



Health Benefits Frequently Asked Questions

Eligibility & Enrollment

Q: When is the 2026–2027 Open Enrollment?

A: July 6, 2026 – August 7, 2026

Q: When will my plan elections be effective?

A: October 1, 2026 – September 30, 2027

Q: Can I make changes outside of Open Enrollment?

A: Changes outside of open enrollment can be made due to a qualifying life event.

Q: What is considered a qualifying life event?

A: A qualifying life event (QLE) is a significant change in your personal circumstances that allows you to make mid-year changes to your medical plan outside of the standard open enrollment period. Common qualifying life events include marriage or divorce, birth or adoption of a child, death of a dependent, loss of other health coverage. You have 30 days from the date of the qualifying life event to make plan changes. Changes and supporting documents are submitted in Benefit Bridge.

Q: How do I enroll or change my benefits election during open enrollment?

A: You must make all changes through the BenefitBridge platform. www.benefitbridge.com/sloccd.

For technical assistance only, please contact BenefitBridge Customer Care at 800-814-1862 or email benefitbridge@keenan.com

Monday - Friday: 8:00 AM – 5:00 PM (PST)

Q: Will support be available during open enrollment if I have questions regarding my benefits?

A: You may reach out to Human Resources for any benefit related questions at any time. Keenan & Associates will also be available on-site on July 14th and 15th & virtual for two days on July 28th and 29th.

Please visit the link below to schedule your 1x1 appointment:

<https://www.signupgenius.com/go/10C0949AEAF2EABF4CF8-64468720-open#/>

2026 – 2027 Rates & Plans

Q: Will the medical, dental and vision benefit rates change effective October 1, 2026?

A: Yes, Anthem Blue Cross rates will increase effective October 1, 2026. Dental and vision rates will decrease.

Q: Are there plan benefit changes for the upcoming year?

A: There is no plan benefit changes for dental and vision.

For those enrolled on the Anthem PPO plans, SISC has introduced a new (no-cost) migraine care program through Hinge Health, designed to provide convenient, effective, and drug-free support for members experiencing migraines.

- Comprehensive, virtual migraine care available through a single app—no office visits or long wait times
- Access to a dedicated care team, including a physical therapist and health coach specializing in migraine treatment
- Personalized prevention and treatment approach, including exercise therapy, lifestyle coaching, and trigger tracking
- Enso wearable device:
 - FDA-cleared, drug-free pain relief technology
 - Provides relief in minutes using gentle nerve stimulation
 - Included at no additional cost to members

For more information about the Hinge Health Migraine benefit please contact Hinge Health:

Website: <https://www.hingehealth.com/for/sisc/migrainecare>

Telephone: (855) 902-2777

Scan the QR Code:



Q: How do I find in-network providers?

A: **Medical:** You may call (855) 333-5730, visit www.anthem.com/ca or download the Anthem app to your smartphone or android device. You can find a provider by distance or specialty.

Dental: Visit www1.deltadentalins.com , enter your address or zip code and select your network (PPO). You can search by distance, specialty, spoken language, and more. Browse yelp ratings and reviews from real patients and check out DentaQual scores for an objective quality metric based on actual claims data. You may also download Delta Dental’s app to check plan details and eligibility, view ID cards, claims history, get a cost estimate and find a provider.

Vision: Create an account online at vsp.com, you can view your in-network coverage details, in-network providers, and discover extra savings to maximum your benefits. You may also call (800) 877-7195 or scan the QR code to learn more.



Q: Can I call my doctor and ask if they are in-network with my insurance carrier?

A: Yes. You may call a provider’s office and ask if they are **contracted** with Anthem Blue Cross.

Q: What is an Anthem PPO plan?

A: A Preferred Provider Organization plan is a type of health insurance that gives you more flexibility in choosing doctors and hospitals. The plan provides both in-network and out-of-network benefits. In-network services will cost less, while out-of-network care is covered, but at a higher out of pocket cost to the insured.

Q: Where can I view the new plan rates & benefits?

A: All plan information is in your 2026-2027 Employee Benefits Guide. You may also visit the web pages below, based on your classification:

[Classified and Management | Cuesta College](#)

[Full-time Faculty Benefits | Cuesta College](#)

[Part-Time Faculty | Cuesta College](#)

Q: When do plan deductibles reset?

A: Deductibles are based on a calendar year. They reset every January 1. Under SISC JPA, all PPO plans have a 4th quarter (October – December) carry over. This means if you paid 100% of the deductible in the 4th quarter, you met the deductible for the following year. This does not apply to the High Deductible – HSA compatible plan, due to IRS regulations.

Q: What happens to the deductibles and out of pocket if I change my plan effective 10/1?

A: If you change medical plans during open enrollment, any dollar amount spent towards the deductible will carry over for the remainder of the calendar year. If you are moving from a PPO to an HSA plan, the deductible will not carry over due to IRS regulations. If you are moving from an HSA plan to a PPO Plan, the deductibles will carry over.

Q: What happens if I use my plan from October – December, but the deductibles reset every January?

A: All PPO plans have a 4th quarter (October – December) carry over. This does not apply to the High Deductible – HSA compatible plan, due to IRS regulations.

The Proactive Care plan does not have a deductible; therefore, any dollar amount spent during 4th quarter that goes towards the out-of-pocket maximum will carry over. The out-of-pocket maximum carryover applies to the Proactive Care Plan only.

Dental and Vision plans do not have a 4th quarter carryover.

Vision plan benefits are on a rolling 12-month cycle based on your last date of service.

Q: What is the difference between Delta Dental's PPO and Premier network?

A: Cuesta College's dental plan is under PPO + Premier Network. This provides the greatest flexibility for members by offering access to both PPO and Premier network providers. You save the most by visiting a Delta Dental PPO dentist.

Q: Do I receive any discounts or additional benefits under my health plans?

A: Yes. Each plan includes a variety of Value-Added Benefit Programs. The **SISC PPO** medical plans include, Employee Assistance Programs (EAP) for 24/7 confidential support & help with personal concerns (*Available to all employees and anyone in their household*), Free generic medications at Costco, 24/7 Virtual Primary Care, 24/7 Access to Virtual Maternity and Postpartum Support, Virtual Menopause Care, Physical Therapy for Back or Joint Pain, Hip, Knee and Spin Surgical Benefit, Enhanced Cancer Benefit, Autoimmune Support, Personal Health Coaching, & Expert Medical Opinion.

Being enrolled on an Anthem plan also qualifies you for discounts on products and services that help promote better health and well-being. These discounts can be found at [anthem.com/ca](https://www.anthem.com/ca), choose Care, and select Discounts.

As a **Delta Dental member**, you can save as much as 35% on LASIK procedures and over 60% on hearing aids. Call QualSight at (855)248-2020 and Amplifon at (888)779-1429. Cuesta College also

has the Smileway benefit added to the current Delta Dental plans. If you or a covered family member has been diagnosed with a chronic medical condition you may benefit from additional teeth and gum cleanings. To qualify, you must be diagnosed with any of the following: ALS, Cancer, Chronic Kidney Disease, Diabetes, Heart Disease, HIV/AIDS, Huntington's disease, Joint replacement, Lupus, Opioid misuse and addiction, Parkinson's disease, Rheumatoid arthritis, Sjogren's syndrome, stroke. Opt in by visiting, www1.deltadentalins.com/members/smileway-wellness-benefits.html.

If you are enrolled on the **VSP vision plan**, you can save up to 60% on brand-name hearing aids. Visit <https://www.truehearing.com/vsp/>. VSP members have access to more than \$3,000 in savings with Exclusive Member Extras. Receive up to \$1,100 off your LASIK procedure, save up to \$300 or more on your annual supply of contacts and save big discounts on travel and entertainment throughout the year for you and your whole family. Visit vsp.com/offers to learn more.

Please refer to the 2026-2027 Employee Benefits Guide for further details on all the value-add programs.

Q: Who is the pharmacy benefits manager?

A: Navitus manages the pharmacy benefits for the Anthem PPO plans. Members should register with <https://navitus.com/> to view the most up-to-date formulary. Use your SISC Anthem ID card when filling a prescription. Navitus Health Solutions can be reached out (866) 333-2757. Generic prescriptions are a \$0 copay at any Costco pharmacy.