COUNTY of SAN LUIS OBISPO

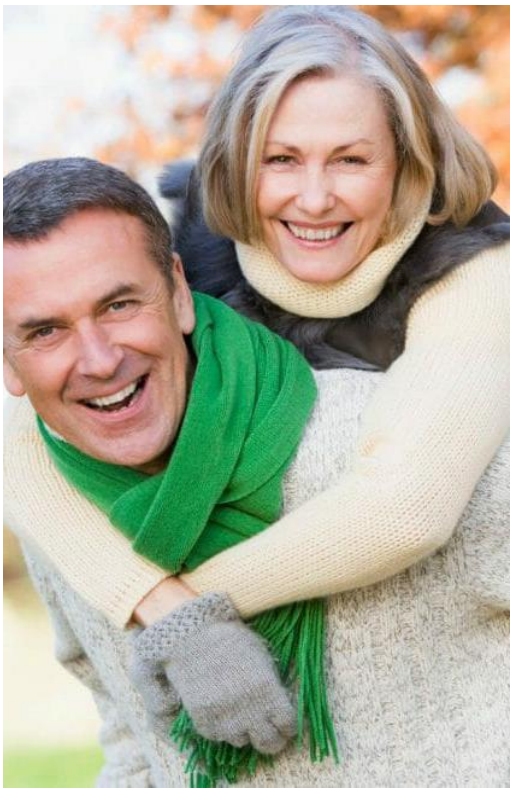
2026 Retiree Benefits Brochure

Open Enrollment October 3 – 22, 2025

WHO TO CALL

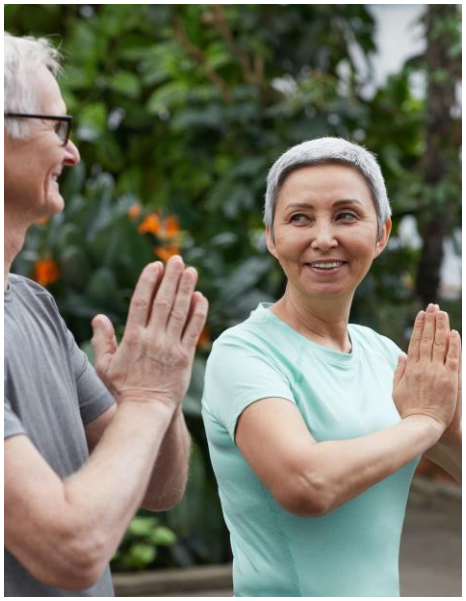
Enrollment Issues/Questions • I want to make changes to my benefits this Open Enrollment • I have a qualifying life event, and I need to make changes to my benefits	**SLO Retiree Enrollment Line** (833) 574-1838
Medical Issues/Questions • Provider search • Questions about plan coverage or procedures • Medical ID card questions • Medical bills or claims questions	**Accolade Health Assistants** (866) 406-1275
Pharmacy Issues/Questions • Cost of my medication(s) • Check if my medication is on the formulary • What pharmacies can I utilize? • 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	**Navitus** **Visit:** navitus.com Early Retirees: (844) 268-9789 Medicare Retirees: (866) 270-3877
Dental Issues/Questions • Find an Aetna dentist in my area • Questions about plan coverage or procedures • I have a billing question	**Aetna** (877) 238-6200
Vision Issues/Questions • VSP provider search • Questions about plan coverage or procedures	**VSP** (800) 877-7195
Medicare Transition Issues/Questions • I'm turning 65 and I do not know what I am supposed to do to enroll in Medicare • I am not sure which Medicare plan is right for me	**Alliant Medicare Solutions** (866) 273-6420 **Health Insurance Counseling & Advocacy Program (HICAP)** (805) 928-5663

TABLE OF CONTENTS



MEDICARE PART D NOTICE
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the **Part D Notice** on page 29 for more details.

OPEN ENROLLMENT



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

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

Open Enrollment will be October 3 – 22, 2025
All benefit changes will be effective January 1, 2026 – December 31, 2026

We are pleased to announce that we will offer the same benefit packages as last year. Please see the following summary below for all 2026 changes. For 2026 Open Enrollment, you must call the SLO Retiree Enrollment Line at (833) 574-1838 to make any changes to your medical, dental and vision elections.

Don't forget, you have Accolade for assistance with Healthcare and Benefits Services!

- All Blue Shield of CA Plans are powered by Accolade, your benefit assistant and all-inclusive benefit service. Get connected to an Accolade Health Assistant or nurse to help answer your health and benefit questions, big or small. You will also have access to virtual primary and mental health care.

Medical / Dental / Vision

- No plan changes.

Navitus Pharmacy

- Starting January 1, 2026, Navitus will replace Express Scripts as the Pharmacy Benefits Manager for all medical Rx plans. Members will receive a welcome packet in the mail with more information in December 2025.

New Benefit

- Digbi (*Digestible Bites*) Health is a new chronic condition and disease management program available to members with diabetes, hypertension, hyperlipidemia, obesity and gastrointestinal issues. Digbi will replace Livongo for diabetes care.
- Sunsetting: Please note that Teledoc services will be ending as of January 1, 2026.

ACCOLADE HEALTHCARE & BENEFITS SERVICE

PHONE: (866) 406-1275
WEBSITE: member.accolade.com

You have Accolade to assist you!

County of San Luis Obispo retirees enrolled in a County Blue Shield of CA medical plan have access to Accolade healthcare and benefits service.

About Accolade Health Assistants?

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

Health and Benefits Support

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

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

YOUR ENROLLMENT RESOURCES

Open Enrollment will take place from October 3 – 22, 2025. No action is needed on your part during Open Enrollment unless you wish to:

- Change medical plans (if enrolled)
- Update your address, phone number (home or cellphone) and email address
- Add/drop dependents
- Add/drop dental & vision

Visit **slocounty.ca.gov/oe** for the latest information available. This page will be updated regularly and is your best source of information.

SLO Retiree Enrollment Line

Retirees can speak to a licensed insurance representative to complete enrollment over the phone by calling (833) 574-1838.

Personal Counseling Sessions (Limited Availability)

A limited number of 15-minute virtual or phone counseling appointments with a benefits counselor. To schedule an appointment, please contact Human Resources at (805) 781-4199.

Medicare Assistance Including Billing Questions

Retirees can call **Alliant Medicare Solutions (AMS)** at (866) 273-6420 to speak to a Licensed Insurance Agent for Medicare help and questions. You can also find more information about Medicare and services from AMS at **https://alliantbenefits.cld.bz/coslo-medicare-guide.**

Retirees can also contact **Central Coast Commission for Senior Citizens** at (805) 928-5663 to speak to a Medicare Counselor from their Health Insurance Counseling & Advocacy Program (HICAP).

Contact your Accolade Health Assistant!

Accolade Health Assistants and nurses are your first place to turn whenever you have a healthcare need or questions regarding benefits, including Medicare billing. You can reach an Accolade representative at (866) 406-1275 or through the web portal and web app at **member.accolade.com**.

WHO IS ELIGIBLE FOR BENEFITS?

ALL ELIGBLE RETIREES

Those officially retiring with the County within 120 days of separation are eligible to participate in County medical insurance.

Retirees who enroll in County medical insurance can only make changes during the annual Open Enrollment period or when you have a qualifying life event.

All retirees can participate in dental and vision insurance.

IMPORTANT NOTE: If you terminate your enrollment in the retiree medical program, you and your dependents will not have another opportunity to participate again in the future until age 65. You will have a final opportunity to opt-in to County medical when you enroll in Medicare at age 65.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

DEPENDENT ENROLLMENT

You can enroll the following family members in our medical, dental and vision plans:

- Spouse (the person who you are legally married to under state law, including a same-sex spouse).
- Registered Domestic Partner (must be recognized by state law and confirmed by registration with the state where you reside).
- Children up to age 26 (including your domestic partner's children). Married children are eligible for benefits. Children over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support. You must request a Disabled Dependent Certification form from Blue Shield.
- Dependents named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

DEPENDENT VERIFICATION

Adding dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide legal documentation within 31 days of their eligibility. See page 9 for more information.

If you do not supply the proper documentation to add dependents within the 31-day period, you will not be able to add the dependent(s) until the next Open Enrollment period.

WHO IS NOT ELIGIBLE?

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

- Parents, grandparents, and siblings.
- Former spouses and stepchildren are ineligible dependents and will be removed from County insurance plans effective the date of the divorce decree. Medical claims and premiums incurred due to late notification to the County are the responsibility of the retiree.

CHANGING YOUR BENEFITS

Click to watch the video

LIFE HAPPENS

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

SURVIVOR BENEFITS

A spouse or domestic partner survivor of a deceased retiree may be eligible for health coverage if they are both:

1. Enrolled OR eligible to enroll as a dependent at the time of death

AND

2. Qualify for a monthly survivor retirement benefit.

The survivor may request health enrollment from the County within 60 days from the date of death. Subsequent spouses and children will be ineligible for County retiree benefits.

WHEN CAN I ENROLL?

Open Enrollment is the only time each year that retirees can make changes to their benefit elections without a qualifying life event. Any changes that you make must be consistent with the change in status.

To make enrollment changes, call BCC at (833) 574-1838 **within 31 days** of your qualifying life event. Call (855) 230-0745 ext. 4453 to update your address.

If you have a qualifying life event 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.

Qualifying Life Events include (but are not limited to):	Allowable window to make your benefit change
Marriage	31 days
Loss of Other Healthcare Coverage	31 days
Eligibility for New Healthcare Coverage	31 days
Divorce	31 days

HOW TO LEARN MORE

Visit our webpage at **slocounty.ca.gov/retireeqe** for additional information on qualifying life events.

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. County of San Luis Obispo reserves the right to request additional documentation to substantiate eligibility. A retiree 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	• County office that issued original marriage Certificate • **Vitalchek.com**
Registered Domestic Partner	**Add:** State of California or State where you reside, County or City issued Declaration/Certificate of Domestic partnership **Remove:** Termination of Domestic Partnership	• County/City office that issued original certificate • **sos.ca.gov/registries/domestic-partners-registry**
Dependent Stepchild(ren)	Marriage Certificate and Birth Certificate (must include parents' names), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions	• County office that issued original birth certificate • Hospital in which child was born • U.S. Department of State (for children born outside of the U.S) • Social Security Administration • **Vitalchek.com**
Dependent Child by Legal Guardianship	Birth Certificate (must include parents' names), and copies of any court orders or other legal documents relating to custody or health coverage	• 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**

BENEFITS AT NO COST TO RETIREES

To help you get and stay healthy, take advantage of these free, value-added services available to retiree members as well as dependents aged 18+ on a County Blue Shield plan.

BENEFIT HIGHLIGHTS	ELIGIBILITY & HOW TO GET STARTED
Physical Therapy & Women's Pelvic Health **Hinge Health** Get access to unlimited one-on-one coaching and personalized exercise therapy. The Women's Pelvic Health program can help reduce pelvic pain, improve bladder, and increase pelvic strength and control. Available for preventative, acute, and chronic needs at no cost.	**Medicare & Non-Medicare members** **Call:** (855) 902-2777 **Visit:** hingehealth.com/prism/ Hinge Health
Surgical and Breast Cancer Treatment Benefit **Carrum Health** Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel for patient and companion, and medical bills. Oncology benefit is available as guidance for all cancer types. Treatment may be available for first time, non-metastatic Breast Cancer at a City of Hope affiliated facility. Please Note: joint replacement, spinal fusion and bariatric surgeries will require a second opinion.	**Non-Medicare members only** **Call:** (888) 855-7806 *Mon-Fri 9:00am to 5:00pm PST* **Visit:** carrum.me/prism carrumhealth
Chronic Disease Management Program **Digbi Health** Access personalized digital care programs that utilize genetic and gut microbiome analysis to address obesity, diabetes, digestive disorders, and related conditions. Services include at-home DNA (optional) and gut biome testing, continuous glucose monitoring, access to health coaches, plus medically managed weight loss programs.	***Medicare & Non-Medicare members*** **Call:** (866) 344-2189 **Visit** digbihealth.com/prism digbi health
Digestive Health Program **Cylinder** Cylinder can help with common digestive symptoms, such as heartburn, gas, bloating, and indigestion. Program includes a free at-home microbiome test, access to a Registered Dietitian and Health coach, along with articles, courses, and recipes based on your care plan, and an always-on hotline for support.	***Medicare & Non-Medicare members*** **Call**: (888) 200-5492 **Visit** Go.CylinderHealth.com/SLO with code SLO Cylinder

CHOOSING A MEDICAL PLAN

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

Your Doctors – Do you prefer to see specific doctors? Visit the Blue Shield 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 you and 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 Pension Benefit for coverage? Does the plan have a deductible? What is the plan's annual out-of-pocket maximum? Each of these factors can affect your bottom-line cost for healthcare.

Important Terms – These insurance terms will help you to compare plan options.

Medicare Billing: If you need assistance in understanding and or coordination of your Medicare billing, please call Accolade to speak with a representative who can help: (866) 406-1275.

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

Deductible: The amount of healthcare costs you must pay for with your own money before your plan will start to pay anything.

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

Out of Network: If your plan permits, you can seek care with out-of-network providers. This will likely result in higher out-of-pocket expenses such as your coinsurance.

Coinsurance: After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.

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

WHICH PLAN IS RIGHT FOR YOU?

The County of San Luis Obispo offers four non-Medicare plans and two Medicare plans for different needs and budgets. Every plan includes free preventive care from in-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.

Consider an EPO (Exclusive Provider Organization) if:

- You want lower, predictable out-of-pocket costs
- You like having one doctor to manage your care
- You are happy with the selection of in-network providers
- You don't see any doctors that are out-of-network
- You want to pay a fixed copay for most services

Plans To Consider:

- Blue Shield EPO
- Blue Shield Medicare EPO

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers

Plans To Consider:

- Blue Shield Tandem PPO Plan
- Blue Shield Choice PPO
- Blue Shield Care PPO
- Blue Shield Medicare PPO

Need Help Understanding your Medicare Options? Use Alliant Medicare Solutions!

Call Alliant Medicare Solutions (AMS) at (866) 273-6420 to speak to a licensed Insurance Agent. AMS can help you with questions on your current insurance coverage, types of coverage offered by the County, original Medicare, Medigap, Medicare Advantage, and prescription drug plans. AMS is here to help you find which plan might be the best for you!

	PPO	EPO
Deductible	✓	Maybe
Out-of-Network Care Covered	✓	No
Referral Needed to See Specialist	Not Required	Not Required
Must Select Primary Care Physician	Not Required	Not Required
Pros	• Go anywhere, whether in-network or out-of-network	• Fewer restrictions than an HMO
Cons	• Pay more for out-of-network providers	• No out-of-network coverage

NON-MEDICARE MEDICAL PLANS

Plan Benefits	Blue Shield Tandem PPO (Narrow Network)		Blue Shield Choice PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual Family	$1,250 per individual $2,500 per family		$1,000 per individual $2,000 per family	
Annual Out-of-Pocket Maximum Individual Family	$3,000 per individual $6,000 per family	No Limit per individual or family	$3,000 per individual $6,000 per family	No Limit per individual or family
Office Visit Primary Care and/or Specialist	$35/visit (deductible waived)	Plan pays 60%	$35/visit (deductible waived)	Plan pays 60%
Preventive Care	No Charge	Plan pays 60%	No Charge	Plan pays 60%
Chiropractic (limits apply)	$15/visit (deductible waived)	Plan pays 60%	$15/visit (deductible waived)	Plan pays 60%
Acupuncture (limits apply)	$15/visit (deductible waived)	Plan pays 60%	$15/visit (deductible waived)	Plan pays 60%
Lab and X-ray	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Advanced Imaging (MRI/PET/CAT scans)	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Urgent Care	$35/visit (deductible waived)	Plan pays 60%	$35/visit (deductible waived)	Plan pays 60%
Emergency Room (copay waived if admitted)	$100 + plan pays 75%	Covered as in-network	$100 + plan pays 80%	Covered as in-network
Hospitalization	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Outpatient Surgery ***Carrum Health**	Plan pays 75% No charge	Plan pays 60% No charge	Plan pays 80% No charge	Plan pays 60% No charge
Provider Network	**Blue Shield Tandem PPO (Narrow Network)**		**Blue Shield of California PPO Network**	

See next page for important note for all plans.

NON-MEDICARE MEDICAL PLANS

Plan Benefits	Blue Shield Care PPO		Blue Shield EPO
	In-Network	Out-of-Network	In-Network Only
Annual Deductible Individual Family	$500 per individual $1,000 per family		$250 per individual $750 per family
Annual Out-of-Pocket Maximum Individual Family	$2,000 per individual $4,000 per family	No Limit No Limit	$1,500 per individual $3,000 per family
Office Visit Primary Care and/or Specialist	$20/visit (deductible waived)	Plan pays 60%	$25/visit
Preventive Care	No Charge	Plan pays 60%	No Charge
Chiropractic (limits apply)	$15/visit (deductible waived)	Plan pays 60%	$15/visit
Acupuncture (limits apply)	$15/visit (deductible waived)	Plan pays 60%	$15/visit
Lab and X-ray	Plan pays 90%	Plan pays 60%	$25/visit
Advanced Imaging (MRI/PET/CAT scans)	Plan pays 90%	Plan pays 60%	$25/visit
Urgent Care	$20/visit	Plan pays 60%	$25/visit
Emergency Room	$50 + plan pays 90%	$50 + plan pays 90%	$150/visit
Hospitalization	$250 + plan pays 90%	$250 + plan pays 60%	$250/admit
Outpatient Surgery ***Carrum Health**	Plan pays 90% No charge	Plan pays 60% No charge	No Charge No Charge
Provider Network	**Blue Shield of California PPO Network**		**Blue Shield of California PPO Network**

To find a provider visit https://blueshieldca.com/fad/home.

Note for Out-of-Network benefits - member is responsible for coinsurance in addition to any charges over the allowable amount. When members use non-preferred providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum.

NON-MEDICARE PLAN PREMIUMS

Monthly medical premiums displayed are before the County's contribution of $162.00 per month. You must be enrolled in a County Medical plan to receive the County contribution.

BLUE SHIELD NON-MEDICARE MEDICAL PLANS

BLUE SHIELD TANDEM PPO	
Retiree Only	$911.00
Retiree + One Dependent	$1,797.00
Retiree + Family	$2,340.00
BLUE SHIELD CHOICE PPO	
Retiree Only	$1,035.00
Retiree + One Dependent	$2,047.00
Retiree + Family	$2,668.00
BLUE SHIELD CARE PPO	
Retiree Only	$1,117.0
Retiree + One Dependent	$2,217.00
Retiree + Family	$2,891.00
BLUE SHIELD EPO (In-Network Only)	
Retiree Only	$1,267.00
Retiree + One Dependent	$2,521.00
Retiree + Family	$3,295.00

MEDICARE MEDICAL PLANS

Plan Benefits	Blue Shield Medicare PPO		Blue Shield Medicare EPO
	In-Network	Out-of-Network[1]	In-Network Only
Annual Deductible Individual Family	**None for in-network** Please refer to below note in red for **out-of-network deductible** information		None
Annual Out-of-Pocket Maximum Individual Family	None		$1,500 per individual $3,000 per family
Office Visit Primary Care and/or Specialist	No Charge		$15 copay/visit
Preventive Care	No Charge		No Charge
Chiropractic (limits apply)	No Charge		$15 copay/visit
Acupuncture (limits apply)	$15 copay		$15 copay/visit
Lab and X-ray	No Charge		No Charge
Advanced Imaging (MRI/PET/CAT scans)	No Charge		No Charge
Urgent Care	No Charge		$15 copay/visit
Emergency Room	No Charge		$50 copay/visit (copay waived if admitted)
Emergency Medical Transportation	No Charge		No Charge
Hospitalization	No Charge		No Charge
Outpatient Surgery	No Charge		No Charge
Durable Medical Equipment	No Charge		No Charge
Vision Services & Allowance	See Benefit Summary for Details		See Benefit Summary for Details
Hearings Aids	20% (limited to $2,000 max once every 24 months)		20% (limited to $1,000 max once every 36 months)
Provider Network	**Blue Shield of California PPO Network**		**Blue Shield of California PPO Network**

For Medicare assigned providers, Medicare covered services must first be billed to Medicare. This plan will pay secondary to Medicare for Medicare covered services using Medicare allowed amounts. The plan pays the balance of Medicare allowable after Medicare pays waiving the plan deductible and copays. Non-Medicare services covered by Blue Shield will process at plan benefits using Blue Shield allowed amounts.

MEDICARE MEDICAL PLAN PREMIUMS

Monthly medical premiums displayed are before the County's contribution of $162.00 per month. You must be enrolled in a County Medical plan to receive the County contribution.

BLUE SHIELD MEDICAL PPO PLANS

PPO MEDICARE – ALL MEMBERS MUST HAVE MEDICARE	
Retiree Only	$742.32
Retiree + One Dependent	$1,477.32
Retiree + Family	$2,214.32
PPO MEDICARE – COMBO PLANS with Blue Shield Choice PPO When at least one person enrolled is not on Medicare.	
Retiree (1 Medicare, 1 Without)	$1,754.32
Retiree (1 Medicare, 2 Without)	$2,375.32
Retiree (2 Medicare, 1 Without)	$2,098.32

EPO MEDICARE (In-Network Only) – ALL MEMBERS MUST HAVE MEDICARE	
Retiree Only	$680.32
Retiree + One Dependent	$1,356.32
Retiree + Family	$2,028.32
EPO MEDICARE (In-Network Only) – COMBO PLANS with Blue Shield EPO When at least one person enrolled is not on Medicare.	
Retiree (1 Medicare, 1 Without)	$1,934.32
Retiree (1 Medicare, 2 Without)	$2,708.32
Retiree (2 Medicare, 1 Without)	$2,130.32

PRESCRIPTION DRUG SAVINGS

Are prescription drug costs breaking your budget? A little research before you go to the pharmacy could result in huge savings.

	Medicare members & Non-Medicare members have separate Navitus accounts, even if you are covered by the same plan.	If your covered family members are all on Medicare, or all are not, then your plans will not be separate.
	Navitus Medicare members & Non-Medicare members have different customer service lines.	Non-Medicare Line: (844) 268-9789 Medicare Line: (866) 270-3877
	You will receive a new Navitus ID card in mid-December.	Two ID cards are issued with subscriber name only. No ID cards are issued with dependent names
	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.
	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.
	**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.
	**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 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.

NEW! NAVITUS PHARMACY

Now members have access to prescription drug coverage through Navitus. Below is some information to keep in mind regarding this coverage:

Understanding Your Pharmacy Benefits

Members who take stabilized doses of covered long-term maintenance medications — like those used to treat an ongoing condition such as high blood pressure or high cholesterol — can save money by ordering them through Navitus' mail service partner, Costco Pharmacy, instead of using a retail pharmacy.

With the Costco Home Delivery Pharmacy

- You get up to a 90-day supply delivered directly to you — with free standard shipping.
- You can easily order refills online, over the phone or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.

Please contact Costco Home Delivery Pharmacy at pharmacy.costco.com. You may also call 1-800-607-6861 for home delivery forms and instructions. Please note that some pharmacies, such as Walgreens®, may not be in your plan. Log into the member home page at navitus.com to find pharmacies that are in your plan, or call (866) 333-2757.

Note: Costco membership is not required for Pharmacy Services.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

Navitus App

You can also use the Navitus app to search for providers. Download from the App Store or Google Play®.

Navitus Formulary

You can also find a list of formulary and preventive medications on navitus.com .

PHARMACY BENEFITS

Starting January 1, 2026, prescription drug coverage will be through Navitus for all County health plans. To access information regarding prescription drugs visit: navitus.com. You should ensure you are using an in-network pharmacy.

NON-MEDICARE PHARMACY BENEFITS

	Retail (in-network) (30 Day Supply)	Retail/Home Delivery (90 Day Supply)
Generics	$5 copay	$10 copay
	Free generics may be available through Rx 'n Go	
Preferred Brands	$20 copay	$40 copay
Non-Preferred Brands	$50 copay	$100 copay
Deductible	None	
Pharmacy Out-of-Pocket Maximum	$2,000 individual / $4,000 Family	
Mail Order Out-of-Pocket Maximum	$1,000	

MEDICARE PHARMACY BENEFITS

	Retail (in-network) (30 Day Supply)	Retail/Home Delivery (90 Day Supply)
Generics	$5 copay	$10 copay
Preferred Brands	$20 copay	$40 copay
Non-Preferred Brands	$50 copay	$100 copay
Deductible	None	
Out-of-Pocket Maximum	$2,100	
Mail Order Out-of-Pocket Maximum	N/A	

IMPORTANT Non-Medicare & Medicare: 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. There is a pharmacy search tool and a complete list of network pharmacies on the member portal at **www.Medicarerx.navitus.com.**

ADDITIONAL PHARMACY BENEFITS

BENEFIT HIGHLIGHTS	ELIGIBILITY & HOW TO GET STARTED
RX 'N GO FREE GENERIC MEDICATIONS – Rx 'n Go is a voluntary, mail order pharmacy benefit that provides you access to over 1,200 generic medications at no cost to you. All non-Medicare employees and covered dependents on a Blue Shield medical plan have the option to receive up to a 90-day supply of generic prescription maintenance medications by mail at no cost to you. **What do I have to do?** 1. Go to rxngo.com and confirm your medication(s) is on the Rx 'n Go drug list. 2. Complete the Pharmacy Profile form online or by calling Rx 'n Go. 3. Mail the Pharmacy Profile form and original prescription(s) to Rx 'n Go's pharmacy, Transition Pharmacy. Your physician may also fax, phone or E-Scribe your prescription. 4. Receive your medication(s) by mail at your home.	**Non-Medicare Plan Members Only** **Website:** https://rxngo.com/ **Call:** (888) 697-9646 Rx'nGo Care. Delivered.

GLP-1 Eligibility By Digbi Health	ELIGIBILITY & HOW TO GET STARTED
Eligibility requirements for accessing GLP-1s for weight management: ▪ 18 years or older and enrolled in Blue Shield (Mandatory). ▪ BMI 40 or higher without any comorbidity (OR) ▪ BMI 35 - 39 with at least one related comorbidity (OR) ▪ Mandatory: If you're on a GLP-1 for weight management, you should have lost 5% weight within 90 days of starting them. ▪ Digbi to be the sole prescriber for all weight loss medications.	***Medicare & Non-Medicare members*** **Call:** (866) 344-2189 **Visit** digbihealth.com/prism digbi health

NEW! DIGBI HEALTH CHRONIC CONDITION & WEIGHT MANAGEMENT

Your Digbi Health Journey
The Digbi Health program is a personalized 52-week journey designed to transform your health and wellness. Whether you're managing your weight, Type 2 Diabetes, digestive health, or taking GLP-1s for weight management, Digbi is here to support you with care tailored to your biology. Digbi Health is available at no cost for eligible members covered by Blue Shield through the County.

This program includes:

- Gut & Gene Testing (optional) Kits
- Glucose Monitoring Device
- Tailored Meals
- Health Coach
- GLP-1s for weight management

Contact Digbi at prism@digbihealth.com or at (866) 344-2189 if you have any questions.

Get Started

1. Check your eligibility and sign up for the program at digbihealth.com/prism.
2. If you are eligible, download mobile app - onelink.to/digbi.
3. On the app, please confirm shipping address and answer onboarding questions - your kits will be mailed to your address, automatically.
4. Starting January 1, 2026, you will have 90 days to go through Digbi Health's Reauthorization for weight management GLP-1 medication based on the new eligibility criteria.

Digbi Health App

- **Get at-home Test Kits -** Within a week, you'll receive a comprehensive testing kit including a Genetic Test, a Gut Microbiome Test, and an Abbott Libre Continuous Glucose Monitor. Please follow instructions to collect samples and return kits using pre-labeled shipping.
- **Sync your Health Apps -** Connect Apple or Google Health Apps with the Digbi App. Navigate to settings, choose "Health", then connect by tapping "Refresh" under "Apple Health".
- **Say hi to your Coach! -** Tap the 'Coach' button at the bottom to start engaging with your health coach on the app and upload meal pictures for scoring while you await test results.

CARRUM HEALTH – SURGERY BENEFIT

A surgery benefit that's hard to believe

When it comes to surgery or major medical treatment, you need to know you're getting the best care. That's why County of San Luis Obispo is sponsoring Carrum Health as a benefit to **Non-Medicare Blue Shield members**. Carrum makes it easier, more enjoyable, and less expensive to get high-quality healthcare.

Covered surgeries include:

- Knee
- Hip
- Elbow
- Oncology
- Spine
- Shoulder
- Cardiac (heart)
- Bariatric (weight loss)

Where Can I Get More Info?

Phone: (888) 855-7806

Web: carrum.me/prism

Mobile App: Search Carrum Health in the Apple App Store or Google Play to download the app!

How it works

- **Activate your account -** Answer a few questions about your health history, read profiles of surgeons, and get a detailed estimate of out-of-pocket costs, if any.
- **Meet your care specialist virtually -** A dedicated care specialist will reach out to walk you through the process, learn about you and your goals, and answer all of your questions.
- **Relax as Carrum plans your surgery -** Your care specialist will gather your medical records, submit forms to your surgeon, and plan travel for you and your loved one, if necessary. You'll also meet with your surgeon in person or virtually to ensure surgery is absolutely medically necessary.
- **Receive world-class care -** You'll be in the best hands on the day of your surgery and walk away feeling stronger and healthier.
- **Never get a medical bill -** The Carrum Health benefit covers all of the medical costs related to your procedure, so you won't have any surprise bills.

Click to play video

UNDERSTAND YOUR MEDICARE OPTIONS

Alliant
MEDICARE SOLUTIONS

Medicare Education

I want to understand Medicare coverage, is there someone I can talk to?

You can contact Health Insurance Counseling Advocacy Program (HICAP) sponsored by the Central Coast Commission for Senior Citizens. HICAP provides free and unbiased information and counseling about Medicare so you can make informed decisions. Visit their website **http://centralcoastseniors.org/hicap/** or call them at (805) 928-5663.

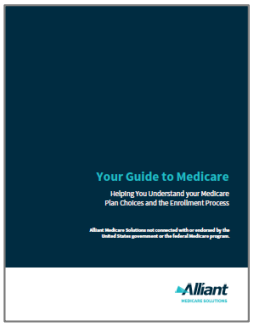
Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(866) 273-6420** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. Alliant Medicare Solutions will help you better understand your alternative marketplace options and can help you enroll immediately or email you policy materials for you to review and enroll at a later date.
4. The team can help you compare your employer plan to Medicare plans available in your area.

Find Out More



Your Guide to Medicare
Direct Link: https://alliantbenefits.cld.bz/coslo-medicare-guide

Medicare 101 Video

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

TRANSITIONING TO MEDICARE FAQ

Will I get new Blue Shield & Navitus ID cards when I transition to Medicare?

Yes, you will receive new ID cards for both Blue Shield and Navitus once you transition to Medicare. Be sure to use the new ID cards, or you may be billed for services incorrectly.

How do I know if my provider accepts Medicare?

Always be sure to ask your provider if they accept Medicare in addition to being in Blue Shield's network. When utilizing your County benefits, Medicare is the primary payer and Blue Shield is the secondary payer. Present both your Medicare card and Blue Shield ID card to your provider.

Under the County Medicare plans, if a provider doesn't accept Medicare assignment, a member can access care with that non-participating doctor, however, you will have to pay the difference between the fees and the Medicare reimbursement. The doctor may also require payment in full during the office visit.

I am and/or my dependent is turning 65 this year, how does this affect our County medical benefits?

Turning 65 is a Qualifying Event to transition to a County sponsored Medicare plan for only the member turning age 65. See next page for Combo plan details. To be eligible for a County Medicare plan, the member turning 65 must enroll in Medicare Part A & Part B through the Social Security Administration (SSA). This is only a qualifying event for a member to transition to a Medicare plan, and no dental and/or vision changes are permitted.

What is the Medicare transition process?

Roughly 60 - 90 days before your 65th birthday, you will receive a Medicare enrollment packet from our third-party administrator, BCC. The enrollment packet will ask you to select a new Medicare plan, provide your Medicare Part A & B effective dates and provide your Medicare Beneficiary Number (BMI) located on your Medicare card. Non-Medicare dependent plan enrollment will not change.

You must complete and postmark the enrollment form to BCC by your 65th birthday to either transition to a Medicare plan or to opt out of County medical coverage.

Failure to complete and return this form will be considered opting out of County Medical and will result in termination of your non-Medicare medical plan.

Who can I contact for out-of-network billing questions?

Contact Accolade for out-of-network billing questions. If you visit an out-of-network provider, the provider can balance bill you. **Balance billing is when a provider bills you the difference between the provider's charge and the Plan's allowed amount.** Please reference benefit summaries for additional details.

TRANSITIONING TO MEDICARE FAQ

How does the County Medicare plan work?

The County offers Coordination of Benefit (COB) plans designed to cover the costs that Medicare does not. Medicare is the primary payer, and your Blue Shield plan is the secondary payer. Present both your Medicare card and your County Medical ID card when obtaining services. To make the most of your plan benefit, be sure your provider is in the Blue Shield Network and accepts Medicare.

Do the County's Medical plans include Medicare Part D Pharmacy benefit?

Yes, the County's Medicare plans do include a Part D prescription benefit. Do not enroll in a separate Part D plan or your County Medical plan will be terminated by the Center for Medicare and Medicaid Services. For more information on your Medicare prescription coverage, contact Navitus at (866) 607-6861.

What happens when only one (1) person in my family is of Medicare age?

Combo plans are special medical insurance plans available for retirees with dependents of a different Medicare status and only apply to medical insurance. Combo Plans are selected when some members of your family are over age 65 and on Medicare, and other members are under age 65 and not on Medicare yet. In those instances, the members that are on Medicare should refer to page 16 to see their Medical plan details. The non-Medicare members of that Combo Plan should refer to page 13-14 for their plan details, they will not be the same as the Medicare member's. All medical premiums are shown on pages 15 (Non-Medicare) & 17 (Medicare and Combo Plans).

The retiree Medicare status and medical plan election drive which plan options are available for your spouse and dependents enrolled on your medical insurance. See below chart for the available options. When a member of your family is over age 65, they will have the choice between two Medicare plans, the Blue Shield Medicare PPO and Blue Shield Medicare EPO. Which Medicare plan is selected will impact the choice available for the non-Medicare member.

Retirees should select a plan from either the right or left column depending on your Medicare status. The retiree plan selection determines what plan any dependents could enroll in.

Non-Medicare (Retirees Under Age 65) Select one of the below plans. If you have dependents 65 or older, they will be enrolled in the corresponding Medicare plan.		**Medicare (Retirees Age 65 or Over)** Select one of the below plans. If you have dependents under age 65, they will be enrolled in the corresponding non-Medicare plan.	
Retiree Non-Medicare Plan	**Dependent Medicare Plan**	**Retiree Medicare Plan**	**Dependent Non-Medicare Plan**
Blue Shield Tandem PPO Blue Shield Choice PPO Blue Shield Care PPO	Blue Shield PPO Medicare	Blue Shield PPO Medicare	Blue Shield Choice PPO
Blue Shield EPO	Blue Shield EPO Medicare	Blue Shield EPO Medicare	Blue Shield EPO

DENTAL

The Aetna Dental plan has a limited network of providers and does not have a network in all states. Complete a provider search for your area before enrolling in this plan. When you have an appointment, tell them you have Aetna DHMO. There's no ID card necessary. Your member ID is your Social Security Number. The member ID for your dependents, is the subscriber's (retiree) social security number.

AETNA DHMO	
	In-Network Only
Annual Deductible	$0
Annual Plan Maximum	Not applicable
Diagnostic & Preventive	Plan pays 100% for preventative; various copays apply for other diagnostic services
Basic Services Fillings Root Canals Periodontics	Plan pays 100% Various copays apply Various copays apply
Major Services	Various copays apply
Orthodontia Adults & Children (up to age 26)	Patient pays: • Screening $30 • Diagnostic Records $150.00 • Retention $275

DENTAL PREMIUMS	
Retiree	$33.79
Retiree + One Dependent	$55.88
Retiree + Family	$82.54

What you need to know about this plan

Group Name: County of San Luis Obispo
Group Number: 883524-001
NEW ENROLLEES: You must select a Primary Care Dentist (PCD) or one will be assigned before you can schedule an appointment. To find a Primary Care Dentist visit **www.aetna.com** or call (877) 238-6200.

VISION

When you have an appointment, tell them you have VSP. There's no ID card necessary. Your member ID is your Social Security Number. Dependent member ID is the subscriber's (retiree) last 4 SSN, name, & DOB with dependent's name & DOB. To find a Provider visit **www.vsp.com** or call **(800) 877-7195**.

VSP Provider Network: VSP Signature		
	In-Network	**Out-of-Network[1]**
Exams Benefit Frequency	 $10 copay Once every 12 months	 Plan reimburses up to $50 In-Network limitations apply
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	 $25 copay $25 copay $25 copay Once every 12 months	 Plan reimburses up to $50 Plan reimburses up to $75 Plan reimburses up to $100 In-Network limitations apply
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	 $0 $80 - $90 $120 - $160	 Plan reimburses up to $75 Plan reimburses up to $75 Plan reimburses up to $75
Frames Benefit (Included in prescription glasses) Frequency	Plan pays up to $175 allowance Plan pays up to $195 for featured frames Plan pays up to $95 allowance for Costco frames + 20% savings on the amount over your allowance Once every 24 months	 Plan reimburses up to $70 In-Network limitations apply
Contacts (in-lieu of frames) Benefit (fitting & evaluation) Frequency	 Plan pays up to $250 allowance Once every 12 months	 Plan pays up to $105 In-Network limitations apply

VISION PREMIUMS	
Retiree Only	$9.54
Retiree + One Dependent	$14.54
Retiree + Family	$23.52

Group Name: County of San Luis Obispo
Group Number: 00105558-01

Don't forget about the LightCare Benefit Enhancement! Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health. VSP members can now use their frame allowance and benefits for non-prescription sunglasses or blue light filtering glasses. Visit vsp.com for more information on your benefits.

[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.

Medicare Part D Notice

Important Notice from County of San Luis Obispo About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with County of San Luis Obispo and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. County of San Luis Obispo has determined that the prescription drug coverage offered by Blue Shield and Navitus is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your County of San Luis Obispo coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Blue Shield is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your County of San Luis Obispo prescription drug coverage, be aware that you and your dependents can only get this coverage back at Open Enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with County of San Luis Obispo and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through County of San Luis Obispo changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **socialsecurity.gov**, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	01/01/2026
Name of Entity/Sender:	Esmeralda Parker
Contact-Position/Office:	Benefits Manager
Address:	1055 Monterey St. Suite D-205, San Luis Obispo CA 93408
Phone Number:	(805) 781-4199

FOR BENEFITS ASSISTANCE

Enrollment Resources
SLO Retiree Enrollment Line: (833) 574-1838 **Human Resources:** (805) 781-5959 or **slocounty.ca.gov/retiree**
Medicare Assistance
If you have general Medicare questions, contact Alliant Medicare Solutions at (866) 273-6420 or HICAP at (805) 928-5663 and **cahealthadvocates.org/hicap**

Plan Type	Provider	Phone Number	Website	Group Number
MEDICAL				
Medical EPO & PPO Plans	Navigator PPO Powered By Accolade	(866) 406-1275	member.accolade.com	
PHARMACY				
Non-Medicare Pharmacy	Navitus	(866) 268-9789	navitus.com	
Medicare Pharmacy	Navitus	(866) 607-6861	navitus.com	
Rx Mail Order	Rx ‘n Go	(888) 697-9646	rxngo.com	
DENTAL & VISION				
Dental HMO	Aetna	(877) 238-6200	www.aetna.com	883524-001
Vision	VSP	(800) 877-7195	vsp.com	00105558
OTHER				
Voluntary Surgical Benefit	Carrum Health	(888) 855-7806	carrum.me/prism	
MSK Benefit	Hinge Health	(855) 902-2777	hingehealth.com/PRISM	
Disease Management	Digbi	(866) 344-2189	digbihealth.com/PRISM	
Post-Employment Health Plan	Nationwide	(877) 677-3678	www.nationwide.com	

COUNTY of SAN LUIS OBISPO

Employee Benefits Booklet designed and developed by

Alliant

in conjunction with the County of San Luis Obispo.
rev.8.11.25