RIPON UNIFIED 2025-2026 OPEN ENROLLMENT

Review 2025-26 plans and rates

Review rates and compare plans using the information in this Open Enrollment Packet and the Open Enrollment email that states your current plan selections.



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Join us at the Health Fair

Meet with vendors for medical, dental, and vision insurance to learn more about value added benefits, plan changes, and more.

02.

Make changes if needed

03.

If you would like to make a change, please notify Payroll by August 25th. We will provide you the appropriate forms.

Changes take effect October 1st

On September 30th, new rates will be reflected on your paycheck. All plan changes will be effective on October 1st.

04.

PAYROLL@RIPONUSD.NET

For changes or questions, please use our payroll email or call 209-599-2131



2025-2026 Health Plan Changes

Please take note of these key changes to our health insurance plan offerings for the upcoming open enrollment period. Our goal this year is to provide you with a wider variety of options to better meet your needs.

Key Plan Updates

• Elimination of the Anthem Blue Cross 2-Tier HSA Plan: If you were enrolled in this plan, please note it has been eliminated. You will need to select a new plan during open enrollment.

In its place, we've added two new Anthem Blue Cross options:

- Anthem Blue Cross 70% HSA Plan: This plan maintains the same deductible and maximum outof-pocket (MOP) as the former 2-tier plan, but it's now in a 3-tier format. A significant update is that **spouses can be enrolled** in this plan, which was not previously an option.
- Anthem Blue Cross MEC 2-Tier Plan: This is our new minimum essential coverage 2-tier plan. While it offers a monthly cost savings, please be aware that the deductible and MOP on this plan are higher than the previous 2-tier plan. Spouses cannot be enrolled in this plan.

New Plan Additions

In addition to the changes above, we're excited to introduce two more new plans:

- Anthem Blue Cross Proactive Care Plan Gold: This is a \$0 deductible plan option designed for individuals who prefer predictable costs. It's considered a "copay only" plan, meaning you pay the stated copays for each service up to the MOP, helping to eliminate cost uncertainty with no deductible and no coinsurance.
- Kaiser HSA 3,400: This is a new higher deductible Kaiser plan. We previously had only one high deductible Kaiser option, so adding this plan provides another choice with a lower monthly cost, given its higher deductible.

Making Your Decision

We highly recommend you thoroughly review all of the plan information provided during open enrollment. We can also provide more detailed plan documents for individual plans upon request.

We'll be sharing information soon about an opportunity to meet one-on-one with our third-party administrator. This will be a great chance to ask specific questions, learn more about how the plans work, and get help picking the best plan for you and your family.

We're confident these new options will offer greater flexibility and choice for your healthcare needs.

RIPON UNIFIED Annual HEALTH FAIR

Friday, August 1

Ripon High School North Gym 8:15am - 9:45am

Healthy Staff. Happy Students!

Join Us

- Meet with insurance and benefit vendors
- Enter to win raffle prizes!
- TB Screening
- Ask Payroll, Benefit, and HR questions

SISC Health Insurance Rates

Plan Year: October 2025 - September 2026

| Name: Full Time Employee (1.0 FTE) | | District P | aid Contribution/ | Month | | 10/1/2025 |
|---|-------------------|------------|-------------------|---------------|--------------------------------|--|
| | | Employee | Employee +1 | Family | | |
| T . 14 | Medical CAP | 637.70 | 896.53 | 1,066.16 | | |
| Total Annual Dist | rict Contribution | 7,652.40 | 10,758.36 | 12,793.92 | | |
| | _ | Employee | Employee +1 | Family | Calculate Your Monthly Cost | Desumente Desuire |
| Anthem Blue Cross Proactive Care Plan Gold | Premium | \$1,120.00 | \$1,927.00 | \$2,446.00 | | Documents Require to Add Dependents |
| \$0 Deductible \$3,000/\$6,000 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | Spouse: Marriage Certificate AND From |
| M397 | employee cost | \$482.30 | \$1,030.47 | \$1,379.84 | | Page of Tax Return |
| Anthem Blue Cross 80% Plan G \$500/\$1,000 Deductible | Premium | \$1,162.00 | \$1,998.00 | \$2,535.00 | | Children: Birth Certificates |
| \$2,000/\$4,000 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| 40346C | employee cost | \$524.30 | \$1,101.47 | \$1,468.84 | | |
| Anthem Blue Cross 80% Plan L \$2,000/\$4,000 Deductible | Premium | \$1,009.00 | \$1,736.00 | \$2,202.00 | | |
| \$4,000/\$8,000 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| 40346D | employee cost | \$371.30 | \$839.47 | \$1,135.84 | | |
| Anthem Blue Cross 90% HSA | Premium | \$901.00 | \$1,550.00 | \$1,968.00 | | |
| \$3,400/\$6,800 Deductible \$6,000/\$12,000 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| 40346F | employee cost | \$263.30 | \$653.47 | \$901.84 | | |
| Kaiser HMO Traditional \$0 Deductible | Premium | \$1,187.00 | \$2,041.00 | \$2,587.00 | | |
| \$1,500/\$3,000 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| 606394-0069ALN | employee cost | \$549.30 | \$1,144.47 | \$1,520.84 | | |
| Kaiser HSA 1700 | Premium | \$952.00 | \$1,637.00 | \$2,075.00 | | |
| \$1,700/\$3,400 Deductible \$3,400/\$6,800 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| 606394-0102ALN | employee cost | \$314.30 | \$740.47 | \$1,008.84 | | |
| Kaiser HSA 3400 | Premium | \$823.00 | \$1,415.00 | \$1,793.00 | | |
| \$3,400/\$6,800 Deductible \$6,000/\$12,000 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| Pending | employee cost | \$185.30 | \$518.47 | \$726.84 | | |
| Anthem Blue Cross 70% HSA | Premium | \$820.00 | \$1,410.00 | \$1,791.00 | | |
| \$5,000/\$10,000 Deductible \$6,350/\$12,700 Max Out of Pocket | Dist CAP | \$637.70 | \$896.53 | \$1,066.16 | | |
| Pending | employee cost | \$182.30 | \$513.47 | \$724.84 | | |
| Anthem Blue Cross MEC 2-Tier | Premium | \$698.00 | N/A | \$1,187.00 | | |
| \$9,000/\$18,000 Deductible \$9,000/\$18,000 Max Out of Pocket | Dist CAP | \$637.70 | | \$1,066.16 | | |
| Pending | employee cost | \$60.30 | | \$120.84 | | |
| WABE - Medical Opt Out | Premium | \$698.00 | N/A | N/A | | |
| (No Medical Coverage) | Dist CAP | \$637.70 | | | | |
| WABE68650L | employee cost | \$60.30 | | | | |
| Delta Dental Premier | employee cost | \$93.00 | \$93.00 | \$93.00 | | |
| Build Coverage 70%-100% 7086-2110 | | | | | | |
| Delta Dental Preferred | employee cost | \$85.00 | \$85.00 | \$85.00 | | |
| Most Services 100% Covered 7086-3110 | | | | | | |
| Signature VSP Vision | employee cost | \$23.60 | \$23.60 | \$23.60 | | |
| 252768650ALN | | - | Total employ | vee selection | \$ | |
| | | - | x 12 mos/ : | L1 paychecks | \$ | |

Employee Signature

Date

Waiver of Anchor Bronze Enrollment – WABE: The purpose of RUSD offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for employee in WABE). The WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage. Employees enrolled in WABE must still enroll in the dental and vision plans offered by RUSD. Employees electing the WABE option must also sign a "Declination of Coverage for Full Time Employees form". Please contact Payroll for more information.

SISC Health Insurance Rates

Plan Year: October 2025 - September 2026

| Part Time Employee (6 hour or .75 | FTE) | District P | Paid Contribution/ | Month | | 10/1/2025 |
|---|-------------------|------------|--------------------|---------------|--------------------------------|--|
| · · · · · · · · · · · · · · · · · · · | | Employee | Employee +1 | Family | | |
| | Medical CAP | 478.28 | 672.40 | 799.62 | | |
| Total Annual Dist | rict Contribution | 5,739.30 | 8,068.77 | 9,595.44 | | |
| | | Employee | Employee +1 | Family | Calculate Your Monthly Cost | |
| Anthem Blue Cross Proactive Care Plan Gold | Premium | \$1,120.00 | \$1,927.00 | \$2,446.00 | | Documents Required to Add Dependents: |
| \$0 Deductible \$3,000/\$6,000 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | Spouse: Marriage Certificate AND From |
| M397 | employee cost | \$641.73 | \$1,254.60 | \$1,646.38 | | Page of Tax Return |
| Anthem Blue Cross 80% Plan G | Premium | \$1,162.00 | \$1,998.00 | \$2,535.00 | | Children: Birth Certificates |
| \$500/\$1,000 Deductible \$2,000/\$4,000 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| 40346C | employee cost | \$683.73 | \$1,325.60 | \$1,735.38 | | |
| Anthem Blue Cross 80% Plan L | Premium | \$1,009.00 | \$1,736.00 | \$2,202.00 | | |
| \$2,000/\$4,000 Deductible \$4,000/\$8,000 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| 40346D | employee cost | \$530.73 | \$1,063.60 | \$1,402.38 | | |
| Anthem Blue Cross 90% HSA | Premium | \$901.00 | \$1,550.00 | \$1,968.00 | | |
| \$3,400/\$6,800 Deductible \$6,000/\$12,000 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| 40346F | employee cost | \$422.73 | \$877.60 | \$1,168.38 | | |
| Kaiser HMO Traditional | Premium | \$1,187.00 | \$2,041.00 | \$2,587.00 | | |
| \$0 Deductible \$1,500/\$3,000 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| 606394-0069ALN | employee cost | \$708.73 | \$1,368.60 | \$1,787.38 | | |
| Kaiser HSA 1700 | Premium | \$952.00 | \$1,637.00 | \$2,075.00 | | |
| \$1,700/\$3,400 Deductible \$3,400/\$6,800 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| 606394-0102ALN | employee cost | \$473.73 | \$964.60 | \$1,275.38 | | |
| Kaiser HSA 3400 | Premium | \$823.00 | \$1,415.00 | \$1,793.00 | | |
| \$3,400/\$6,800 Deductible \$6,000/\$12,000 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| Pending | employee cost | \$344.73 | \$742.60 | \$993.38 | | |
| Anthem Blue Cross 70% HSA | Premium | \$820.00 | \$1,410.00 | \$1,791.00 | | |
| \$5,000/\$10,000 Deductible \$6,350/\$12,700 Max Out of Pocket | Dist CAP | \$478.28 | \$672.40 | \$799.62 | | |
| Pending | employee cost | \$341.73 | \$737.60 | \$991.38 | | |
| Anthem Blue Cross MEC 2-Tier | Premium | \$698.00 | N/A | \$1,187.00 | | |
| \$9,000/\$18,000 Deductible \$9,000/\$18,000 Max Out of Pocket | Dist CAP | \$478.28 | | \$799.62 | | |
| Pending | employee cost | \$219.73 | | \$387.38 | | |
| WABE - Medical Opt Out | Premium | \$698.00 | N/A | N/A | | |
| (No Medical Coverage) | Dist CAP | \$478.28 | | | | |
| WABE68650L | employee cost | \$219.73 | | | | |
| Delta Dental Premier | employee cost | \$93.00 | \$93.00 | \$93.00 | | |
| Build Coverage 70%-100% 7086-2110 | employee cost | \$95.00 | \$95.00 | \$95.00 | | |
| Delta Dental Preferred | employee cost | \$85.00 | \$85.00 | \$85.00 | | |
| Most Services 100% Covered 7086-3110 | | | | | | |
| Signature VSP Vision | employee cost | \$23.60 | \$23.60 | \$23.60 | | |
| 252768650ALN | | | Total amela | ee selection | ć — | |
| | | : | | vee selection | \$ | |
| | | | x 12 mos/ 1 | 1 paychecks | \$ | |

Waiver of Anchor Bronze Enrollment – WABE: The purpose of RUSD offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for employee in WABE). The WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage. Employees enrolled in WABE must still enroll in the dental and vision plans offered by RUSD. Employees electing the WABE option must also sign a "Declination of Coverage for Full Time Employees form". Please contact Payroll for more information.

Date

Employee Signature

Ripon Unified School District - Anthem Blue Cross Plan Options

This is a limited summary of Medical Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC



| 1 | | | | | | |
|---|---|--|--|--|--|---|
| | PCP Copay Gold Plan 9-35 | 80% Plan G-20 200/10-35 | 80% Plan L-30 200/10-35 | 90% HSA 3400 Med-Rx Same | 70% HSA 5000 Med-Rx Same | 2-Tier MEC 9000 |
| Single | \$1,120 | \$1,162 | \$1,009 | \$901 | \$820 | \$698 |
| 2-Party | \$1,927 | \$1,102 | \$1,736 | \$1,550 | \$1,410 | ,3696 n/a |
| Family | \$2,446 | \$2,535 | \$2,202 | \$1,968 | \$1,791 | \$1,187 |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums | SZ,446 MEMBER PAYS | SZ,535 MEMBER PAYS | SZ,202 MEMBER PAYS | MEMBER PAYS | S1,791 MEMBER PAYS | MEMBER PAYS |
| Individual/Family Deductibles (Ded) | | | | | | |
| | \$0/\$0 | \$500/\$1,000 | \$2,000/\$4,000 | \$3,400/\$6,800* | \$5,000/\$10,000* | \$9,000/\$18,000* |
| Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays) | \$3,000/\$6,000 | \$2,000/\$4,000 | \$4,000/\$8,000 | \$6,000/\$12,000* | \$6,350/\$12,700* | \$9,000/\$18,000* |
| | | | | *Includes Rx | *Includes Rx | *Includes Rx |
| PROFESSIONAL SERVICES | | | | | | |
| Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans) | \$0 | \$20 | \$30 | Deductible, then 10% after Ded | Deductible, then 30% after Ded | Deductible, then 0% after Ded |
| Urgent Care co-pay | \$0 | \$20 | \$30 | 10% after Ded | 30% after Ded | 0% after Ded |
| Prenatal, postnatal office visit co-pay | \$0 | \$20 | \$30 | 10% after Ded | 30% after Ded | 0% after Ded |
| Specialists/Consultants co-pay | \$100 | \$20 | \$30 | 10% after Ded | 30% after Ded | 0% after Ded |
| | Non-Hosp/OPH** | | | | | |
| Scans: CT, CAT, MRI, PET etc. | \$300/\$750 | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded | 0% after Ded |
| Laboratory Procedures | \$0/\$150 | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded | 0% after Ded |
| Diagnostic X-rays | \$75/\$225 | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded | 0% after Ded |
| Infertility (Refer to Plan Document) | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Preventive Care (includes physical exams & screenings) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | | | - |
| Emergency Room visit (copay waived if admitted) - Avg Cost: \$2,847 \$100+10%: \$375 \$100+20%: \$649 | \$700 | 20% after Ded - \$100 co-pay | 20% after Ded - \$100 co-pay | 10% | 30% | \$0 |
| Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213 | \$600/day | 20% after Ded | 20% after Ded | 10% | 30% | \$30 |
| Surgery, Outpatient (performed in Surgery Center) | \$600 | 20% after Ded | 20% after Ded | 10% | 30% | \$30 |
| Surgery, Outpatient (performed in Surgery Center) Surgery, Outpatient (performed in a Hospital) - limits may apply | \$1,800 | 20% after Ded | 20% after Ded | \$100; then 10% | \$100; then 30% | \$100 |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT | \$1,000 | 20% инстреч | 20% ditci bcu | \$100, tiel 10% | \$100, tici 30% | \$100 |
| INPATIENT: Facility Based Care (preauth required) | \$600/day | 20% after Ded | 20% after Ded | 10% | 30% | \$0 |
| OUTPATIENT: Facility Based Care (preauth required) | \$0007447 | 20% after Ded | 20% after Ded | 10% | 30% | \$30 |
| | ŞU | 20% after Ded | 20% after Ded | 10% | 30% | \$30 |
| OTHER SERVICES | | | | 10% after Ded | 30% after Ded | 0% after Ded |
| Ambulance (Ground or Air) | \$700 | 20% after Ded - \$100 co-pay | 20% after Ded- \$100 co-pay | \$100 co-pay | \$100 co-pay | \$100 co-pay |
| Acupuncture - Limits apply | \$0 | 20% after Ded - Subject to PA | 20% after Ded - Subject to PA | 10% after Ded | 30% after Ded | 0% after Ded |
| | ĻŪ | 20% arter bed Subject to FA | 20% after bed Subject to TA | Subject to PA | Subject to PA | Subject to PA |
| Chiropractic - Limits apply | \$0 | 20% after Ded - Subject to PA | 20% after Ded - Subject to PA | 10% after Ded Subject to PA | 30% after Ded Subject to PA | 0% after Ded Subject to PA |
| Physical and Occupational Therapy - Limits apply | \$0 | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded | 0% after Ded |
| Durable Medical Equipment (DME) | \$0 | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded | 0% after Ded |
| | | | | | | |
| Hearing Aids | \$0 plus the amount in excess of \$700 allowance/24 months | 20% after Ded and amount in excess of \$700 allowance/24 months | 20% after Ded and amount in excess of \$700 allowance/24 months | 10% after Ded and amount in excess of \$700 allowance/24 months | 10% after Ded and amount in excess of \$700 allowance/24 months | Amount in excess of \$700 allowance/24 months |
| PHARMACY BENEFITS | | | | | | |
| Pharmacy Benefit Manager | Navitus | Navitus | Navitus | Navitus | Navitus | Navitus |
| Individual/Family Brand & Specialty Rx Deductibles | none | \$200/\$500 | \$200/\$500 | Included w/ Medical ded | Included w/ Medical ded | Included w/ Medical ded |
| Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) | \$2,500/\$3,500 | \$2,500/\$3,500 | \$2,500/\$3,500 | Included w/ Med OOP Max | Included w/ Med OOP Max | Included w/ Med OOP Max |
| Generic co-pay/30 days supply | \$0 at Costco - \$9 at Other Network | \$0 at Costco - \$10 at Other Network | \$0 at Costco - \$10 at Other Network | Deductible, then \$0 at Costco or \$9 at Other Network | Deductible, then \$0 at Costco or \$9 at Other Network | Deductible, then \$0 at Costco or \$9 at Other Network |
| Brand co-pay/30 days supply | \$35 | \$35 | \$35 | Deductible, then \$35 | Deductible, then \$35 | Deductible, then \$35 |
| | | | | Deductible, then \$35 | Deductible, then \$35 | Deductible, then \$35 |
| Specialty co-pay/up to 30 days supply | \$35 Must Use Navitus Mail | \$35 Must Use Navitus Mail | \$35 Must Use Navitus Mail | | | |
| Specialty co-pay/up to 30 days supply Mail Order (Generic-Brand co-pay/90 days supply) | \$35 Must Use Navitus Mail \$0-\$90‡ | \$35 Must Use Navitus Mail \$0-\$90‡ | \$35 Must Use Navitus Mail \$0-\$90‡ | (Must Use Navitus Mail) Deductible, then \$0-\$90 | (Must Use Navitus Mail) Deductible, then \$0-\$90 | (Must Use Navitus Mail) Deductible, then \$0-\$90 |

\$0 copay for the first three PCP visits

Having a doctor who knows your family history and your situation can make a difference in your care. When you see your primary care physician (PCP) regularly, you build a relationship that lets your PCP learn more about you and how to take care of your health.

Starting October 1, 2020, if you have a Self-Insured Schools of California (SISC) PPO plan, you may be eligible to have your copays waived for your first three visits to your PCP in a calendar year.

Your PCP can be a family or general practitioner, internist, gynecologist, obstetrician, pediatrician or nurse practitioner who:*

- Sees you for yearly checkups and preventive care.
- Learns about your family medical history.
- Treats minor illnesses and injuries.
- Helps manage your care if you have a chronic condition, like heart disease or diabetes.
- Offers advice to help you make informed decisions about care.

Find out if your SISC PPO plan is eligible

Look at your Benefits Booklet or contact Member Services at the phone number on your Member ID card to see if you qualify for \$0 copay for the first three visits. We are here to help you understand your benefits and put your care first.

Choose a PCP

To search for in-network doctors who qualify as PCPs, go to <u>anthem.com/ca/sisc</u>. Then log in and select **Find Care.**

See the next page for frequently asked questions about this new benefit.



What is a primary care physician (PCP)?

A PCP is your main doctor or health professional who provides most of your care. He or she coordinates your total care — from preventive checkups and routine medical care to specialized care and hospitalizations. A PCP's job is to provide basic care and to give you someone to reach out to for advice and direction when you have a health problem.

What kind of a doctor does my PCP have to be?

Your PCP can be any of these providers who are generalists, under the following specialties: family doctor, general practice doctor, internist or internal medicine doctor, OB/GYN, pediatrician or nurse practitioner.

Do I need to choose a PCP and obtain a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a PCP or get referrals.

What if I want to use a specialist as my PCP?

Your plan's office visit copay will apply to your specialist visit.

Can I use a provider who is outside of the Anthem network?

Yes, but you will not have a \$0 copay for the first three PCP visits. When you see network providers, you only have to pay the copays, deductibles and coinsurance required by your health plan. If you get treatment from a provider outside the network, you may have to pay more for services. Look for more information in your Benefits Booklet. To search for doctors in your plan who qualify as PCPs, go to <u>anthem.com/ca/sisc</u> and log in. Then select **Find Care**.

Does the \$0 copay for the three visits apply for each covered member of the family?

You and your enrolled dependents are each eligible to have the copay waived for the first three primary care office visits at an in-network PCP each year.

Does the \$0 copay for the first three PCP visits mean that all services performed during the visit will be covered at 100%?

The \$0 copay for the first three office visits applies to the actual office visit only. Costs may apply for any other service performed in the office, like an X-ray, lab or treatment, after any deductible.

Does everyone in my family have to share the same PCP?

No. Each member of your family who is enrolled in the plan can choose his or her own PCP or personal doctor.

If I have an HSA-compatible plan, do I get my first three visits with a PCP covered at a \$0 copay?

No. The HSA-compatible plans, including HSA-A, HSA-B, Minimum Value and Anchor Bronze PPO plans, do not waive PCP copays.

Do preventive/well exam visits count toward the three \$0 copay visits?

No. You will continue to have \$0 copay preventive/well exam visits, as well as three additional \$0 copay visits for each eligible member in one calendar year.

What if my PCP tries to collect my copay during my office visit?

Kindly notify your doctor's office that your plan waives the copay for the first three visits to a PCP. Your doctor can contact the provider number listed on the back of your Member ID card to verify your benefits.



* National Institutes of Health MedLine Plus: Choosing a primary care provider (May 2020): medlineplus.gov/ency/article/001939.htm.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc





This program is available to SISC members on participating drug plans.

To locate a Costco near you, call Costco at 1 (800) 774-2678 and press 1.



Get Free Generic Medications at Costco and Through Mail Order

 Take your prescription for a generic medication to a Costco Pharmacy. This includes 90-day prescriptions and supplies.

You can also use your 90-day prescription to start Mail Order service.

You are eligible for Costco Mail Order when:

- You have filled your 30-day prescription a minimum of three times.
- Your prescription, including dosage, has not changed in 90 days. This ensures the drug and dosage is a good fit for a longer-day supply.
- 2 Present the pharmacist with your insurance card.
- Get your generic medication with a \$0 co-payment.
 (excluding some narcotic pain mediantiana and across south)

medications and some cough medications).

You do not have to be a Costco member to use their pharmacy. Just tell the associate at the front door you are going to their pharmacy.

Available to SISC PPO and HMO Members. Not available to Kaiser Members.

Ripon Unified School District - Kaiser Plan Options

This is a limited summary of Medical Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC



| | Kaiser Traditional HMO \$30 | Kaiser HSA 1700 | Kaiser HSA 3400 |
|--|---|--------------------------------|--------------------------------|
| Single | \$1,187 | \$952 | \$823 |
| 2-Party | \$2,041 | \$1,637 | \$1,415 |
| Family | \$2,587 | \$2,075 | \$1,793 |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums | MEMBER PAYS | MEMBER PAYS | MEMBER PAYS |
| Individual/Family Deductibles (Ded) | \$0 | \$1,700/ \$3,400* | \$3,400/\$6,800* |
| Individual/Family Out-of-Pocket (OOP) Max | \$1,500/\$3,000 | \$3,400/\$6,800* | \$6,000/\$12,000* |
| (includes medical deductibles, co-insurance and co-pays) | | *Includes Rx | *Includes Rx |
| PROFESSIONAL SERVICES | | includes itx | includes itx |
| Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans) | \$30 | Deductible, then 10% after Ded | Deductible, then 20% after Ded |
| Urgent Care co-pay | \$30 | 10% after Ded | 20% after Ded |
| Prenatal, postnatal office visit co-pay | \$0 | \$0 | \$0 |
| | | | |
| Specialists/Consultants co-pay | \$30 | 10% after Ded | 20% after Ded |
| Scans: CT, CAT, MRI, PET etc. | \$0 | 10% after Ded | 20% after Ded |
| Laboratory Procedures | \$0 | 10% after Ded | 20% after Ded |
| Diagnostic X-rays | \$0 | 10% after Ded | 20% after Ded |
| Infertility (Refer to Plan Document) | Co-pay applies | Co-pay applies | Co-pay applies |
| Preventive Care (includes physical exams & screenings) | \$0 | \$0 | \$0 |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | |
| Emergency Room visit (copay waived if admitted) - Avg Cost: \$2,847 \$100+10%: \$375 \$100+20%: \$649 | \$100 | 10% after Ded | 20% after Ded |
| Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213 | \$0 | 10% after Ded | 20% after Ded |
| Surgery, Outpatient (performed in Surgery Center) | \$30 | 10% after Ded | 20% after Ded |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | \$30 | 10% after Ded | 20% after Ded |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT | | | |
| INPATIENT: Facility Based Care (preauth required) | \$0 | 10% after Ded | 20% after Ded |
| OUTPATIENT: Facility Based Care (preauth required) | \$30 | 10% after Ded | 20% after Ded |
| OTHER SERVICES | | | |
| Ambulance (Ground or Air) | \$50 | 10% after Ded | 20% after Ded |
| Acupuncture - Limits apply | \$10/30 visits (through ASH) combined w/chiro | Requires Prior Authorization | Requires Prior Authorization |
| Chiropractic - Limits apply | \$10/30 visits (through ASH) combined w/acu | no coverage | no coverage |
| Physical and Occupational Therapy - Limits apply | \$30 | 10% after Ded | 20% after Ded |
| Durable Medical Equipment (DME) | no charge | 10% after Ded | 20% after Ded |
| Hearing Aids | amount in excess of \$500 allowance every 36 months | no coverage | no coverage |
| PHARMACY BENEFITS | | | |
| Pharmacy Benefit Manager | Kaiser | Kaiser | Kaiser |
| Individual/Family Brand & Specialty Rx Deductibles | none | Included w/ Medical ded | Included w/ Medical ded |
| Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) | Included w/ Med OOP Max | Included w/ Med OOP Max | Included w/ Med OOP Max |
| Generic co-pay/30 days supply | \$10 up to 100 day supply | deductible, then \$10 | deductible, then \$10 |
| Brand co-pay/30 days supply | \$30 up to 100 day supply | deductible, then \$30 | deductible, then \$30 |
| Specialty co-pay/up to 30 days supply | \$30 up to 30 day supply | deductible, then \$30 | deductible, then \$30 |
| Mail Order (Generic-Brand co-pay/90 days supply) | \$10-\$30/up to 100 day supply | \$20-\$60/up to 100 day supply | \$20-\$60/up to 100 day supply |
| Mail Order Pharmacy | Kaiser Mail Order Pharmacy | Kaiser Mail Order Pharmacy | Kaiser Mail Order Pharmacy |
| | | | |

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

Skip the trip to the doctor's office

Next time you have a health condition, you have many convenient ways to get care when and where it works for you.

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E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice, usually within 2 to 3 hours, from a Kaiser Permanente provider.



Phone appointment

Schedule an appointment to talk with a doctor or nurse over the phone – just like an in-person visit.^{1,2} Appointments are often available same day or next day.

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Email

Message your doctor's office with nonurgent questions anytime and get a response usually within 2 business days.¹



Video visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.^{1,2} Appointments are often available same day or next day.



Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.³

Ready to make an appointment?

- Sign in to **kp.org** or use the Kaiser Permanente app.
- Call us 24/7 at **1-833-574-2273** (TTY **711**).
- Visit **kp.org/getcare** to learn more about your care options.

1. Where appropriate and available. 2. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.



Connect with a wellness coach today

Say hello to better health

Ready to start moving in a healthier direction?

Changing your habits can be hard, but working with a wellness coach can help you make it happen. You'll get one-on-one guidance and support from one dedicated coach who can help you set goals, stick to them, and, most importantly, see results.

What do you want to work on?

Wellness coaching can get you started on a healthy path – and give you tools, resources, and encouragement to help you see it through. It can help you:

- Achieve a healthy weight
- Stop using tobacco
- Become more active
- Reduce stress
- Eat healthier

How wellness coaching works

Our wellness coaches are health educators with expertise in preventive health care and behavior-change counseling. They don't tell you what to do – they use your goals to create a customized action plan and help you discover techniques that work for you.

Make the first move

Call **1-866-862-4295,** Monday through Friday, to make an appointment. Coaching is offered in English and Spanish,¹ no referral is needed, and there's no charge for Kaiser Permanente members.² For more information, visit **kp.org/coaching**.

¹Spanish-speaking wellness coaches are not available in Hawaii.

²Information about the coaching services you receive will be included in your electronic health record and accessible by your Kaiser Permanente care team (not available for Kaiser Foundation Health Plan of Washington members at this time).

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101







Ripon Unified School District - Dental Plan Options

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document. All benefits shown assume In-Network coverage only.

| | Delta Dental Plan Premier Plan | Delta Dental Plan Preferred Plan |
|--|-------------------------------------|-------------------------------------|
| COMPOSITE Premium Rate | \$93 | \$85 |
| CALENDAR YEAR Deductibles & Maximums | MEMBER PAYS | MEMBER PAYS |
| Individual/Family Deductibles | \$0/\$0 | \$0/\$0 |
| Individual/Family Maximum | \$1,500 | \$1,500 |
| overed Service | PLAN PAYS | PLAN PAYS |
| Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year | 70-100% | 100% |
| Basic Services Fillings, Simple Tooth Extractions, Sealants | 70-100% | 100% |
| Endodontics Root Canals Covered Under Basic Services | 70-100% | 100% |
| Oral Surgery Covered Under Basic Services | 70-100% | 100% |
| Major Services Crowns, Inlays, Onlays & Cast Restorations | 70-100% | 100% |
| Prosthodontics Bridges, Dentures & Implants | 50% | 50% |
| Orthodontics Adult & Dependent Children | Not Covered | Not Covered |
| Dental Accident Benefits | 100% Additional \$1,000 Benefits | 100% Additional \$1,000 Benefits |

NOTE: The annual maximum for the Delta Incentive (Premier) plans increases by \$500 when members use a Delta PPO (Preferred) dentist.

Best of Both

Coordinate two plans with dual coverage

Delta Dental PPO™ Delta Dental Premier®



Are you or your family members covered under two dental plans? Dual coverage doesn't mean your benefits are doubled, but it can mean added savings on dental costs.

As soon as you're covered under two dental carriers, let your dental office know. Delta Dental will coordinate with your other carrier to share the cost of your treatment.

Basic concepts

- When you're covered under two plans, one plan is considered your **primary carrier**. This carrier will pay a larger portion of your benefits, leaving a smaller amount to your **secondary carrier**. You can find out how to identify your primary carrier on the back of this flyer.
- Check the plan booklet for your secondary carrier to see if you have a non-duplication of benefits clause. If you do, your benefit will be slightly less than standard dual coverage.

How does dual coverage help me save?

How much you save depends on whether your secondary carrier has a **non-duplication of benefits clause**.¹

| Type of coverage | Primary carrier covers | Secondary carrier covers | Your coverage pays |
|--|---------------------------|-----------------------------|-----------------------|
| No dual coverage | 50% | N/A | 50% |
| Standard dual coverage | 50% | 80% | 100% |
| Dual coverage with non- duplication of benefits | 50% | 80% | 80% |

¹ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan. If your primary or secondary carrier is an HMO-type plan, please contact Customer Service for details.



deltadentalins.com/enrollees

Which is my primary carrier?



If you have any questions about how your employer-sponsored or Marketplace plan coordinates benefits with another plan, please call Customer Service.

² If a court decree establishes a different order of benefits for a dependent child's coverage, that decision applies instead.

Contact us

Delta Dental of California: **888-335-8227** California School District Employees: **866-499-3001**

Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**

Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

Delta Dental PPO[™] and Delta Dental Premier^{*} are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by notfor-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO provides a dental provider organization (DPO) plan.

Where's My ID Card?

If you've been looking for your dental plan ID card, we have good news for you: **You don't need one!**

Just tell your dental office the **Delta Dental company** through which you receive benefits and provide your **name**, your **date of birth**, your **enrollee ID number** (or Social Security number) and the **name of your employer**.

Got dependents on your plan? Tell them to provide your details.

Want an ID card anyway?



Print one from your computer

- Go to deltadentalins.com
- Log in to your online account > Click on **Print ID Card** > Print



Pull it up on your smartphone

- Download the **Delta Denta**l app (by the Delta Dental Plans Association) from the App Store or Google Play
- Log in > Select My ID card

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 36.8 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 78 million people in the U.S.



deltadentalins.com/enrollees

Support for chronic conditions

Your plan offers additional dental coverage to support your overall health



Chronic conditions and the medications used to treat them can impact your oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

- Amyotrophic lateral sclerosis (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
- Sjögren's syndrome
- Stroke

SmileWay[®] Wellness Benefits¹

| 100% coverage | One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year ² | | | |
|---|---|--|--|--|
| Four of the following (any combination) per calendar or contract year: ² | | | | |
| 100% coverage | Prophylaxis (teeth cleaning) (D1110 or D1120) | | | |
| | Periodontal maintenance procedure (D4910) | | | |
| 10070 Coverage | Scaling in presence of moderate or severe gingival inflammation (D4346) | | | |

¹ Known as SmileWay Enhanced Benefits in Texas.

² This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage. Please review your plan booklet for specific details about your coverage.

Delta Dental PPO[™] is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-forprofit dental service companies in these states: CA — Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.



Opt in by visiting www1.deltadentalins.com/smileway or by calling Customer Service Monday through Friday.



deltadentalins.com/enrollees

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Ripon Unified School District - Vision Plan

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document

| | Signature VSP Plan - C-\$10 |
|--------------------------------------|--|
| COMPOSITE Premium Rate | \$23.60 |
| CALENDAR YEAR Deductibles & Maximums | MEMBER PAYS |
| Individual Copayments | \$10 |
| FREQUENCY OF SERVICE | PLAN PAYS |
| Comprehensive Vision Exam | Once Every Calendar Year |
| Lenses | One Pair Every Calendar Year |
| Frames | One Pair Every Calendar Year |
| Contact Lenses - Non-Elective | One Pair Every Calendar Year |
| Contact Lenses - Elective | One Pair Every Calendar Year |
| BENEFIT ALLOWANCE | PLAN PAYS |
| Comprehensive Examination | 100% - Participating Provider |
| Single Vision Lenses | 100% - Participating Provider |
| Bifocal Lenses | 100% - Participating Provider |
| Trifocal Lenses | 100% - Participating Provider |
| Progressive Lenses | Up to \$89.50 - Participating Provider |
| Aphakic Monofocal | 100% - Participating Provider |
| Aphakic Multifocal | 100% - Participating Provider |
| Frames | Up to \$180 - Participating Provider |
| Contact Lenses - Non-Elective | 100% - Participating Provider |
| Contact Lenses - Elective | Up to \$180 - Participating Provider |

NOTE: The wholesale frame allowance increased to \$150 to match the retail frame allowance in 2024. This allows mebers to access their full frame allowance when using Costco, Sam'e Club, and Walmart.

Essential Medical Eye Care

VSP[®] Vision Care is committed to providing eye care that supports our members' overall health and wellness. That's why we offer Essential Medical Eye Care. With your vision benefits from VSP, you have access to supplemental coverage for urgent and medical eye care.

vision care

What's Included With Essential Medical Eye Care?

- Fully covered retinal screening for members with diabetes. These high-resolution images of the inside of the eye are a non-invasive way to monitor diabetes.
- Exams and services to treat immediate issues like pink eye and sudden changes in vision.
- Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye disease, glaucoma, and more.

If You Need Treatment

- 1. Contact your VSP network doctor to schedule an appointment.
- 2. If you don't have an eye doctor, visit **vsp.com** to find one and receive the eye care you need from an eye care expert.
- 3. When your VSP network doctor participates in your medical insurance plan's network, your medical insurance will be billed. You may be able to coordinate with your VSP benefits to help reduce out-of-pocket costs. If your VSP doctor doesn't participate with your medical insurance plan, VSP has you covered with only the cost of your copay.*

Find a VSP network doctor at vsp.com or call 800.877.7195.

*A standard copay of up to \$20 is required for medical eye exams. Other covered services are covered-in-full, including retinal screening for members with diabetes. Log in to **vsp.com** to view your benefits.

Check Out vsp.com



As a VSP[®] member, you have access to **vsp.com** and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Your VSP Dashboard



Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

Personalized Benefits Section



The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

Special Offers and Savings



We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

Improved Find a Doctor Page



The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **Premier Program** banner to find a VSP network eye doctor that will help you maximize your savings!

vision care

VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.



Create a vsp.com account to get the most out of your vision benefits.

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Savings Never Looked So Good

Get access to more than \$3,000 in savings from VSP and other popular brands for your eye care and overall wellness needs.



es shown are by Lenton & Rusby

Discover Exclusive Member Extras

Eyewear and eye care Special Offers are available at all VSP® network doctor locations! This interactive flier allows you to click on any offer shown below and find out more details.

GLASSES AND SUNGLASSES



Get more value with an Extra \$20 to spend on Featured Frame Brands like bebe, Calvin Klein, Cole Haan, Dragon[®], Flexon[®], Lacoste, Nike and more.12



Get an Extra \$40 to spend on select Featured Frame Brands.



Upgrade your lenses and save up to 40% off lens enhancements such as anti-glare coatings and light-reactive lenses.^{2,3}

eyeconic a vsp vision company

Savings on Eyeconic® when you shop online for glasses, sunglasses, and contacts with your VSP benefits.

HOYA

Get 6-month satisfaction guaranteed protection with Hoya lenses.



Save 20% on additional pairs of Nike glasses and sunglasses.

SUNSYNC

Save up to 40% on SunSync® Light-Reactive Lenses.^{2,3}

techshield

Save up to 40% on all TechShield® Anti-Reflective Coatings.2,3



Try Unity[®] single vision or progressive lenses risk-free with The Unity Promise for six months.





vsp. PREMIER

vsp exclusive member extras

PROGRAM

Premier Offers

Maximize your savings with Premier Offers only available at Premier Program locations.

Eyewear Protection

Get a one year worry-free warranty on Featured Frame Brands.

BAUSCH+LOMB Save up to \$310 on an annual supply of See better. Live better. contact lenses.

Glasses Rebate

Get up to a \$100 rebate on the perfect pair of glasses.⁴



Try Hoya lenses worry-free for six months.



Try Unity[®] lenses risk-free with The Unity Promise for 12 months.



Try ZEISS Lenses risk-free for 12 months.

Improve Your Health and Increase Your Savings



CONTACTS

BAUSCH+LOMB

See better. Live better.

Receive savings of up to \$300 in rebates and rewards when you purchase an annual supply of Bausch + Lomb contact lenses from your VSP network doctor.

HEARING HEALTH

TruHearing[•]

Save up to 60% on top-of-the-line hearing aids, get 120 batteries shipped to your door for only \$39, and access a free online hearing screening.⁵

LASIK

Lasik**Plus**

Save up to \$1,000 off LASIK.⁶



Save up to \$1,000 off LASIK.⁶



Get up to \$1,000+ off all custom LASIK and PRK.⁶



Get up to \$1,000 off LASIK at TLC.⁶

HEALTH & WELLNESS

Support for Diabetes Management

Find resources to help prevent or delay Type 2 Diabetes like lifestyle coaching, diabetes educational materials, and more.

LEISURE & LIFESTYLE



Receive free access to a variety of everyday savings like family entertainment, health and wellness, cash rewards, travel, and more.⁷

HEALTH & FINANCIAL WELL-BEING

CareCredit[®]

Get instant, in-office application for promotional financing available on eye care and eyewear.



Get your home and life organized with a smart digital vault built to securely store your important documents and information for just \$27 a year.

View all Exclusive Member Extras at vsp.com/offers.

Offers subject to change without notice. Some members may not be eligible for all offers. Visit vsp.com/offers for terms and conditions on specific offers.

1. Brands and promotions are subject to change. 2. Available to VSP members with applicable plan benefits. 3. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. 4. Perfect Pair up to \$100 rebate expires 11/30/2021, rebate offer terms and conditions apply and are subject to change. Rebate offer valid from 7///2021 through 11/30/2021, and must be redeemed by 12/31/2021. The Sponsor/Offeror of this rebate is Plexus Optix, Inc. 5. VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information please visit https://www.sp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California. 6. Not all locations are on the VSP Laser VisionCare Network. Please call VSP Member Services at 800.877.7195 to confirm the location you're interested in visiting is in network. 7. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions.

All third-party marks, product names, logos, and brands are the property of their respective owners. Use of these marks, names, logos and/or brands does not imply endorsement. Members who participate in a Medicaid/state-funded plan are not eligible for the above offer.

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Save Up to 60% on Brand-Name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000,* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP[®] Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

In addition to great pricing, TruHearing provides you with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!



TruHearing[®]

truhearing.com/vsp

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

*Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit http://www.vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.