

San Luis Obispo CCD Online Benefits Enrollment is easy with BenefitBridge!

Need Help?

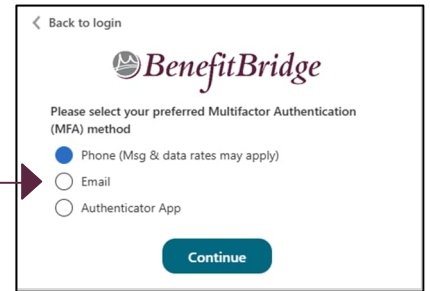
For all questions related to your benefits, please contact your employer's benefits administrator. For BenefitBridge technical assistance *only*, please contact BenefitBridge Customer Care at 800-814-1862; Mon – Fri, 8:00 AM – 5:00 PM, PST or email benefitbridge@keenan.com.

A Multifactor Authentication (MFA) code is required to confirm your identity each time before you can log in to the system. Below are instructions to help you obtain your MFA code.

Registration and Login

Already have login credentials?

1. Login to BenefitBridge at www.benefitbridge.com/slocdd
2. For your first login only, you will be asked to change your password.
 - If you have forgotten your password, click on Forgot User Name/Password? And follow the prompts.
3. The MFA selection popup will appear.
4. Select the MFA method you would like to use and select "Continue".
5. Different popup windows will appear, depending on your selection.



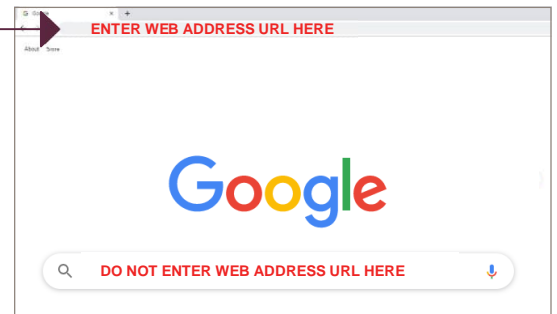
MFA Methods:

1. Select your preferred Multifactor Authentication Method: Phone, Email or Authenticator App and follow the prompts.
Download the Authenticator App
 - Download the Microsoft Authenticator app (or the authenticator app of your choice) to your phone device using the Google Play Store or the Apple App Store.

NOTE: *If you do not have a phone number or email listed in BenefitBridge, those options will not be available to you as preferred methods. Please contact your Benefits department to have your phone number and email address updated in BenefitBridge.*

Need to create login credentials?

1. In the address bar, type www.benefitbridge.com/slocdd (Not in the Bing, Google, Yahoo search engine field)
2. Click the Enter key, then follow the instructions below to register:
 - STEP 1: Select Register to Create an Account
 - You will need to create an account using your first and last names as they appear on your payroll statement.
 - STEP 2: Create a Username and Password
 - STEP 3: Select a picture, as instructed. You will be redirected to the User Login page to sign in.
 - Step 4: Follow instructions in the [MFA Methods](#) section above.



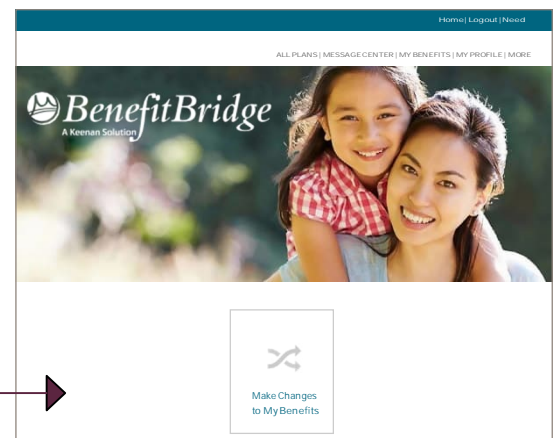
Enrolling in Benefits

Access your enrollment via the Make Changes to **My Benefits** button

For BenefitBridge technical assistance only,
please contact BenefitBridge Customer Care at

800-814-1862

Monday - Friday, 8:00 AM - 5:00 PM, PST or
email benefitbridge@keenan.com





Keenan Benefit Bridge Plan Comparison and Selection Guide

Got Questions?
Contact the Human Resources
Office (6600D)
Email: hr@cuesta.edu
Phone: (805) 546-3129

Step-by-Step Instructions:

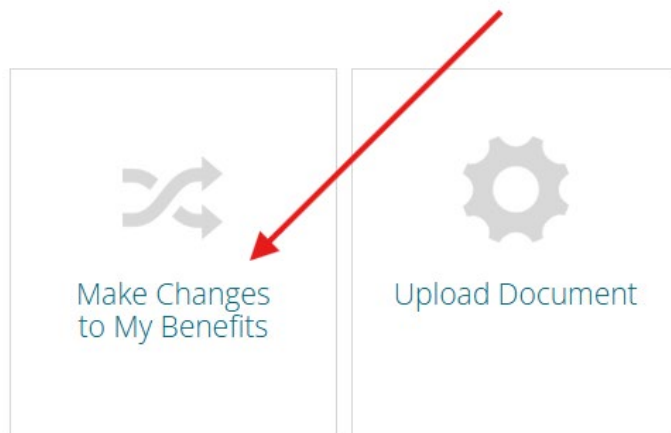
Step 1: Log In

Go to www.benefitbridge.com/sloccd and enter your username and password.

Having trouble accessing your online account? Contact the Benefit Bridge customer service line at (800) 814-1862

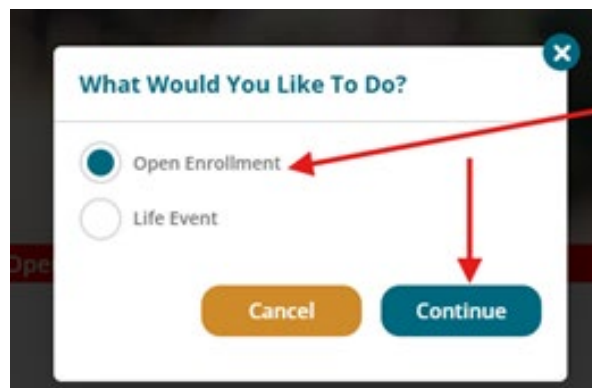
Step 2: Access Open Enrollment

Click '**Make Changes to My Benefits**'.



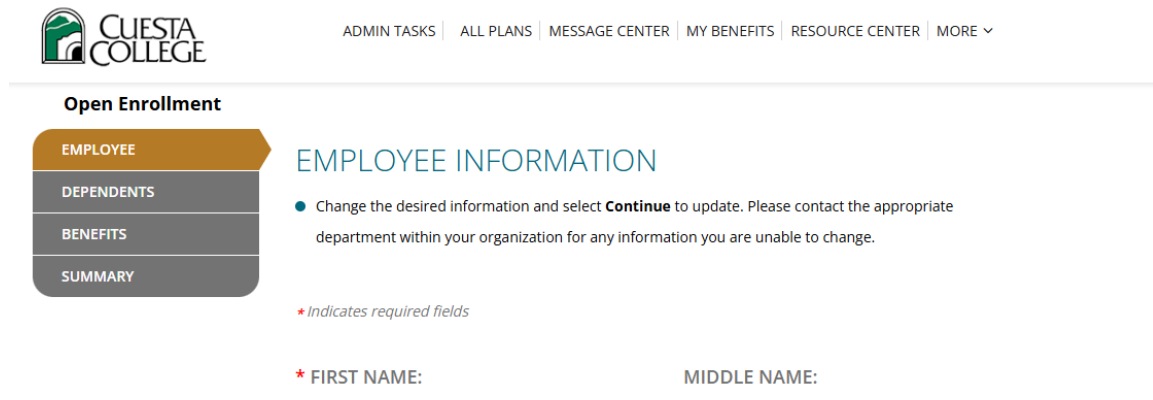
Step 3: Confirm Enrollment Type

In the pop-up window, ensure the radio button for '**Open Enrollment**' is selected, and click '**Continue**'.



Step 4: Verify Employee Information

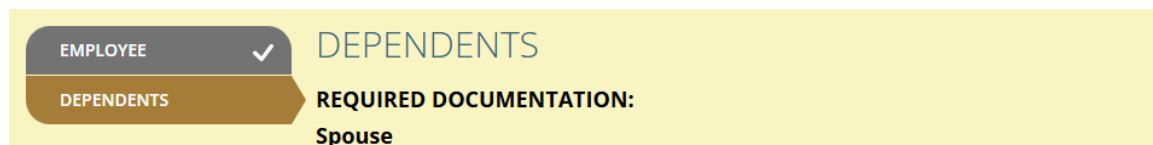
Review the Employee Information tab, verify the details, make any necessary changes, and click **'Continue'** at the bottom. If you notice any incorrect information in fields that are not editable, please email HR at hr@cuesta.edu to request an update.



The screenshot shows the Cuesta College Open Enrollment interface. At the top left is the Cuesta College logo. To the right are navigation links: ADMIN TASKS | ALL PLANS | MESSAGE CENTER | MY BENEFITS | RESOURCE CENTER | MORE ▾. Below the logo is the 'Open Enrollment' section with a sidebar menu containing EMPLOYEE (selected), DEPENDENTS, BENEFITS, and SUMMARY. The main content area is titled 'EMPLOYEE INFORMATION' and contains a bullet point: 'Change the desired information and select **Continue** to update. Please contact the appropriate department within your organization for any information you are unable to change.' Below this is a note: '* Indicates required fields'. At the bottom, there are labels for '* FIRST NAME:' and 'MIDDLE NAME:'.

Step 5: Verify Dependent Information

- If you have no dependent(s), press **'Continue'**.
- **For current dependents:** Review the Dependent Information tab and verify all details.



The screenshot shows the 'DEPENDENTS' tab selected in the sidebar menu. The main content area is titled 'DEPENDENTS' and contains the heading 'REQUIRED DOCUMENTATION:' followed by 'Spouse'.

- **To add a dependent:** Click **'Add Dependent'**. A new screen will appear where you must enter the requested information. When this is complete, press **'Continue'**.



- **For current AND new dependents:** Press **'Add Document'** and upload the required documents for each dependent and click **'Continue'** at the bottom.

DEPENDENT	SSN	RELATION	AGE	OPTIONS
-----------	-----	----------	-----	---------

Please provide documentation if required by your Employer

Instructions to Add Documents

[Add Document](#)

Note : Document upload is mandatory for each newly added dependent

Step 6: Access Medical Plans

The Benefits tabs will open, defaulting to the Medical tab. Your current coverage and cost will display.

Step 7: Compare Plans

- If you would like to compare your current plan with the Anthem Blue Cross choices, check the box labeled '**Compare**' in the upper-left corner.

Last Year You Chose

PLAN	COST PER PAY PERIOD
<input type="checkbox"/> Compare  Anthem PPO Plan G Proactive Care Plan Platinum-Active	\$889.00 (12 deductions per year)
COVERED	RELATION

- To ensure the plans include all dependents, check the **box** next to each dependent's name in the yellow box on the right side of the page. When you check the boxes to add dependents, the **rate will automatically update based on the number of dependents selected.**

Select the family members you want to cover

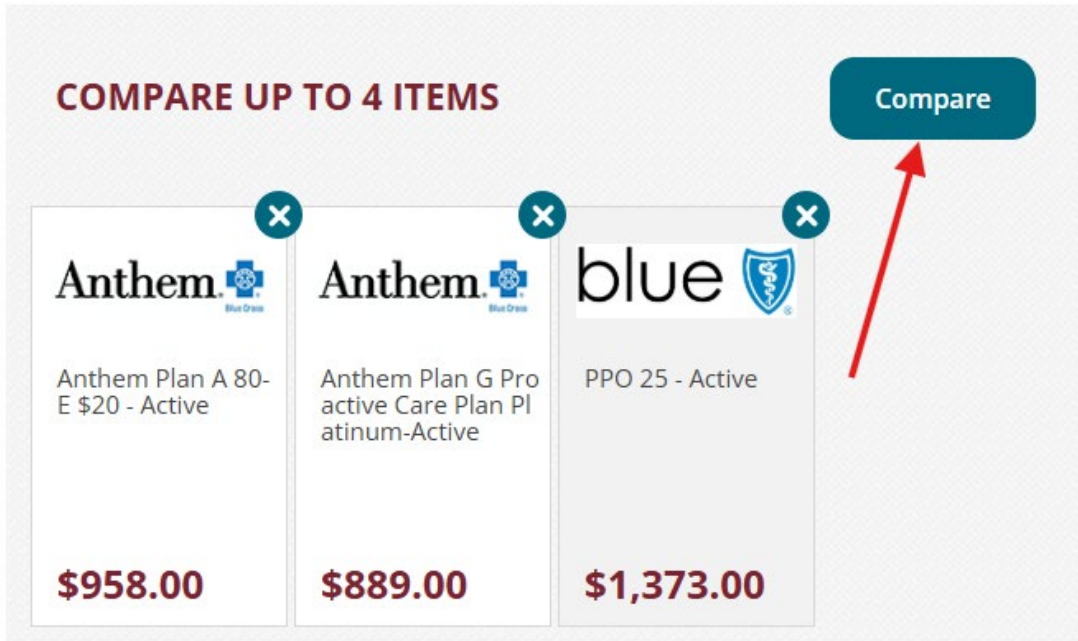
Employee:
Employee Name

SPOUSE:
Dependent Name

- Scroll down to the gray header labeled '**PLAN**'. All available medical plans and costs will be displayed. Check the '**Compare**' box in the upper-left corner of each plan you want to compare. You can compare up to 4 plans.

PLAN	COST PER PAY PERIOD		COST PER PAY PERIOD
<input checked="" type="checkbox"/> Compare Anthem Anthem Plan A 80-E \$20 - Active	\$958.00 (12 deductions per year)	<input type="checkbox"/> Compare Anthem Anthem Plan G Proactive Care Plan Platinum-Active	\$889.00 (12 deductions per year)
<input type="checkbox"/> Compare Anthem Anthem Plan B 80-G \$30-Active	\$861.00 (12 deductions per year)	<input type="checkbox"/> Compare Anthem Anthem Plan I 2-Tier MEC 9000-Active	\$542.00 (12 deductions per year)
<input type="checkbox"/> Compare Anthem Anthem Plan C 80-L \$30-Active	\$761.00 (12 deductions per year)	Waive Medical	\$0.00 (12 deductions per year)
<input type="checkbox"/> Compare Anthem Anthem Plan D 80-M \$40-Active	\$702.00 (12 deductions per year)	Anthem Plan J Waiver Active Benefit Enrollment (WABE)	\$542.00 (12 deductions per year)
<input type="checkbox"/> Compare Anthem Anthem Plan E HSA 3400 - Active	\$669.00 (12 deductions per year)		

- Those plans will automatically be populated in the comparison box at the top of the page. Select the blue 'Compare' button next to the selected plans to see a side-by-side comparison.



Step 8: Compare

- A new screen will appear with the components of each plan being compared side-by-side under each collapsible plan detail.

COMPARE PLANS

[Expand All](#)

[← Back to Results](#)

Anthem. Blue Cross
Anthem Plan A 80-E \$20 - Active
\$958.00

Anthem. Blue Cross
Anthem Plan G Proactive Care Plan Platinum-Active
\$889.00

blue Blue Shield
PPO 25 - Active
\$1,373.00

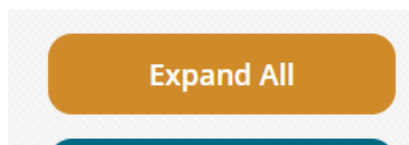
PLAN DETAILS

Carrier Name	Self-Insured Schools of California (SISC)	Self-Insured Schools of California (SISC)	Blue Shield of California
Effective Date	01/01/2026	01/01/2026	01/01/2025
Policy Number	40303A, 40303W	M409	PPOX0002
Product Name	80-E \$20 copay Anthem Classic PPO	Proactive Care Plan - Platinum; Rx \$9-35	PPO \$25

- There are up to 19 components available for comparison between plans.

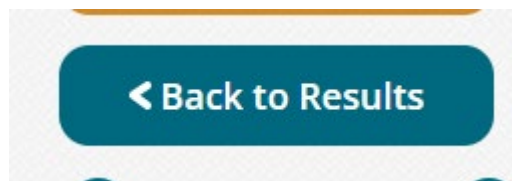
PLAN DETAILS	▼
GENERAL PLAN INFORMATION	▼
OUTPATIENT SERVICES	▼
PREVENTIVE SERVICES	▼
MATERNITY CARE	▼
INPATIENT HOSPITAL SERVICES	▼
SURGICAL SERVICES	▼
EMERGENCY SERVICES	▼

- You can choose to expand all topics by selecting '**Expand All**' or only the ones that interest you by selecting the individual drop-down arrows.



Step 9: Select a Medical Plan

- After comparing the plans and determining which plan fits your needs, select the '**Back to Results**' button.



- Scroll down to your plan of choice and press the '**Select**' button.

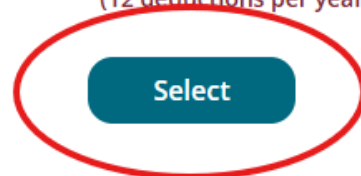
Compare



Anthem Plan D 80-M \$40-Active

\$1,360.00

(12 deductions per year)



- After selecting the plan, it will display at the top of the PLAN section as the **'Enrolled Plan'**.

PLAN	COST PER PAY PERIOD
<input type="checkbox"/> Compare Enrolled Plan  Anthem Plan D 80-M \$40-Active	\$1,360.00 (12 deductions per year)
<input type="button" value="Clear"/>	
COVERED	RELATION

- Once a plan is selected, click **'Continue'** at the bottom of the page.

Step 10: Access Dental Plans

The Dental Selection page will open, displaying the available dental plans in the same format as the Medical page. You can review each plan individually or compare plans as described earlier.

DEPENDENTS	PLAN	COST PER PAY PERIOD
<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION <input checked="" type="checkbox"/> ACCIDENTAL DEATH AND DISMEMBERMENT <input checked="" type="checkbox"/> VOLUNTARY TERM LIFE <input checked="" type="checkbox"/> VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT <input type="checkbox"/> SUMMARY	<input type="checkbox"/> Compare <input checked="" type="checkbox"/> DELTA DENTAL Delta Dental - \$2,000 Max - Active	\$60.15 (12 deductions per year)
COVERED		RELATION EMPLOYEE
This Year's Coverage Options <ul style="list-style-type: none"> Effective 1/1/2026 all plan rates remain the same Allowances for all plans are increased by \$500 and deductibles are eliminated Please select a plan or the waive option <p> <input checked="" type="checkbox"/> 2026_dental_plan_comparison.pdf <input checked="" type="checkbox"/> CL-MG Monthly Premiums 25-26.pdf </p>		
Hide ^		
Plans Selected (6 of 6) Sub Total: \$1,004.25 / PAY PERIOD		
1026 > 4/1/2006 Management-2thly-Active		
PLAN	COST PER PAY PERIOD	
<input type="checkbox"/> Compare Enrolled Plan <input checked="" type="checkbox"/> DELTA DENTAL Delta Dental - \$3,500 Max - Active	\$76.38 (12 deductions per year)	
<input type="button" value="Clear"/>		
COVERED	RELATION	


Step 11: Select a Dental Plan

Choose a dental plan just as you did for the medical plan, then click '**Continue**' at the bottom of the page.




Step 12: Access Vision Plans


The Vision Selection page will open, displaying the available vision plans in the same format as the Medical/Dental page(s).

PLAN	COST PER PAY PERIOD
 VSP VISION - Active	\$11.37 (12 deductions per year)
COVERED	RELATION
	EMPLOYEE


This Year's Coverage Options

- Coverage levels shown are based on your selection of dependents below (if applicable.) Select/deselect the checkbox next to the dependent(s) name to add or remove coverage. If you add or remove a dependent, you must update your benefit election.
- To change your current election, select the appropriate plan.
- If you DO NOT want to change your current election, select **Continue**.

 2026_VSPSummary.pdf

 CL-MG Monthly Premiums 25-26.pdf

Hide ^

PLAN	COST PER PAY PERIOD
Enrolled Plan  VSP VISION - Active	\$11.37 (12 deductions per year) Clear

Step 13: Select a Vision Plan

Choose a vision plan just as you did for the medical/dental plans, then click '**Continue**' at the bottom of the page.



Step 14: Access Accidental Death and Dismemberment Insurance Coverage

- Employees are eligible for \$2,000 of coverage for AD&D at NO COST. You must designate a beneficiary for this coverage.

Open Enrollment

EMPLOYEE ✓
DEPENDENTS ✓
* MEDICAL ✓
* DENTAL ✓
* VISION ✓
* ACCIDENTAL DEATH AND DISMEMBERMENT ✓

Last Year You Chose

PLAN	COST PER PAY PERIOD
<input type="checkbox"/> Compare	
MetLife Basic AD&D	\$0.00 (12 deductions per year)

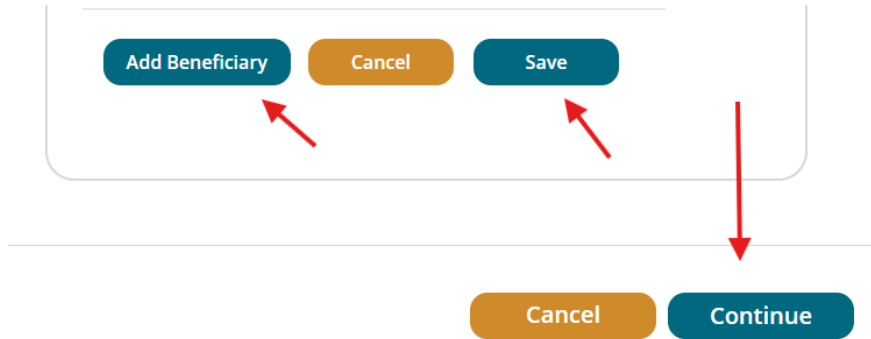
COVERED	RELATION	COVERAGE

PLAN	COST PER PAY PERIOD
Enrolled Plan	\$0.00 (12 deductions per year)
<input type="checkbox"/> Compare	
Madison National Life Insurance Company A Member of The IHC Group Madison Basic AD&D	<input type="button" value="Clear"/> <input type="button" value="Change"/>

Coverage: \$2,000.00

NAME	RELATION	COVERAGE

- Add or update beneficiary information and select **'Save'**. When complete, click **'Continue'**.



Step 15 and 16: Voluntary Coverage – Life and AD&D

- Review or select any voluntary coverage. These plans are optional and are associated with a cost to the employee. Click **'Select'** if you would like to enroll or **'Change'** if you would like to change your current election.

PLAN	COST PER PAY PERIOD
 Madison Voluntary Term Life	\$0.00 (12 deductions per year)
	<input type="button" value="Select"/>

PLAN	COST PER PAY PERIOD
 Madison Voluntary AD&D	\$0.00 (12 deductions per year)
	<input type="button" value="Select"/>


- If all voluntary selections are complete, or if you do not wish to enroll, click 'Continue'.



Step 17: Summary

A summary of all your selections will appear. Review each section carefully to ensure accuracy.





- To correct any errors, click 'Change' under the corresponding plan and adjust.

PLAN	COVERAGE FOR	COST PER PAY PERIOD
Medical  Anthem Plan D 80-M \$40-Active Change Details		You Pay: \$1,360.00

- To view more information, click 'Details' under the corresponding plan.

PLAN	COVERAGE FOR	COST PER PAY PERIOD
Medical  Anthem Plan D 80-M \$40-Active Change Details		You Pay: \$1,360.00

- If everything is correct, click 'Continue' to proceed.

PLAN	COVERAGE FOR	COST PER PAY PERIOD
Medical  Anthem Plan G Proactive Care Plan Platinum-Active Change Details		You Pay: \$889.00
Dental  Delta Dental - \$3,500 Max - Active Change Details		You Pay: \$76.38
Vision  VSP VISION - Active Change Details		You Pay: \$11.37
Accidental Death and Dismemberment  Madison Basic AD&D Coverage: \$2,000.00 Change Details		You Pay: \$0.00

[Cancel](#) [Continue](#)

Step 18:

- As pictured below, a page summarizing your information and 2026 selections will open.

SAN LUIS OBISPO COMMUNITY COLLEGE DISTRICT
Summary of Benefits for the Requested Effective Date of **1/1/2026**

MY DIGITAL SIGNATURE

Please review all of the information on this page and when you are satisfied with your selections, check the **I Agree** box and select **Submit**.

Acknowledgment:
I hereby certify that all the information entered is true and correct to the best of my knowledge. I also understand that any false information entered will make this enrollment process and the coverage for which it applies null and void. The Plan reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand that my benefit elections will be in effect until the next Open Enrollment period, unless my family status changes (e.g. loss of coverage for me or my dependents, change in marital status, change in spouse's/domestic partner's employment status). I understand that I must notify my employer within 30 days if I experience a qualifying event. I authorize my employer to make all payroll deductions associated with my elections. I understand that I am entitled to a copy of the plan documents for the benefit plans.

TO PRINT SUMMARY OF BENEFITS
Once your enrollment has been submitted, you will be able to download a copy of your Summary of Benefits. A copy of your Summary of Benefits will also be stored in your Message Center.

PERSONAL INFORMATION SUMMARY

- Please note: Per Paycheck does not include employer contribution (also known as Fringe).

COST SUMMARY

	Per Paycheck (12 Deductions)	Annual Amount
Employee Pays	\$1,004.25	\$12,051.00

Note: Actual Deductions May Vary Slightly Due To Rounding

ANTHEM BLUE CROSS

REQUIREMENT FOR BINDING ARBITRATION

If you are applying for coverage, please note that Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company require binding arbitration to settle all disputes including but not limited to disputes relating to the delivery of service under the plan/policy or any other issues related to the plan/policy and claims of medical malpractice, if the amount in dispute exceeds the jurisdictional limit of small claims courts and the dispute can be submitted to binding arbitration under applicable federal and state law including but not limited to, the patient protection and affordable care act.

It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and as provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

This means that you and Anthem Blue Cross and/or Anthem Blue Cross Life and Health insurance Company are waiving the right to a jury trial and participation in a class action for both medical malpractice claims, and any other disputes relating to the delivery of service under the plan/policy or any other issues related to the plan/policy.

- When ready for submission, type in your name, check the approval box, and click **'Submit'**.

*NAME:

Your Name|

*Your Approval: I AGREE (Check to confirm your final approval.)

Cancel

Submit