



2021 EMPLOYEE BENEFITS BROCHURE



2021 Open Enrollment: October 1 - 15, 2020
slocounty.ca.gov/oe

Inside This Guide

- What’s New in 2021?.....3
- Amino – Healthcare Navigation Tool.....4
- Carrum Health Surgery Program.....4
- Introducing Talkspace6
- Employee Health Clinic.....8
- How to Enroll.....9
- Who is Eligible?.....10
- Qualifying Life Events11
- Dependent Documentation12
- Frequently Asked Questions.....13
- Stay Connected With Your Resources.....14
- Compare Our Medical Plans19
- Getting Care When You Need It21
- Anthem PPOs22
- Anthem EPO23
- Anthem High Deductible Health Plan24
- Understanding High Deductible Health Plans (HDHP)25
- Pharmacy Benefits.....26
- Aetna Dental.....30
- Delta Dental.....31
- Vision32
- Tax Saving Accounts34
- Flexible Savings Accounts35
- Understanding a Health Savings Account (HSA)36
- Basic Life and AD&D + Long Term Disability Insurance38
- Voluntary Life and AD&D Insurance.....39
- Voluntary Long Term Disability Insurance.....40
- AFLAC Voluntary Insurance Benefits.....41
- Anthem’s Employee Assistance Program45
- Retirement Planning.....47
- Other Important Terms to Learn.....49
- Get Educated Virtually!.....50
- Contact Information52



What's New in 2021?

We are pleased to announce that we will offer the same plans provided last year with a summary of the changes for 2021 below. Open Enrollment will be October 1 – 15, 2020. All benefit changes will be effective January 1, 2021 – December 31, 2021. This year, we would like all employees to not only review their benefit elections, but to also verify the following personal information: mailing address, personal email, phone number, beneficiary information and dependent's information. Action is required if you want to make changes for 2021, enroll in FSA and HSA accounts or if you waive County medical insurance.



- All medical premiums will increase by 9.3%.
- Carrum Mandatory 2nd Opinion requirement for total joint replacements, spinal fusions and bariatric (weight loss) procedures. Review page 5 and 17 for additional information.
- The Amino Healthcare Navigation Tool is integrated with your health insurance. You can find a doctor, estimate the cost of care and book appointments with Amino. Review page 5 to learn more.



- No changes were made to Aetna's Dental plan or premiums for 2021.
- Delta Dental PPO Out-of-Network deductible and annual maximum benefit has been enhanced to match the In-Network benefit. See page 31.



- No changes were made to VSP's plan or premiums for 2021.



- Introducing Talkspace - A new free option for mental health. See page 6 -7 for more information.



- New Employee Health Clinic for the Sheriff Office Employees. See page 8 for more information.

We are providing you with this brochure to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. 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.



Amino – Healthcare Navigation Tool

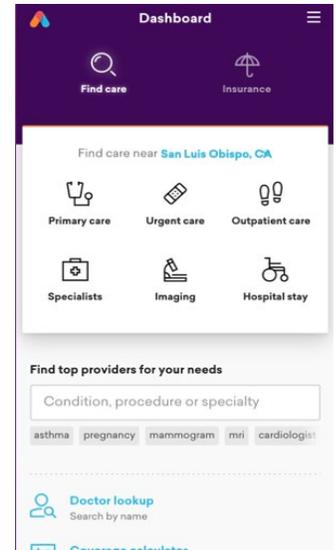
A new financial wellness benefit designed for healthcare. Amino provides members access to a website and mobile app to help you make smart decisions:

- Find in-network doctors
- Get personalized guidance
- Book appointments
- Save money on healthcare
- Track your deductible

Find cost-effective, safe, experienced, in-network providers with Smart Match. Easily book an appointment for you or your dependents. Simply find a doctor on Amino and let an Amino assistant handle the rest.

To create an account visit <https://amino.com/register>, click on Log in then click on Create an Account.

Enter Organization: County of San Luis Obispo



Carrum Health Surgery Program

Carrum Health is a special surgery benefit that provides exclusive access to Centers of Excellence. These facilities and doctors provide an improved patient experience, high quality of care, and zero or minimal out-of-pocket costs. For a full list of eligible procedures, register and log in at carrum.me/prism or contact Carrum Health.

New for 2021, total joint replacement, spinal fusion and bariatric (weight loss) surgeries will be required to have a second opinion evaluation through the Carrum Health Program, prior to scheduling your procedure. If surgery is the right treatment path, you may continue through Carrum Health or get your procedure done through another provider.

ELIGIBLE PROCEDURES



SHOULDER



ELBOW



WRIST / HAND



HIP



KNEE



ANKLE / FOOT



SPINE



BIATRIC*



CARDIAC

80 NEW Orthopedic and Spine Procedures Added

Introducing Talkspace

What is Talkspace?

Talkspace is an online therapy platform that provides confidential and secure mental healthcare through an easy-to-use and HIPAA-compliant app. With Talkspace, you can send your dedicated therapists unlimited text, video, and audio messages from anywhere, at any time — via web browser or the Talkspace mobile app. Therapists respond daily, 5 days a week. No offices, scheduling hassles, or stigma.

This program is sponsored by San Luis Obispo and is free for all employees and their dependents age 13+ enrolled in County medical insurance. *No need to enroll, login at the time you need care.*

How Talkspace Works

- **Easy Assessment:** Users provide information about their needs and preferences for therapy through a matching questionnaire.
- **Personalized Matching:** Talkspace suggests three therapist matches for each user based on their unique needs and preferences. Users can then select their ideal match and can begin therapy the very same day.
- **Convenient, Flexible Therapy:** Users can reach out to their dedicated therapist in a private therapy “room” with either text, video, or audio messages. Therapists check in daily, 5 days per week. Talkspace is not a live-chatting service, but a convenient and effective way for clients and therapists to engage at their own pace, on a flexible schedule.
- **Dedicated Care** Each user always connects with the same therapist unless they request to change providers, which they can do at any time, at no additional cost.

How do I activate my account?

- Visit talkspace.com/slo to create a Talkspace account when you need care
- You can provide your needs and preferences for therapy
- Talkspace will suggest 3 potential therapists, and you can select your ideal match
- Once matched, you can begin messaging your dedicated therapists the same day



Watch a Video for Michael Phelps w/ Talkspace.



Talkspace



Real People Share How Therapy Helps



I used Talkspace for over a year through trying to conceive (with marital stress) to pregnancy to returning to work as a mom. I'm happier than ever thanks to my therapist Janet!



Highlight of the week though...therapist came through and helped me let go of a couple mental/emotional weights I've been carrying from younger years. Feeling light, feeling me again.



About a year ago, while trying to navigate a myriad of emotions in the midst of a divorce, I decided to try therapy via @talkspace. While an online option like this isn't for everyone, this was perfect for me.



I started to deal with a lot of the negative emotions that were holding me down...



I've made SO many personal growth changes over the last three months thanks to the help of my new therapist...I'm FINALLY starting to become the woman I've aspired to be.

Thanks to @alwaysaubrey, @joshuaenc, @JMcBee84, @TheGiftOfJAB, @chrissiecrumbz and others for voluntarily sharing their experience with Talkspace via Twitter.

What areas can a therapist help you (or those you care about) with?

- Stress
- Parenting
- Growth
- Divorce/Breakup
- Sleep struggles
- Career
- Transitions
- Relationships
- PTSD
- Behavior change
- Manage physical conditions
- Motivation
- Anxiety
- Confidence issues
- Something on your mind?

Visit the talkspace.com/slo landing page to register for a consultation.

Employee Health Clinic

Sherriff's Office Only



All services performed onsite are free to employees of the Sheriff's Office and their dependents covered on County medical. There are no copays. Walk in appointments are welcome, be seen in 10 minutes or less.

The Employee Health Clinic also serves as a County Designated Workers' Compensation Provider. Any County employee who is injured while at work or working for the County, not just Sheriff employees, may visit the clinic and mention that they are an employee of the County and wish to be seen under Workers' Comp.

ACUTE & EPISODIC MEDICAL CARE

| | | |
|----------------------|--------------------------|--------------|
| Depression & Anxiety | Nebulizer treatments | Abrasions |
| Dizziness/Fainting | Pneumonia | Acid Reflux |
| Fever | Pregnancy test | Allergies |
| Ear Infections | Rashes & skin problems | Arthritis |
| Gout | Shingles | Asthma |
| Infections | Strep culture | Bites |
| Injections | Sprains & Strains | Bronchitis |
| Migraines | Urinary Tract Infections | Colds & Flu |
| Nausea | Viral Infections | Constipation |
| | | Diarrhea |



ON-GOING CARE

Diabetes
COPD
Hyperlipidemia
Hypertension
Thyroid
Stress & Depression
Blood Draws
A1c Test



PREVENTION

Flu Vaccination
Nutrition & Lifestyle Education
Heart Health
Diabetes Prevention
Risk Screenings
Routine Physicals
Yearly, Pap smear
Sports Physicals
Weight Management



PROCEDURES

Drainage of abscess
Wound Care
Ear irrigation
Laceration repair
Removal of skin tags
Skin biopsy
Suture/staple removal
Toenail removal
Wart removal

COUNTY
of SAN LUIS
OBISPO



805-754-2037



1465 #B Kansas Avenue
San Luis Obispo, CA 93405



SCAN ME

Schedule
An Appointment



How to Enroll

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](#) now.

| 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 1-800-685-6100** for assistance. If you enter the wrong username or password more than five times, you will be locked out and will need to call BCC.

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



Who is Eligible?

Who is Eligible?

Permanent, part-time, and full-time employees working 20 or more hours per week 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 medical benefits eligible. You can enroll the following family members in medical, dental and vision plans.

Your Eligible Dependents

- Your spouse who you are legally married to under state law, including a same- sex spouse.
- Your registered domestic partner. Domestic Partner Affidavit is required.
- 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. They can be married and/or living and working on their own.
- Children under age 26 for which you have legal guardianship.
- Tax dependents over age 26 who are disabled and dependent on you for support. Contact HR or 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:

- Former spouses and stepchildren.
- Parents, grandparents and siblings.
- Employees who work fewer than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.
- For medical insurance, a County employee cannot be covered as both an employee and a dependent of another employee.

Important Notification About Former Spouses & Former Stepchildren

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



Qualifying Life Events

Health insurance coverage for a new employee begins on the **1st of the month following date of hire**. After that, Open Enrollment is the only time each year that you can make changes to your benefit elections without a qualifying life event. Any changes that you make must be consistent with the change in status.

You are responsible for making enrollment changes by logging in online at [BenXcel.net](https://www.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 date BenXcel instructs you to use in order to ensure your effective date is correct.

COMMON QUALIFYING EVENTS

Birth, adoption, or new legal guardianship of a child

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 you will need to submit when adding dependents to your coverage for the first time.



Dependent Documentation

The following verification 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.

| 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 of California, 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/dpregistry |
| 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 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 |

Frequently Asked Questions

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 2021 plan year with no action unless you fall into one of the two below categories and then 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 (FSA) or Health Savings Account (HSA). Your 2020 FSA or HSA election amounts will not roll over into 2021.

Will I receive a new pharmacy and medical ID card?

You will only receive a new medical and/or pharmacy card if you are changing plans or adding a dependent. You can request one from the carriers at any time or print one by logging into their websites.

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. COBRA coverage will normally be available for a maximum of 36 months for your dependent aging out of eligibility (age 26). 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 1-800-685-6100.

I have a claims question, what should I do?

Claims questions should first be addressed with your provider. Always verify that 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 Anthem directly to resolve any billing issues. When your provider bills Anthem an Explanation of Benefits (EOB) will be generated outlying 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 Anthem.

[Click here](#) to learn about balance billing and how to prevent this.



Stay Connected With Your Resources

The COVID-19 pandemic has brought new challenges and stresses to our lives. During this unprecedented time, the County would like to highlight the various benefits and resources that you have available from our benefit carriers. Now is a good time to utilize the many benefit options such as virtual appointments, free online wellness classes and EAP services.

ANTHEM EAP

Anthem's Employee Assistance Program (EAP) provides quick and easy access to confidential counseling and referral services to help you deal with daily work and life challenges. Best of all it's available at no cost to all County employees, your dependents or household members regardless of your participation in any County health plan. See page 45 for more information.

EAP addresses a variety of issues, including:

- Childcare and parenting
- Helping aging parents
- Financial issues
- Legal concerns
- Work and career
- Emotional well-being
- Addiction and recovery
- Wellness and prevention
- Life events
- Coping with stress and change
- Relationship issues
- Resources to support work/life balance
- Dealing with traumatic events

Help is available 24/7, 365 days a year by telephone at **800-999-7222**. Other resources are available online at [anthemEAP.com](https://www.anthemEAP.com). When you log in, enter your **Company ID: San Luis Obispo**.

24/7 NURSELINE

Take care. Take comfort. Help is just a phone call away! Anthem members can speak directly to a registered nurse who can help you with your health-related questions. Call the number on the back of your ID card. 1-800-977-0027. The call is free and is available to you anytime.

ANTHEM'S COVID – 19 RESOURCE CENTER

Stay healthy and informed! Anthem members can visit Anthem's resource center to learn about their available no-cost options based on your medical plan for COVID – 19. Visit www.anthem.com/coronavirus to find other resources such as finding a testing center, assessing symptoms, and how to set up a virtual doctor visit.

LIVE HEALTH ONLINE

Live Health Online telemedicine provides you with access to doctors, pediatricians and therapists who are available to resolve many of your health issues via phone or online video consultations. It's quality healthcare, when and where you need it. Doctors can even write a prescription, if necessary, for you to pick up at your local pharmacy.

Doctors are available 24/7 to treat many of your medical conditions, including:

- Cold and flu symptoms
- Respiratory infection
- Ear infection
- Urinary tract infection
- Allergies
- and more!

Register by calling Live Health Online at (888) 548- 3432 or go online at livehealthonline.com.

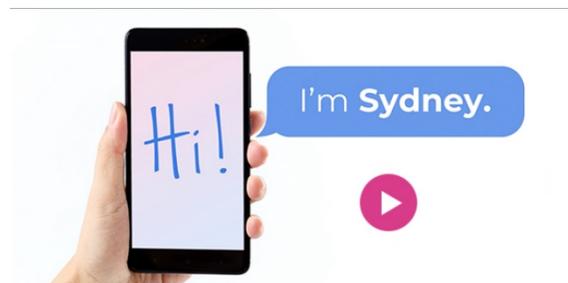
Anthem members will need to have their member ID number and the name, address and phone number of the covered member who needs medical assistance.

SYDNEY HEALTH APP

Anthem's new app is simple, smart and all about you. Download Anthem's Sydney Health app to find an urgent care center, retail health clinic or walk-in doctor's office quickly and get driving directions. Just search for Sydney Health at the App Store or Google Play.

With Sydney, you'll enjoy a simpler, more connected health experience:

- Find care and check costs
- See claims
- Check all benefits
- Use a chatbot feature to get answers quickly
- View and use digital ID cards



Click the video to learn more!

MYSTRENGTH

MyStrength is an online tool to help you live your best life. You can find help for stress, anxiety, chronic pain, and more. You can also track your health, enjoy activities, and become inspired. To learn more and to sign up, go to: mystrength.com.



Click the video to learn more!

NO COST ONLINE WELLNESS RESOURCES

PHYSICAL HEALTH

Exercise is important for overall healthy well-being, but it is vital to protect yourself from airborne disease. Below are free fitness activities to try from your home for a fun, free and safe workout.

| Yoga & Pilates | |
|-------------------------------|---|
| Corepower Yoga | Access free classes through their YouTube channel . |
| Total Body | |
| Active by POPSUGAR app | Sign up for free here to get hundreds of do-anywhere workouts. |
| Les Mills | Free at home workouts . |
| Running, Dance | |
| Couch to 5K App | For those that want to improve on running. |
| Fitness Marshall | Get ready to sweat with Fitness Marshall . |
| Rhythm and Motion | Free 1-hr dance workout videos for all levels. |
| MadFit | Great at home workouts . |
| Strength Training | |
| BodyFit by Amy | At home workouts , both body weight and with dumbbells/kettlebells. |
| 8-Min Buns | No equipment needed for this video . |

MENTAL / EMOTIONAL HEALTH

Without a doubt, many of us are feeling anxious as we navigate the uncertainty of COVID-19. Here are some tools that you can use to take care of your mind and stay grounded.

| Meditation and Mindfulness | |
|-----------------------------------|--|
| Insight Timer | The app features guided meditations, music and talks by contributing experts. Basic service is free. |
| Simple Habit | A free medication app that offers short, meditation sessions designed to help busy people manage stress and live better. |
| Headspace | Train you mind and body for a healthier, happier life with this app. Both a free (meditations, exercises) and buy-up option. |
| Resilience and Stress Management | |
| Podcasts | The Happiness Lab, Ten Percent Happier with Dan Harris, Oprah's Super Soul Conversations podcasts. Inspiring stories, messages and research around happiness and daily tips to brighten one's outlook. |
| Playlists | Calm Vibes, Calming Acoustic, Calming Instrumental Covers, Peaceful Piano, Soothe, Calm Classic. Music can have a profoundly relaxing effect on both minds and body. |
| Courses and Education | |
| Wellness During Quarantine | Healbright offers a free mental health course to address the stress caused by the COVID-19 pandemic. |

Other Benefits Resources

RX'N GO – FREE MAIL ORDER

Rx 'n Go is a mail-order Rx benefit that delivers up to a 90-day supply of maintenance medications right to your home for free.

Three Easy Steps to \$0 Medications:

1. Check Medication Availability
2. Register in Minutes
3. Submit Your Prescription with Auto-Refills

To learn more or to register visit: <https://rxngo.com> or contact Customer Service at pharmacy@gogomeds.com or (888) 697-9646. More information on page

EXPRESS SCRIPTS MAIL ORDER

Did you know you could avoid paying more money if you use home delivery? For your long-term drugs (those you take for at least 3 months), you'll typically pay less with home delivery from the Express Scripts Pharmacy. You'll get up to a 90-day supply with free standard shipping.

To get started call the number on your Express Scripts member ID card, and Express Scripts will ask your doctor for a new prescription. Or ask your doctor to e-prescribe or fax a 90-day prescription to Express Scripts. You can also get started at www.express-scripts.com.

Download the Express Scripts Mobile App to manage your prescriptions on the go.

CARRUM HEALTH PROGRAM

EPO, PPO, and HDHP members can receive inpatient surgical procedures with no cost-sharing. Individuals enrolled in high deductible plans must first meet their deductible, but copays and coinsurance will be waived.

Eligible procedures:

- Total hip replacement
- Total knee replacement
- Cervical spinal fusion
- Lumbar spinal fusion
- Anterior/Posterior Spinal Fusion
- Discectomy/Spinal Decompression

As of 2021 a mandatory second opinion evaluation is required via Carrum Health for total joint replacement, spinal fusion and bariatric (weight loss) surgeries.

Travel expenses are covered and much more! To learn more call (888) 855-7806 carrum.me/prism.

See how it works by clicking on the video below!



SOLERA DIABETES PREVENTION

Did you know that one in three people are at risk of developing type 2 diabetes? With a Diabetes Prevention Program, you can learn more about wellness, make changes to start losing weight and reduce your risk of developing type 2 diabetes.

Programs you can select may include:

- Weight Watchers
- Healthslate®
- Jenny Craig
- Noom®
- RetrofitSM
- Skinny Gene Project
- And more

Start the journey to a healthier you with a one-minute confidential quiz. Visit www.solera4me.com or call (877) 486-0141.

SPECIALOFFERS@ANTHEM

Anthem offers members a variety of discounts on popular programs that can help you save money and get healthier. Login to Anthem's website anthem.com/ca to find discounts on:

- Vision and hearing
- Family and home
- Medicine and treatment

PAYFORWARD — earn up to 15% back at your favorite stores

Anthem members can earn up to 15% cash back on purchases at more than 12,000 participating retailers. There's no cost to enroll. You simply enroll, shop and then earn cash back (which you can use for health care costs) or donate funds with no fees. Visit <https://anthem.payforward.com>

AMPLIFON HEARING HEALTH CARE & QUALSIGHT LASIK

Enrollees in the Delta Dental PPO plans will now 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 or call (888) 779-1429.

QualSight's LASIK discounts: Visit <https://www.qualsight.com/-delta-dental> or call (855) 248-2020.

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



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.

PPO: Preferred Provider Option

- Anthem Select PPO
- Anthem Choice PPO
- Anthem Care PPO

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'll need to meet an annual deductible before the plan starts to pay.

EPO: Exclusive Provider Organization

- Anthem EPO

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.

HDHP: High Deductible Health Plan

- Anthem HDHP HSA

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.

Choosing A Medical Plan

Here are some important considerations when deciding on which is the right medical plan for you:

- **Your Doctors**– Do you prefer to see specific doctors? Visit the Anthem’s website to check that 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 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.

| | |
|---|---|
|  <p>Eligible Expense</p> | <p>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.</p> |
|  <p>Deductible</p> | <p>The amount of healthcare costs you have to pay for with your own money before your plan will start to pay.</p> |
|  <p>Coinsurance</p> | <p>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.</p> |
|  <p>Copay</p> | <p>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.</p> |
|  <p>Out-Of-Pocket Maximum</p> | <p>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.</p> |
|  <p>Balance Billing</p> | <p>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.</p> |



Getting Care When You Need It

| Where to go | What is it | What can be treated |
|--|--|--|
| Virtual Care  | <p>E-visits, telephone, and video visits are simple and secure ways to get care and save yourself an office visit with Anthem's Live Health Online.</p> <p>For Mental Health issues, you can also use Talkspace to connect to a Therapist via text, video, or phone.</p> | <ul style="list-style-type: none"> • Sore throat, cough, cold and flu • Eye conditions • Rash • Sinus problems • Urinary tract infection • Mental Health • And more... |
| Nurse Line  | <p>Speak directly to a registered nurse, 24/7 day or night who can help you with your health-related questions. Call 1 -800-977-0027</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 |
| Your Doctor's Office  | <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 |
| Urgent Care (UC)  | <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 |
| Emergency Room (ER)  | <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 |

Need help finding a doctor? Use the Amino App!

Find cost-effective, safe, experienced, in-network providers with Smart Match. Easily book an appointment for you or your dependents. Simply find a doctor on Amino and let an Amino assistant handle the rest.

To create an account visit amino.com/register, click on Log in then click on Create an Account.

Enter Organization: County of San Luis Obispo

Anthem PPOs

| Plan Benefits | Anthem Select PPO | | Anthem Choice PPO | | Anthem Care PPO | |
|--|--|--|--|--|--|--|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Annual deductible | \$500 per individual \$1,000 per family | | \$500 per individual \$1,000 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 |
| Primary provider office visit | \$20 per visit (deductible waived) | Plan pays 60% after deductible | \$20 per visit (deductible waived) | Plan pays 60% after deductible | \$20 per visit (deductible waived) | Plan pays 60% after deductible |
| Specialist office visit | \$20 per visit (deductible waived) | Plan pays 60% after deductible | \$20 per visit (deductible waived) | Plan pays 60% after deductible | \$20 per visit (deductible waived) | Plan pays 60% after deductible |
| Chiropractic care (In-Network 20 visit limit) | \$15 per visit | Plan pays 60% after deductible | \$15 per visit | Plan pays 60% after deductible | \$15 per visit | Plan pays 60% after deductible |
| Preventive care | No Charge | Plan pays 60% after deductible | No Charge | Plan pays 60% after deductible | No Charge | Plan pays 60% after deductible |
| Diagnostic lab and X-ray | Plan pays 80% | Plan pays 60% | Plan pays 80% | Plan pays 60% | Plan pays 90% | Plan pays 60% |
| Urgent care | \$20 per visit | Plan pays 60% | \$20 per visit | Plan pays 60% | \$20 per visit | Plan pays 60% |
| Emergency room Copay waived if admitted | \$50+ plan pays 80% | Covered as in-network | \$50+ plan pays 80% | Covered as in-network | \$50+ plan pays 90% | Plan pays 60% |
| Hospitalization | Plan pays 80% | Plan pays 60% | Plan pays 80% | Plan pays 60% | \$250+plan pays 90% | Plan pays 60% |
| Outpatient surgery* (No Charge if using Carrum Health) | Plan pays 80% | Plan pays 60% | Plan pays 80% | Plan pays 60% | Plan pays 90% | Plan pays 60% |
| Provider Network | Select PPO (Narrow Network) | | Blue Cross PPO (Prudent Buyer) –Large Group | | Blue Cross PPO (Prudent Buyer) –Large Group | |
| Monthly Premium Costs | | | | | | |
| Employee Only | \$606.00 | | \$681.00 | | \$709.00 | |
| Employee + 1 | \$1,195.00 | | \$1,348.00 | | \$1,406.00 | |
| Family | \$1,558.00 | | \$1,755.00 | | \$1,833.00 | |

Anthem EPO

| Plan Benefits | In-Network Only |
|--|--|
| Annual deductible | No Deductible |
| Annual out-of-pocket maximum Embedded | \$1,500 per individual \$3,000 per family |
| Primary provider office visit | \$15 per visit |
| Specialist office visit | \$15 per visit |
| Chiropractic care | \$15 per visit (Coverage for In-Network Provider is limited to 20 visit limit 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 | No Charge |
| Urgent care | \$15 per visit |
| Emergency room | \$50 per visit |
| Hospitalization | No Charge |
| Outpatient surgery* (No Charge if using the Carrum Health) | No Charge |
| Provider Network | Blue Cross PPO (Prudent Buyer) – Large Group |
| Monthly Premiums Cost | |
| Employee Only | \$839.00 |
| Employee + 1 Dependent | \$1,670.00 |
| Family | \$2,181.00 |

IMPORTANT NOTE FOR ALL PLANS:

To find a provider visit <https://www.anthem.com/ca/eiahealth> or call member services (800) 967-3015. 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 Anthem's allowable amount. Charges in excess of the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum. Monthly medical premiums shown are before the County's Cafeteria contribution per month.

***Review pages 5 & 17 for information on Carrum's Mandatory 2nd Opinion surgery requirement.**

Participation in Carrum Health is required for total joint replacements, spinal fusions and bariatric (weight loss) procedures.

Anthem High Deductible Health Plan

| Plan Benefits | In-Network | Out-Of-Network |
|--|--|--|
| Annual deductible (Aggregate) | \$2,000 per individual \$6,000 per family | \$3,000 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 |
| Physician office visit | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Specialist office visit | 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 (up to \$350 per surgery) |
| Provider Network: | Blue Cross PPO (Prudent Buyer) - Large Group | |
| Monthly Premium Costs | | |
| Employee Only | \$571.25 | |
| Employee + 1 Dependent | \$1,128.25 | |
| Family | \$1,469.25 | |

***See prior page for important note for all plans**

***Review pages 5 & 17 for information on Carrum's Mandatory 2nd Opinion surgery requirement.**

Participation in Carrum Health is required for total joint replacements, spinal fusions and bariatric (weight loss) 24 procedures.

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.



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 medical plans:

- Anthem Select PPO
- Anthem Choice PPO
- Anthem Care PPO
- Anthem 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 (90 Day Supply)* |
|---|---|--|
| Generics | \$5 copay | \$10 copay |
| | Free generics are available through Rx N Go – See Page 28 | |
| Preferred Brands | \$20 copay | \$40 copay |
| Non-preferred Brands | \$50 copay | \$100 copay |
| Deductible | None | |
| Out-of-Pocket Maximum | \$2,000 individual/ \$4,000 family | |
| Mail Order Out-of-Pocket Maximum | \$1,000 | |

IngenioRx program coordinates with the Anthem HDHP medical plan.

| | Retail (in-network) (30 Day Supply) | Retail/Home Delivery (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 | |
| 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. The Preferred Generic Program does not apply when the physician has specified “dispense as written” (DAW) and when it has been determined that the brand name drug (formulary or non-formulary) is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.



Prescription Drug Savings

A little research before you go to the pharmacy could result in huge savings.



Use Express Scripts or IngenioRx to fill your prescriptions for the best discounts!

Get the best rates when opting for the 90 Day supply. Get the lowest copays for preferred brand prescriptions or generics for free!



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

Express Scripts: 1-877-554-3091
IngenioRx: 1-833-255-0645



Your medical plan includes prescription drug coverage. You pay a different amount depending on the “tier” or class of drug.

GENERIC drugs are always the least expensive. Get in the habit of asking your doctor or pharmacist if there’s a generic alternative. **RxNGo offers Free generics.**



A **FORMULARY** is a list of drugs that are preferred by the plan. Plans use formularies to encourage the most cost-effective drugs.

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.



A PARTICIPATING PHARMACY (one that contracts with your medical plan) will usually offer the best price. You can find a participating (in-network) pharmacy on your plan's website or by calling member services.

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](https://www.goodrx.com) or [rxsaver.com](https://www.rxsaver.com)



SPECIAL HANDLING REQUIRED? Your plan may require preauthorization (plan approval) or step therapy (trying certain drugs before others). Specialty drugs such as injectables may need to be purchased from a certain provider.

Talk with your doctor about your course of treatment and confirm whether your plan requires any special procedures. Before filling your prescription, verify that the pharmacy is in-network.



You can get medicines that you take routinely 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.

Compare your plan's mail-order copay and shipping against your local pharmacy price and/or other discount programs. If it's less expensive locally, ask if your doctor can write a 90-day prescription rather than a 30-day one.

Mail Order Pharmacy Benefits



Express Scripts Smart 90 Program



Maintenance medications are drugs you take regularly for ongoing conditions. You can conveniently fill those prescriptions either through mail order home delivery or at a retail pharmacy in the Smart90 network, either CVS or Walgreens!



There is 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 mail order home delivery or at a Smart90 pharmacy—you can avoid this higher cost. You will pay the same copayment for your 90-day supply with either option.

Rx'nGo

Rx'nGo Free Generic Medications and insulin!

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 active employees and covered dependents on an Anthem 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. In addition, you may also receive up to a 90-day supply of Prodigy® diabetic test strips and lancets delivered to your home at **no cost**. The initial test strip order includes a new Prodigy® diabetic monitor. Members on the HDHP / HSA plan will only have access to those ~800 medications checked as "Preventive" at \$0 cost.

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. Your physician may also fax, phone or E-Scribe your prescription.
4. Receive your medication(s) by mail at your home.

Questions? Contact Rx'n Go at 888.697.9646 or visit rxngo.com for a full list of available medications.

**Note: Due to IRS guidelines on the HDHP, only preventive maintenance medications are available to you for free. Rx'n GO has over 750 preventative medications on their drug list.*

Rx'n Go®



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](#)



Submit prescription to the Rx 'n Go pharmacy, [GoGoMeds](#)

To Submit Your Prescription:

- Call your doctor and have them submit your prescription(s) to **GoGoMeds** 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 detail and Rx 'n Go will take care of the rest!

Questions?

Contact Customer Support pharmacy@gogomeds.com

Pharmacy Address:

Rx 'n Go c/o GoGoMeds
525 Alexandria Pike, Suite 100
Southgate, KY 41071

rxngo.com

E-Scribe:

GoGoMeds

Phone: (888) 697-9646

Fax: (888) 697-0646

(must come from physician's office)

Aetna Dental

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 for you to choose from. 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 above 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

| | 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 | \$15.94 | \$31.88 |
| Employee + 1 Dependent | \$26.36 | \$52.72 |
| Family | \$38.94 | \$77.88 |

Delta Dental

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

| | 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 | \$1,500 | \$1,500 |
| Waiting Period | None | None |
| Diagnostic and Preventive | Plan pays: 100% Diagnostic and Preventive to do count toward annual max | Plan pays: 100% |
| 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: 50% after deductible | Plan pays: 50% after deductible |
| Orthodontia | Plan pays: 50% up to \$1,500 Lifetime Maximum (Calendar deductible does not apply) | Plan pays: 50% up to \$1,500 Lifetime Maximum (Calendar deductible does not apply) |
| Lifetime Maximum | \$1,500 Child or Adult | \$1,500 Child or Adult (combined with in-network) |
| Dental Premiums | Semi-Monthly | Monthly |
| Employee Only | \$23.73 | \$47.46 |
| Employee + 1 | \$40.34 | \$80.67 |
| Family | \$61.69 | \$123.37 |



Vision

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

Group Name: County of San Luis Obispo

Group Number: 00105558-01

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

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) | 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 + 20% savings on the amount over your allowance | Plan reimburses up to \$70 |
| Frequency | 1 x every 24 months | In-network limitations apply |
| Contacts (In-lieu of frames) | | |
| Benefit (fitting & evaluation) | Plan pays up to \$150 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.

Vision Premiums

| 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



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 benefits 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 able 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 1/1/2021 you can rollover up to \$550 of your previous year's FSA unused balance.</p> | <p>\$2,750/calendar year</p> |
| <p>Dependent Care Flexible Spending Account (FSA)</p> <p>(All benefits 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 the future. Unused money rolls at the end of the year, earns interest, and can even be invested like a 401(k). After 65, you can even 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>\$3,600 for individual \$7,200 for a family (\$1,000 is added to limit if you are over age 55)</p> |
| <p>Limited Purpose FSA</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 1/1/2021 you can rollover up to \$550 of your previous year's FSA unused balance.</p> | <p>\$2,750/calendar year</p> |

Flexible Savings 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 2021.

Important Information regarding Flexible Spending Accounts

- All eligible medical expense must occur before 12/31/2021
- You have until March 15, 2022 to submit approved receipts or else you will lose the funds
- 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 1-800-685-6100

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 Health Care 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 | | |
|--|---|---|
| My SmartCare Portal or Mobile App | Other Electronic Submission | Paper Submission |
| <p>No Reimbursement Form required, just upload a picture of your receipt!</p> <p>Online Portal: benefitcc.wealthcareportal.com</p> | <p>Fill out the Reimbursement Form & attach the receipt</p> <p>E-mail: fsa-claims@benxcel.com</p> <p>Upload to File Transfer Portal: secure.benxcel.com</p> | <p>Fill out the Reimbursement Form & attach the receipt:</p> <ul style="list-style-type: none"> • 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 Anthem High Deductible Health Plan (HDHP). An HSA is a tax-advantaged personal savings or investment account that you can use to pay for qualified health expenses. This benefit is administered by BCC MySmartCare via Avidia Bank. Beginning in 2021, the County of San Luis Obispo will contribute up to \$750 if you are in Bargaining Units 3, 14, 21, 22, 27, & 28.

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 |

2021 HSA Contribution Limits

Individual: \$3,600

Family: \$7,200

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

HSA ELIGIBILITY



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

- Is enrolled in San Luis Obispo qualified Anthem 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.
- 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. Your payroll deductions will not begin until the pay period after your HSA bank account has successfully been opened.
- 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 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.

Basic Life and 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. AD&D 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](#) for 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. When 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](#) for more details.

| 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 |

Voluntary Life and 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.

| 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 | \$20,000 OR 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 benefit of \$50,000 or more is considered a taxable benefit.

The benefit 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.

Cost of Coverage:

| 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 | | | |



Voluntary Long Term Disability

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 04, 06, 07, 08, 09, 10, 11, 12, 15, 16 & 17. 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.



Aflac Voluntary Benefits

Hospital Indemnity

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 covered 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 | \$2,000 |
| 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 |
| Waiver of Premium | After 90 days of total disability due to covered sickness or accidental injury for up to 12 months |
| 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.) |
| Rehab Benefit | Not covered |
| Pregnancy Coverage | Covered |
| Mental and Emotional Disorder Coverage | Covered |

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.

Aflac Accident Group Number: 23059

| INJURIES REQUIRING SURGERY & HOSPITAL | LUMP SUM BENEFIT AMOUNT |
|---|--|
| Eye Injury (treatment & surgery within 90 days) | \$250 |
| Tendons/Ligaments | \$400 single / \$600 multiple |
| Ruptured Disk | \$100 during 1 st year/\$400 after 1 st year |
| Torn Knee Cartilage (treatment within 60 days) | \$100 during 1 st year/\$400 after 1 st year |
| Hospital Admission | \$1,000 |
| Hospital Confinement (per day up to 365 days) | \$200 |
| Hospital Intensive Care (per day to 30 days) | \$400 |
| Rehabilitation Facility Confinement (per day for 60 days) | \$75 |
| FRACTURES | LUMP SUM BENEFIT AMOUNT |
| Hip/Thigh | \$4,000 |
| Leg | \$2,400 |
| Foot/Ankle/Knee Cap/Forearm/Hand/Wrist | \$2,000 |
| ADDITIONAL BENEFITS | LUMP SUM BENEFIT AMOUNT |
| Emergency Room Treatment (one per accident) | \$125 |
| Major Diagnostic Test (CT, CAT, MRI, EEG) | \$200 |
| Physical Therapy (up to 6 sessions per accident) | \$30 |
| Burns (2 nd degree) | \$100 - \$1,000 (10% - more than 35%) |
| Complete Dislocations | Varies depending on joint affected |



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 \$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 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.

Employees may select between either a \$15,000 or \$30,000 benefit amount in coverage. Spouse and child(ren) coverage is 50% of employee selected amount. See the plan document for more information about exclusions and other plan details.

Aflac Critical Illness Group Number: C21000

| COVERED CRITICAL ILLNESSES AND ADDITIONAL BENEFITS | PERCENTAGE OF \$15,000 OR \$30,000 BENEFIT AMOUNT |
|--|---|
| Cancer (Internal or Invasive) | 100% |
| Heart Attack | 100% |
| Limited Benefit Major Organ Transplant | 100% |
| Kidney Failure (End-Stage Renal Failure) | 100% |
| Stroke | 100% |
| Bone Marrow Transplant (Stem Cell Transplant) | 100% |
| Sudden Cardiac Arrest | 100% |
| Non-Invasive Cancer | 25% |
| 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 Coverage

| VOLUNTARY HOSPITAL INDEMNITY (PER MONTH) | |
|--|---------|
| Employee Only | \$33.12 |
| Employee and Spouse | \$66.74 |
| Employee and Child(ren) | \$52.26 |
| Family | \$85.88 |

The rate you are quoted at enrollment for this plan is fixed and will remain with you throughout the life of your plan with a few exceptions. If you separate from the County you can take this plan and your rate with you.

| VOLUNTARY ACCIDENT INSURANCE (PER MONTH) | |
|--|---------|
| Employee | \$18.86 |
| Employee and Spouse | \$28.26 |
| Employee and Dependent Child(ren) | \$32.48 |
| Family | \$41.88 |

| VOLUNTARY CRITICAL ILLNESS INSURANCE (PER MONTH) | | | | | |
|--|----------|----------|---|----------|----------|
| NON-TOBACCO: Employee or Employee + Child(ren) | | | NON-TOBACCO: EE + SP or FAM (50% benefit for SP/CH) | | |
| Issue Age | \$15,000 | \$30,000 | Issue Age | \$15,000 | \$30,000 |
| 18-29 | \$7.15 | \$12.77 | 18-29 | \$11.48 | \$19.92 |
| 30-39 | \$11.15 | \$20.78 | 30-39 | \$17.49 | \$31.93 |
| 40-49 | \$20.96 | \$40.40 | 40-49 | \$32.20 | \$61.36 |
| 50-59 | \$39.97 | \$78.41 | 50-59 | \$60.71 | \$118.38 |
| 60+ | \$75.90 | \$150.28 | 60+ | \$114.61 | \$226.18 |
| TOBACCO: Employee or Employee + Child(ren) | | | TOBACCO: EE + SP or FAM (50% benefit for SP/CH) | | |
| Issue Age | \$15,000 | \$30,000 | Issue Age | \$15,000 | \$30,000 |
| 18-29 | \$9.75 | \$17.98 | 18-29 | \$15.38 | \$27.73 |
| 30-39 | \$17.00 | \$32.48 | 30-39 | \$26.26 | \$49.48 |
| 40-49 | \$32.62 | \$63.73 | 40-49 | \$49.69 | \$96.35 |
| 50-59 | \$64.37 | \$127.22 | 50-59 | \$97.32 | \$191.59 |
| 60+ | \$118.56 | \$235.60 | 60+ | \$178.60 | \$354.16 |

For more information on Aflac Voluntary benefits visit:
www.aflacgroupinsurance.com or call 1-800-433-3036



Anthem's Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Anthem, can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free!

Help is available 24/7, 365 days a year by telephone at **800-999-7222**. Other resources are available online at anthemEAP.com. When you log in, enter your **Company ID: San Luis Obispo**.

In-person counseling may also be available, depending on the type of help you need. The program allows all employees and your family/household members up to 4 onsite sessions per incident per year. Additional benefits are available through your medical plan. Review your medical benefit summary for more information.

| | |
|---|---|
| Counseling | 4 onsite sessions per participant per issue. Face to face or online visits via Live Health Online. |
| Financial Counseling | Phone meetings with financial professionals. Consultations available during regular business hours. No time limits or appointments needed. |
| Legal Consultations | 30 minute consultation (telephonic or office) Discounted fees to retain a lawyer; online resources including free legal forms, seminars, and a library of articles. |
| Dependent Care and Daily Living Resources | Information available on child care, adoption, summer camps, college placements, elder care and assisted living through the EAP Website. Phone consultation with a work-life specialist. Other help with everyday needs like pet sitting, relocation resources, and more. |
| Crisis Consultation | Toll-free number for emergencies. Round – the – clock help is available. (833) 954 - 1067 |
| Access to Identity Theft Protection & Recovery | 30 minute consultation Assist with filling out all necessary paperwork for you & notify credit agencies & negotiate with creditors; restore your credit to pre-theft level & offer you materials on credit and ID theft |
| Other anthemEAP.com Resources | Get access to well being articles, podcasts, and monthly webinars. Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more. |

EAP TRAINING COURSES

The County's EAP also includes courses for their employees to join. Learn how to manage your work and home life and more. See below for the 2020 – 2021 schedule. To register please visit [NeoGov Learn](#).

| 2020 – 2021 EAP Courses Schedule | |
|--|---------------------------------------|
| TOPIC | DATE & TIME |
| SOCIAL SECURITY RETIREMENT PLANNING | Tuesday, November 10 9:30-10:30am |
| SINGLE AND CO-PARENTING: STRATEGIES FOR SUCCESS | Wednesday, November 18 9:30-11:00am |
| STRESS MANAGEMENT | Wednesday, December 2 3:30-4:30pm |
| MAKING THE MOST OF YOUR PAYCHECKS | Tuesday, February 9 9:30-10:30am |
| MANAGING PRIORITIES TO MAXIMIZE YOUR DAY | Thursday, February 18 2:30-4:00pm |
| REINVENTING RETIREMENT | Tuesday, March 9 9:30-10:30am |
| NUTRITION NAVAGATOR | Thursday, March 25 9:30-10:30am |
| INVESTMENT BASICS | Tuesday, April 6 9:30-10:30am |
| PARENTING ESSENTIALS | Thursday, April 15 2:30-4:00pm |
| GETTING YOUR AFFAIRS IN ORDER: 5 ESSENTIAL DOCUMENTS | Thursday, May 20 9:00-10:30am |

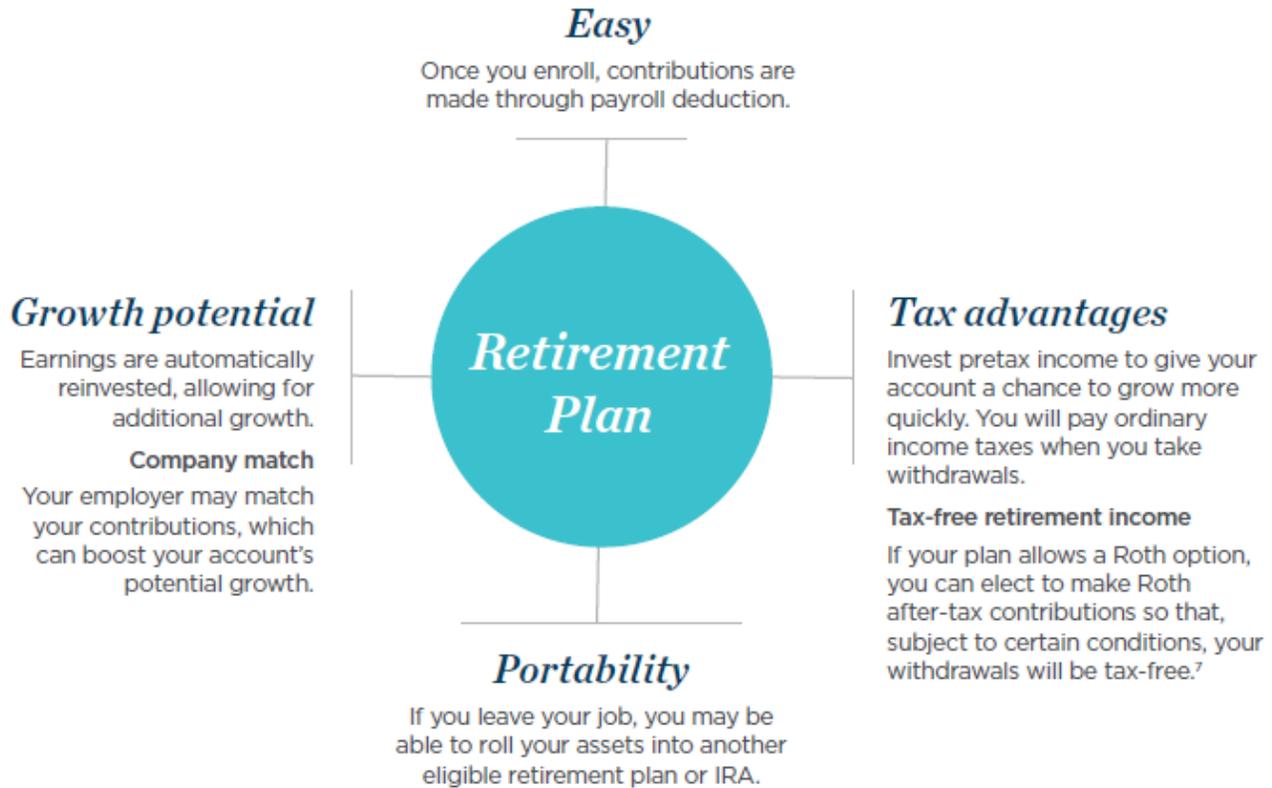


Retirement Planning

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.

For those who choose to enroll in the Nationwide retirement plan, The County will match \$1 per \$1 up to \$500 per year for the following bargaining units: 04, 07, 08, 09, 10, 11, 12, and 16.

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.

To enroll or learn more:

Contact or call a Nationwide Retirement Specialist at 1-855-463-4977 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 assets**² from qualified plans and IRAs



Interactivity

- **Access your account.** Anytime. Anywhere. Any device.
- **My Interactive Retirement Planner**SM
- **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 account**³ offering a competitive yield
- **Broad spectrum of funds** selected specifically for long-term investors
- **Professional managed account solution**³ 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

Other Important Terms to Learn

Health insurance seems to have its own language. You will get more out of your plans if you understand the most common terms, explained below in plain English

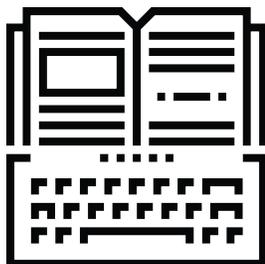
MEDICAL

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.



PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Get Educated Virtually!



Get help with your benefits however you feel most comfortable. Below is a list of fun, educational videos where you can learn about different topics that will help you better understand your benefits!



Benefit Terms Explained



How to read an EOB



High Deductible Health Plan w/ HSA



What is an FSA



HSA vs FSA



EAP



Qualifying Events



Preventive Care

| WHAT DO I DO IF...? | YOU CAN: |
|--|---|
| <p>Enrollment Issues/Questions</p> <ul style="list-style-type: none"> 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 | <p>Call BCC at 1-800-685-6100.</p> |
| <p>Medical Issues/Questions</p> <ul style="list-style-type: none"> I want to check if my provider is in Anthem'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 | <p>Call Anthem at 1-800-967-3015 or Create an online Anthem account to print a copy of your ID card, view claims, plan documents, and estimate a cost for a procedure and more.</p> |
| <p>Pharmacy Issues/Questions</p> <ul style="list-style-type: none"> I have questions on 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 | <p>Call Express Scripts at 1-877-554-3091 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.</p> |
| <p>Dental Issues/Questions</p> <ul style="list-style-type: none"> I want to check if there are any dentists in my area I have questions about my dental coverage I have a billing question | <p>Call Aetna at 1-877-238-6200 Or Call Delta Dental at 1-888-335-8227</p> |
| <p>Vision Issues/Questions</p> <ul style="list-style-type: none"> I want to know which providers near me accept VSP I have questions about my vision coverage | <p>Call VSP at 1-800-877-7195</p> |
| <p>Carrum Health Surgical Benefit Questions</p> <ul style="list-style-type: none"> I want to learn more about the Carrum Health surgical benefit program. I want to know if a certain procedure is covered | <p>Call Carrum at 1-888-855-7806 or Create an account at carrum.me/prism</p> |



For Benefits Assistance

Enrollment Resources

Online: <https://benxcel.net>

Phone: (855) 230-0745 ext. 4453

For BenXcel assistance call (800) 685-6100

Human Resources (805) 781-5959 or slocounty.ca.gov/Benefits

| Plan Type | Provider | Phone Number | Website | Group Number |
|--|---------------------------|----------------------------------|--|--|
| Medical, Dental & Vision | | | | |
| Medical | Anthem | 1-800-967-3015 | anthem.com/ca/EIAHealth | |
| Dental | Aetna DMO Delta Dental | 1-877-238-6200 1-800-765-6003 | aetna.com deltadentalins.com | 883524-001 2999-0011 |
| Vision | VSP | 1-800-877-7195 | vsp.com | 00105558 |
| Pharmacy | | | | |
| PPO & EPO Pharmacy | Express Scripts | 1-877-554-3091 | express-scripts.com | Issuer: 9151014609 RxBIN: 610014 RxGrp: RX4EIAH |
| HDHP Pharmacy | IngenioRx | 1-833-255-0645 | anthem.com/ca | |
| Specialty Pharmacy | Accredo | 1-800-803-2523 | | |
| RxNGo | RxNGo | 1-888-697-9646 | rxngo.com | |
| Voluntary Benefits | | | | |
| Life & Disability Insurance | Voya | 1-800-955-7736 | voya.com | CSAC EIA 31640-7 Acct 37 |
| Accident, Critical Illness, Hospital Indemnity | Aflac | 1-800-433-3036 | aflacgroupinsurance.com | #23059 #C21000 #CA8000 |
| FSA & COBRA | BCC | 1-800-685-6100 | benefitcc.healthcareportal.com | |
| Miscellaneous Benefits | | | | |
| Surgical Benefit | Carrum Health | 1-888-855-7806 | carrum.me/prism | |
| Post-Employment Health Plan | Nationwide | 1-877-677-3678 | nationwide.com/business/employee-benefits | |
| EAP | Anthem EAP | 1-800-999-7222 | anthemEAP.com | Company Code: San Luis Obispo |
| Mental Health | Talkspace | N/A | talkspace.com/slo | |
| Virtual Health Help | Amino | N/A | https://amino.com | Company Code: County of San Luis Obispo |
| Telehealth | Live Health Online | (888) 548- 3432 | livehealthonline.com | |

Employee Benefits Brochure designed and developed by



In conjunction with, County of San Luis Obispo