High Deductible Health Plan (HDHP). An HSA is a tax-advantaged personal savings or investment account you can use to pay for qualified health expenses. BCC MySmartCare via Avidia Bank administers this benefit.

The County of San Luis Obispo provides an employer contribution to the HSA. Employees must be enrolled in the HDHP and eligible for the HSA to receive the County HSA contribution. The County contributes:

- Up to \$750 for all Bargaining Units, except BU 31/32.
- Up to \$1000 for BU 31/32, if enrolled as employee only in the HDHP
- UP to \$2000 for BU 31/32, if enrolled as family in the HDHP.

Health Savings Account (HSA)



Triple Tax Advantage	Uses	Features
<p>TAX-FREE*</p> <ul style="list-style-type: none"> • Contributions up to the IRS maximum • Withdrawals for eligible healthcare expenses • Interest and earnings 	<ul style="list-style-type: none"> • Pay for out-of-pocket healthcare expenses for you and your family using a debit card • Build a nest egg for future healthcare expenses • Retirement savings strategy for both healthcare and living expenses 	<ul style="list-style-type: none"> • Medical, dental and vision expenses • Account balance rolls over year after year • Portable – account is yours if you change plans, retire or change jobs • Account balance earns interest

2025 HSA Contribution Limits

Individual: \$4,300

Family: \$8,550

Annual "Catch – up" * for individuals 55 years or older: \$1,000

*When you reach age 55 and are eligible to have an HSA, you can contribute an additional \$1,000 each year through age 65 or until you enroll in Medicare. This is called a catch-up contribution.

HSA ELIGIBILITY

It is your responsibility to determine your eligibility before enrolling. Anyone meeting the following IRS requirements is eligible for an HSA:

- Is enrolled in County of San Luis Obispo qualified Blue Shield HDHP medical plan
- Is not covered under another medical plan that is not an HDHP
- Is not enrolled in Medicare or TRICARE
- Is not eligible to be claimed on another person’s tax return other than a spouse
- Is not active in the military
- Is a U.S. resident

HOW DOES IT WORK?



- You elect your annual contribution amount to your HSA up to the IRS maximum and it is deducted each pay period, pre-tax. You may change the deduction amounts at any time in BenXcel. The contributions are subject to CA state taxes.
- Payroll deductions will not begin until you have successfully opened an HSA bank account. You will receive a notification in the mail from Avidia Bank, the third-party provider for your HSA asking you to take action to open your HSA.
- Use your MySmartCare HSA debit card to pay for qualified medical expenses.
- HSA funds can be used to pay for qualified medical expenses of IRS tax dependents, even if the dependent is not enrolled in your HDHP.
- Any unspent HSA contributions roll over at the end of the year. The funds are not ‘use it or lose it.’ There is an IRS limit to how much you can contribute annually, but there is no limit to how much you can accumulate over time.
- Because your unspent contributions roll over at the end of the year, your medical expenses do not have to occur in the same year as your contributions. You can build up your HSA during the years you have low medical expenses to help you out during the years you have more medical expenses.
- To contribute to an HSA, you may not be enrolled in any other non-HDHP coverage or in your own or a spouse’s general-purpose Healthcare FSA.


Watch the video





BASIC LIFE & AD&D + LONG-TERM DISABILITY

These are employer-paid benefits provided to employees in select bargaining units. No action is needed during Open Enrollment to maintain these benefits.

Bargaining Unit	Amount of Life Insurance	Amount of AD&D Insurance
08, 09, 10, 16, 17	\$50,000	\$50,000
04, 06, 07, 11, 12, 15	\$30,000	\$30,000

Basic Life Insurance pays your beneficiary a lump sum if you die. Accidental Death & Dismemberment (AD&D) insurance provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the County. Coverage is provided by Voya. Remember to review your beneficiary information during Open Enrollment and update any necessary changes.

On the policy anniversary after you attain age 65, the benefit amount is reduced by 35% of the original face amount. On the policy anniversary after you attain age 70, the benefit amount is reduced by 50% of the original face amount. See [plan document](#) or more details.

The County also provides employees in those select Bargaining Units with Long Term Disability insurance. This insurance is provided at no cost to you. If you become disabled, you must complete a waiting period, meaning that you are absent from work due to the same disability for 90 consecutive days before benefits are payable. Any days that you are able to work after the start of your disability will not count towards your elimination period. See [plan document](#).

EMPLOYER PAID LONG-TERM DISABILITY (LTD)	
Monthly Benefit Amount	Plan pays 66 2/3% of monthly earnings
Maximum Monthly Income Benefit	\$10,000
Minimum Monthly Income Benefit	\$50
Waiting Period	90 days of disability

For more information, visit the County's landing page at Voya at <https://presents.voya.com/EBRC/Home/SLO>.

VOLUNTARY LIFE & AD&D



Voluntary Supplemental Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for you and your spouse and/or child(ren) if you purchase coverage for yourself. Utilize [Voya's coverage calculator](#) for help determining the right amount of life insurance for you.

Important: If you and your spouse/domestic partner both work for the County, only one of you may elect/enroll into coverage for your spouse or dependent for all voluntary plans. County employees cannot have double coverage. Voya will not pay out double claims.

LIFE & AD&D		
	Election Amounts	New Hire Guaranteed Issue
Employee Amount	\$20,000 up to a maximum of \$500,000 in \$10,000 increments	Up to \$150,000
Spouse Amount	50% of employee amount	Up to \$50,000
Child(ren) Amount	\$10,000, not to exceed 100% of employee amount	Up to \$10,000

Guaranteed Issue & Evidence of Insurability Requirement:

New Hires are eligible for a one-time Guaranteed Issue if they enroll within their first 31 days of employment. For all other employees, if you are enrolling in this plan for the first time or increasing your coverage amount, you must submit an [Evidence of Insurability \(EOI\)](#) form directly to Voya. Enrolling in the plan in BenXcel does not mean you have been approved. Coverage and payroll deductions do not begin until you have been approved by Voya.

Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver. Due to IRS regulations, a life insurance benefits of \$50,000 or more is considered a taxable benefit.

The benefits amount reduces to 65% at age 65, to 50% at age 70, and to 30% at age 75. See [plan document](#) for more details, limits, and exclusions.

Employee or Spouse's Age	Monthly Rate For Every \$1,000 of Coverage	Employee or Spouse's Age	Monthly Rate For Every \$1,000 of Coverage	Child (Flat Rate Not Based on Age)
<24	\$0.07	50 - 54	\$0.38	\$1.90 for \$10,000 Coverage
25 - 29	\$0.08	55 - 59	\$0.62	
30 - 34	\$0.10	60 - 64	\$0.935	
35 - 39	\$0.118	65 - 69	\$1.783	
40 - 44	\$0.163	70+	\$2.885	
45 - 49	\$0.23			

For more information, visit the County's landing page at Voya at <https://presents.voya.com/EBRC/Home/SLO>.

VOLUNTARY LONG-TERM DISABILITY INSURANCE (LTD)



Long Term Disability coverage pays you a percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits, like workers' compensation and Social Security. Remember, long term disability benefits begin after short term disability benefits end.



Coverage is available for Bargaining Units 1, 2, 5, 13, 31, & 32.

Employees can enroll without providing an evidence of insurability (EOI) form if they apply within 31 days of first becoming eligible. An [EOI form](#) will be required for all other enrollees. This benefit will only be displayed in BenXcel for enrollment if you are eligible.

LONG TERM DISABILITY (LTD)	
Monthly Benefit Amount	Plan pays 60% covered monthly earnings
Maximum Monthly Benefit	\$10,000
Minimum Monthly Benefit	\$100 / 10%
Waiting Period: Accident or Sickness	360 days of disability
Maximum Payment Period	Social Security Normal Retirement Age
Survivor Benefit	3 months gross monthly benefit

Additional Benefits:

Vocational rehabilitation services are available to assist you in returning to work when possible. While you are receiving benefits from Voya, they will waive your insurance premiums. Lastly, if you leave your job, you may be eligible to convert your long-term disability coverage and take the policy with you.

Cost of Coverage: Rates will change with salary and age throughout the life of your plan. See plan document or [BenXcel.net](#) for your personalized premium.

See the [plan document](#) for more details.

For more information, visit the County's landing page at Voya at <https://presents.voya.com/EBRC/Home/SLO>.



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

AFLAC Hospital Indemnity

AFLAC Voluntary Accident

AFLAC Critical Illness

Nationwide 457(b) Plan

MetLife Pet Insurance

Golden State Finance Authority
Assist to Own Program

GotZoom

Important: If you and your spouse/domestic partner both work for the County, only one of you may elect/enroll into coverage for your spouse or dependent for all Voluntary AFLAC plans. County employees cannot have double coverage.

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

The County of San Luis Obispo offers these voluntary plans to help:

- Replace income if you're injured or ill
- Bridge the gap for special healthcare needs
- Help you manage your student loans
- Save money on protection for your pets
- Retirement planning

You pay the entire cost for these plans, but rates may be more affordable than individual coverage.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

After enrolling in your new hire benefits, voluntary benefits can only be added or dropped during Open Enrollment.

AFLAC HOSPITAL INDEMNITY PLAN



Hospital indemnity insurance from AFLAC can enhance your current medical coverage. This plan pays you a lump sum cash benefit when you are confined to a hospital, whether for planned or unplanned reasons that can assist you with related out-of-pocket medical expenses or anything else you may need the cash for, like your mortgage. See the [plan document](#) for more information about exclusions and other plan details.

Wellness Benefit - this policy also offers a Wellness Benefit, which provides a \$50 reimbursement per calendar year for completing covered wellness activities including tests and diagnostic procedures ordered during your annual preventative care exam. This benefit is payable for each insured. [Click here](#) to learn how to file a claim or wellness form.

Mammography Benefit – this policy includes a Mammography Benefit of \$100. Benefit pays as follows: a) a baseline mammogram for women age 35 to 39, b) mammogram for women age 40 to 49, inclusive, every two years or more frequently based on physician’s recommendation, c) a yearly mammogram for age 50 and over. This benefit is payable once per calendar year.

Aflac Hospital Indemnity Group Number: CA8000

VOLUNTARY HOSPITAL INDEMNITY	
Benefit Amount*	\$2,400
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under the age 25
Waiting Period	No waiting period
Pre-Existing Condition Clause	None
Benefit Reduction	No reduction at any age
Hospital Admission	\$2,000
Hospital Confinement	\$200 up to 31 days per accident
Hospital Intensive Care	\$200 up to 10 days per accident (This benefit is payable in addition to the Hospital Confinement Benefit.)
Intermediate Intensive Care Step-Down Unit	\$100 up to 10 days per accident (This benefit is payable in addition to the Hospital Confinement Benefit.)

*Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000) and Hospital Confinement (\$200 per day).

AFLAC VOLUNTARY ACCIDENT



The Accident Insurance plan offered through Aflac pays you a lump sum cash benefit when you experience a covered accident. It provides added protection for expenses related to an accident such as ER visits, hospitalization, physical therapy or specific injuries that are also eligible for benefits under this policy. Coverage is provided with no health questions and is paid in addition to your medical coverage. See the [plan document](#) for more information about exclusions and other plan details.

Wellness Benefit - this policy includes a Wellness Benefit, which gives covered employees and dependents an annual benefit of \$50 for completing a qualified health screening test 1x every 12 months. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

INJURIES REQUIRING SURGERY & HOSPITAL	LUMP SUM BENEFIT AMOUNT
Hospital Emergency Room with X-Ray/ without X-Ray	\$350/\$250
Hospital Admission	\$1,750 per confinement
Ambulance (within 90 days after the accident)	\$400 ground/ \$1,200 air
Outpatient Surgery and Anesthesia	\$400
Inpatient Surgery and Anesthesia (per day/ within one year)	\$1,250
Major Diagnostic Testing (once per accident, within 6 months after the accident)	\$300
Pain Management	\$100
Concussion	\$500
Traumatic Brain Injury	\$5,000
Coma (once per accident)	\$10,000
Lacerations (once per accident, within 7 days after accident)	\$50 - \$800
Dismemberment	\$125 - \$25,000
Paralysis	\$5,000 - \$10,000
ADDITIONAL BENEFITS	LUMP SUM BENEFIT AMOUNT
Emergency Dental Work	\$100 extraction/ \$400 repair with a crown
Burns (2 nd degree)	\$100 - \$1,000 (10% - more than 35%)
Dislocations	Up to \$4,000 based on schedule
Fractures	Up to \$5,000 based on schedule
Post-Traumatic Stress Disorder (once per accident, within 6 months after accident)	\$200

AFLAC VOLUNTARY CRITICAL ILLNESS



The Critical Illness Insurance through Aflac is a limited benefit policy and is not health insurance. This plan pays a cash benefit of either \$5K, \$15K or \$30K directly to you if you or a covered family member is diagnosed with a covered critical illness such as cancer, heart attack or stroke. Spouse coverage is \$5K or \$15K, and child(ren) coverage is 50% of employee selected amount. Payments are made directly to you to cover copays and deductibles, at-home care or even your monthly bills. See the [plan document](#) for more information about exclusions and other plan details.

Guaranteed issue is \$30,000 for employees and Spouse and child(ren) is \$15,000.

Aflac Critical Illness Group Number: C21000

BRIEF SUMMARY OF COVERED CRITICAL ILLNESSES AND ADDITIONAL BENEFITS	PERCENTAGE OF \$15,000 OR \$30,000 BENEFIT AMOUNT
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Multiple Sclerosis	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Loss of Hearing, Sight and/or Speech	100%
Advanced Alzheimer's and/or Parkinson's Disease	100%
Coronary Artery Bypass Surgery	25%
Skin Cancer	\$250 (once per calendar year/insured)

Additional Diagnosis – once benefits have been paid for a covered critical illness, Aflac will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence – once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Wellness Benefit – this benefit will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

Mammography Benefit – this policy includes a Mammography Benefit of \$200. Benefit pays as follows: a) a baseline mammogram for women age 35 to 39, b) mammogram for women age 40 to 49, inclusive, every two years or more frequently based on physician's recommendation, c) a yearly mammogram for age 50 and over. This benefit is payable once per calendar year.

AFLAC: COST OF INSURANCE



VOLUNTARY HOSPITAL INDEMNITY (PER MONTH)

Employee Only	\$29.60
Employee and Spouse	\$59.58
Employee and Dependent Child(ren)	\$46.62
Family	\$76.60

VOLUNTARY ACCIDENT INSURANCE (PER MONTH)

Employee Only	\$11.79
Employee and Spouse	\$23.15
Employee and Dependent Child(ren)	\$25.31
Family	\$36.67

VOLUNTARY CRITICAL ILLNESS INSURANCE (PER MONTH)

UNI-TOBACCO: Employee

Attained Age	\$5,000	\$15,000	\$30,000
18-25	\$2.50	\$5.07	\$8.93
26-30	\$3.03	\$6.64	\$12.06
31-35	\$3.42	\$7.81	\$14.40
36-40	\$4.21	\$10.20	\$19.18
41-45	\$4.91	\$12.28	\$23.34
46-50	\$5.71	\$14.68	\$28.14
51-55	\$8.42	\$22.83	\$44.43
56-60	\$8.32	\$22.51	\$43.81
61-65	\$16.03	\$45.65	\$90.07
66+	\$27.40	\$79.75	\$158.29

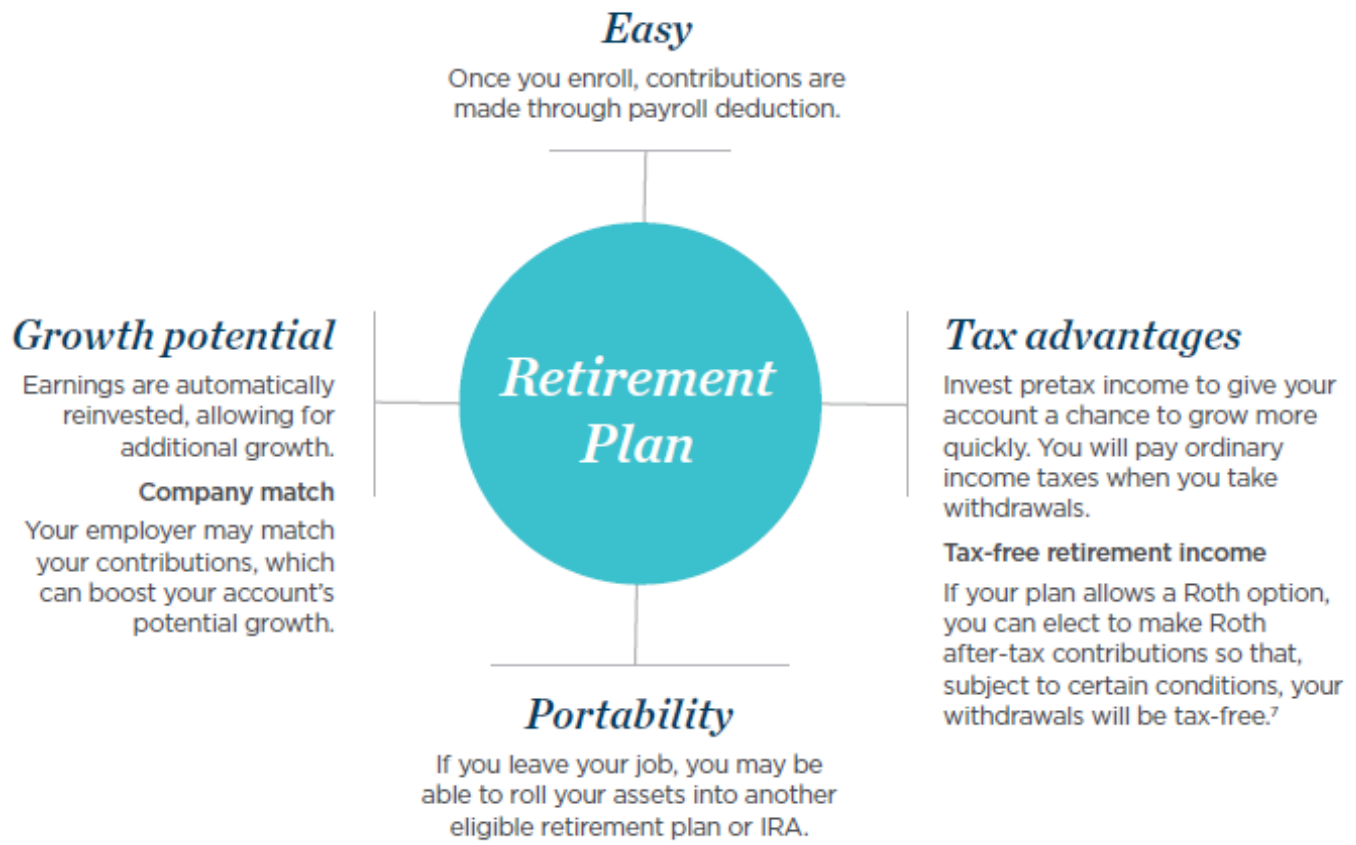
UNI-TOBACCO: Spouse

Attained Age	\$7,500	\$15,000
18-25	\$3.15	\$5.07
26-30	\$3.93	\$6.64
31-35	\$4.52	\$7.81
36-40	\$5.71	\$10.20
41-45	\$6.75	\$12.28
46-50	\$7.95	\$14.68
51-55	\$12.02	\$22.83
56-60	\$11.87	\$22.51
61-65	\$23.43	\$45.65
66+	\$40.49	\$79.75

RETIREMENT PLANNING

Sometimes, less is more. Retirement is not one of those times. Your Social Security benefits alone may not provide the income you may need through retirement. That’s why San Luis Obispo offers a retirement plan — a tax-advantaged long-term investment savings plan created specifically for employees like you through Nationwide.

Why you should participate in the Plan:



TIP: Get to know My Interactive Retirement PlannerSM, a powerful resource available on your Plan website. Within 10 minutes, you will understand why enrolling in your employer’s retirement plan is so important.

⁷Refer to IRS regulations on Roth retirement plans

If you choose to enroll in the Nationwide retirement plan, the County match will be as follows:

Bargaining Units: 07, 08, 09, 10, 11, and 16	\$0.50 per \$1 – up to \$500 per year
Bargaining Unit 04	\$0.50 per \$1 – up to \$1,000 per year
Bargaining Unit 12	\$0.50 per \$1 – up to \$750 per year

To enroll or learn more: Contact or call a Nationwide Retirement Specialist at (855) 463-4977 or visit www.nrsforu.com

NATIONWIDE 457(b) PLAN



Nationwide[®]
is on your side



What makes the Nationwide 457(b) Plan a right choice for you?

Flexibility

- Easy enrollment over the phone, online, or in-person
- Increase, decrease or stop deferrals, according to your needs
- No coordination of contributions with other qualified plan types¹
 - Contribute up to the maximum to your 457(b) and a 403(b) or 401(k) account
- No-penalty withdrawals after separation from service, regardless of age
- Purchase pension plan service credit using 457(b) assets, if the pension plan allows
- Plan allows consolidation of outside retirement assets² from qualified plans and IRAs

Interactivity

- Access your account – Anytime, Anywhere, Any device
- My Interactive Retirement PlannerSM
- Support as you plan for retirement healthcare costs and Social Security benefits
- Web-based Learning Center to help you feel more confident about your retirement decision through the Plan
- Appointments with an Internal Retirement Specialist
 - Easily scheduled at retirementspecialists.myretirementappt.com

Investment Options

- Fixed account³ offering a competitive yield
- Broad spectrum of funds selected specifically for long-term investors
- Professional managed account solution³ for “do it for me” participants⁴

People

- Personal Retirement Counselors who deliver financial needs analysis
- Local Specialists present educational workshops on topics related to your needs
- Flexible Customer Service availability during the day, night and even on Saturday

¹Contributions among 457(b) plans must be coordinated to a single maximum limit

²There are generally several considerations relevant to evaluating whether you might rollover outside assets or leave the money where it is currently invested. Talk to your Retirement Specialist for more information.

³If applicable to your plan

⁴Available through most Nationwide plans



Protect Your Fur Family From the Unexpected

More than ever, pets play a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

Pet insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with preventive care like X-rays and ultrasounds.

Coverage Highlights:

Flexible Coverage	Choose the plan that works for you and your pet. Options include: <ul style="list-style-type: none"> • Levels of coverage from \$500 – unlimited. • \$0 - \$2,500 deductible options. • Reimbursement percentages from 50%-90%. 	
What is Covered	<ul style="list-style-type: none"> • Accidental injuries • Illnesses • Exam fees • Surgeries 	<ul style="list-style-type: none"> • Medications • Ultrasounds • Hospital stays • X-rays and diagnostic tests
Coverage also includes	<ul style="list-style-type: none"> • Hip dysplasia • Hereditary conditions • Congenital conditions • Chronic conditions 	<ul style="list-style-type: none"> • Alternative therapies • Holistic care • And much more
Additional Value	<ul style="list-style-type: none"> • Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • If you're claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50. 	

Why MetLife Pet Insurance?

- Flexible coverage with up to 90% reimbursement.
- Optional preventive care coverage.
- 24/7 access to Telehealth concierge services.
- Discounts up to 30% and additional offers on pet care, where available.
- Coverage of previously covered pre-existing conditions when switching providers.
- MetLife Pet mobile app to submit and track claims and manage your pet's health and wellness.

How to Get Started

Get a quote by calling (800) 438-6388 or visit www.metlife.com/getpetquote.



ASSIST TO OWN – DOWN PAYMENT ASSISTANCE PROGRAM

It's The Dream - We're here to help you achieve it!

County of San Luis Obispo employees may qualify for Down Payment Assistance (DPA) through the Golden State Finance Authority (GSFA) "Assist-to-Own" Down Payment Assistance program to help you purchase a home.

With down payment assistance, you may be able to purchase a home with little-to-no money out of pocket and/or much sooner than thought possible.

- The GSFA Member County "Assist-to-Own" program provides down payment and closing cost assistance (DPA), up to 5.5%, combined with attractive First Mortgage interest rates.
- The primary DPA is provided in the form of a deferred Second Mortgage, sized at 3.5% of the First Mortgage Loan amount.
- This DPA Second Mortgage has a zero percent interest rate, which means no interest is accrued on the Second Mortgage and no monthly payments are required. The Second Mortgage is due and payable upon sale or refinance of the First Mortgage.
- Additional DPA is available in the form of a Gift (subject to market availability), up to 2%, to help with closing costs may also be available.

The Program is very flexible. Eligible mortgage loans include FHA, VA, USDA and Conventional mortgages. You don't have to have perfect credit and best of all, you don't have to be a first-time homebuyer to qualify.

Program Highlights:

- Down Payment and Closing Cost Assistance
- Available with purchase or refinance of a primary residence in California.
- Single-family 1-4-unit residences, condominiums and townhomes are eligible.
- Variety of 30-year fixed-rate Mortgage Loan options available. (FHA, VA, USDA and Conventional Mortgage Loans)
- No first-time homebuyer requirement to qualify.

Call today to get started.

Toll-free: (855) 740-8422



Visit the [GSFA County of SLO webpage!](#)



Your Path to Student Loan Relief

The County of San Luis Obispo has partnered with GotZoom to help you navigate your Federal Student Loans.

GotZoom gives you the tools and support to navigate your Federal Student Loans. The GotZoom benefit plan has two main functions to assist you in becoming a savvier Federal Student Loan payer.

1. Analyze your Federal student loans and determine which combination of programs offered through the Department of Education (DOE) will provide you the highest level of benefit. Once we know...you know. We provide the analysis and plan structure in a one-on-one virtual meeting with your assigned Analyst at GotZoom. There is Zero cost to you for the analysis and plan determination as an employee of The County.
2. Should you decide to move forward, we will prepare all case files for the DOE and assign one of our Case Managers to complete your certification. Our service is not D.I.Y. We are a white glove concierge service that will do all work on your behalf for not only the initial certification but also all annual re-certifications (and yes...recertification is a yearly process) as long as you retain the benefit plan. You'll receive a one-time discounted initial certification fee of \$407.00, followed by twelve (12) monthly installments of \$32.95, and a maintenance fee of \$32.95 per month, thereafter.
3. Remember, the analysis is free, and you do not have to enroll in the benefit plan to gain an understanding of the programs available to you or their overall impact on your student loans.

How to Get Started:

1. Access your secure portal at <https://gzenroll.com/slo>
2. Register your account! Note: GotZoom uses a two-factor authentication so have your cell phone or email ready!
3. Answer a few questions (it just takes 5 minutes!).
4. Schedule your assessment for a date and time that works for you.
5. Have your appointment with a financial analyst who will show you some serious knowledge you don't want to miss!

IMPORTANT! GOTZOOM DOES NOT REFINANCE LOANS.

GotZoom's sole purpose is keeping you in a Federal Student Loan Program with the maximum Forgiveness for which you qualify.

FREQUENTLY ASKED QUESTIONS

Who is Accolade?

Accolade is a personalized healthcare navigation and advocacy service that provides concierge customer service, making it easier for you and your dependents to access healthcare and effectively use all the resources within your health insurance plan. Accolade also includes virtual primary and mental healthcare.

I'm happy with my current benefit elections, do I need to take action?

Besides recommending you take this opportunity to review your benefit elections, you will also be required to go online to verify your personal information, mailing address, e-mail, phone number, dependent's information, and beneficiary information. This is to be sure you receive all the benefit information you need.

Your current elections will automatically roll over to the 2025 plan year with no action unless you fall into one of the two below categories. Mandatory action is required:

- 1) You waive County medical insurance. You are required to take action during Open Enrollment to provide proof of other group coverage to continue to waive.
- 2) If you participate in a Health or Dependent Care Flexible Spending Accounts (DCFSA) or Health Savings Account (HSA). Your 2024 FSA or HSA election amounts will not roll over into 2025.

Will I receive a new pharmacy and medical ID card?

If you are newly enrolling or changing your health plan during Open Enrollment, you will receive a new Blue Shield of California member ID and/or pharmacy card in December. During the year, if you need assistance for a new card, please contact your Accolade Health Assistant at (866) 406-1275.

Do we have dental & vision ID Cards?

Aetna, Delta, and VSP do not issue ID cards. You can download and print an ID card by logging into their website(s). To utilize these benefits, provide the plan group number along with the Social Security Number (SSN) of the member. Plan group numbers and website links can be found on the last page of this brochure.

Is COBRA coverage available to my dependent who is turning 26 and no longer eligible to be on my plan?

Yes. If your dependent aging out of eligibility (age 26), COBRA coverage will normally be available for a maximum of 18 months. This may be extended to 36 months under certain circumstances. The cost for coverage is the monthly cost of insurance plus a 2% administrative fee. For more information on COBRA coverage, please contact our Benefits third party administrator, BCC at (800) 685-6100.

I have a claims question, what should I do?

Your Accolade Health Assistant can help you with your benefits and claims. If you reach out to your provider, always verify you are utilizing your newest ID card, and that the provider has billed the correct group number and member ID. If your provider is having an issue verifying your eligibility, they are able to contact Blue Shield directly to resolve any billing issues. When your provider bills Blue Shield, an Explanation of Benefits (EOB) will be generated outlining the amount that you owe. If your provider bills you a different amount than what is on your EOB, contact your provider to resolve. If you believe there is an error on your EOB, contact your Accolade Health Assistant. [Click here](#) to learn about how to read an EOB.

WHAT DO I DO IF...?

YOU CAN:

Enrollment Issues/Questions

- I can't remember my password for BenXcel
- I'm in BenXcel to change my benefits during Open Enrollment, but I am having system issues

Call BCC at (800) 685-6100.

Medical Issues/Questions

- I want to check if my provider is in Blue Shield's network
- I have a question about how my plan covers a certain service or procedure
- I lost my medical ID card and need a new one
- I received a bill from medical provider, and I don't think it's right

Call Your Accolade Health Assistant at :
(866) 406-1275

Pharmacy Issues/Questions

- I have questions about the cost of my medication
- I want to check if my medication is on the formulary
- I lost my pharmacy card and need a new one
- I want to refill a medication
- I want to learn more about the mail-order pharmacy option

Call Express Scripts at (877) 554-3091 or Create an online [Express Scripts](#) account to print a copy of your ID card, price a medication, order a refill, set up mail-order and find a pharmacy.

Call Accolade at (866) 406-1275 if you are enrolled on the Blue Shield HDHP plan.

Dental Issues/Questions

- I want to check if there are any dentists in my area
- I have questions about my dental coverage
- I have a billing question

Call Aetna at (877) 238-6200
or
Call Delta Dental at (888) 335-8227

Vision Issues/Questions

- I want to know which providers near me accept VSP
- I have questions about my vision coverage

Call VSP at (800) 877-7195

Carrum Health Surgical Benefit Questions

- I want to learn more about the Carrum Health surgical benefit program.
- I want to know if a certain procedure is covered

Call Carrum at (888) 855-7806
or
Create an account at carrum.me/prism



FOR BENEFITS ASSISTANCE

Enrollment Resources

For BenXcel assistance call: (800) 685-6100
 Online: <https://benxcel.net> or click [here](#) for **Single Sign On**.
 Human Resources (805) 781-5959 or email HRBenefits@co.slo.ca.us
slocounty.ca.gov/Benefits

Plan Type	Provider	Phone Number	Website	Group Number
Medical, Dental & Vision				
Medical	Accolade for Blue Shield	(866) 406-1275	member.accolade.com	W8002724
Dental	Aetna DMO Delta Dental	(877) 238-6200 (888) 335-8227	aetna.com deltadentalins.com	883524-001 2999-0011
Vision	VSP	(800) 877-7195	vsp.com	00105558-01
Pharmacy				
PPO & EPO Pharmacy	Express Scripts	(877) 554-3091	express-scripts.com	RxBIN: 610014 RxGrp: RX4EIAH
HDHP Pharmacy	Accolade for HDHP Pharmacy	(866) 406-1275	member.accolade.com	
Specialty Pharmacy	SaveOnSP	(800) 683-1074	express-scripts.com	
RxNGo	RxNGo	(888) 697-9646	rxngo.com	N/A
Voluntary Benefits				
Life & Disability Insurance	Voya	(800) 955-7736	presents.voya.com/EBRC/Home/SLO	CSAC EIA 31640-7 Acct 37
Accident, Critical Illness, Hospital Indemnity	Aflac	(800) 433-3036	aflacgroupinsurance.com	#23059 #C21000 #CA8000
FSA & COBRA	BCC	(800) 685-6100	benefitcc.wealthcareportal.com	
Miscellaneous Benefits				
Surgical Benefit	Carrum Health	(888) 855-7806	carrum.me/prism	
Post-Employment Health Plan	Nationwide	(877) 677-3678	nationwide.com/business/employee-benefits	
EAP	Anthem EAP	(833) 954-1067	anthemEAP.com	Company Code: PRISM
Mental Health/TeleHealth	Accolade Care	(866) 406-1275	member.accolade.com	N/A
Virtual Health Help	Headspace		work.headspace.com/slo/member-enroll	N/A
MSK Benefit	Hinge Health	(855) 902-2777	hingehealth.com/prism	
Diabetes Management	Livongo	(800) 945-4355	Welcome.livongo.com/prism	Company Code: PRISM
Pet Insurance	MetLife	(800) 438-6388	www.metlife.com/getpetquote	Company Code: County of San Luis Obispo