



2024-2025 OPEN ENROLLMENT



Review 2024-25 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.

01

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

If you would like to make a change, please notify Payroll by August 23rd. We will provide you the appropriate forms.

03

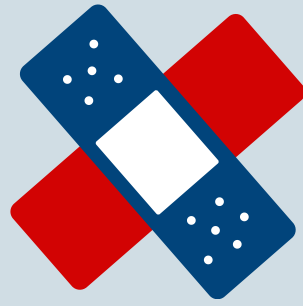
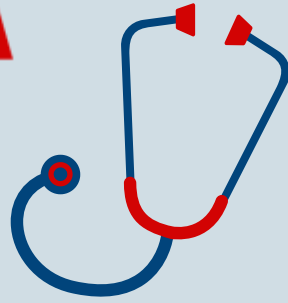
Changes take effect October 1st

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



Healthy Staff...
Happy Students

JOIN US FOR

RIPON UNIFIED'S ANNUAL HEALTH FAIR

TUESDAY, AUGUST 6TH, 2024 | 11:00 AM - 12:30 PM

RIPON HIGH SCHOOL LIBRARY

MEET WITH INSURANCE AND BENEFIT VENDORS

ENTER TO WIN RAFFLE PRIZES!

COMPLETE TB SCREENING

ASK PAYROLL, BENEFIT, AND HR QUESTIONS

SISC Health Insurance Rates

Plan Year: October 2024 - September 2025

**Effective
October 1, 2024**

Name: _____

Full Time Employee (1.0 FTE)	District Paid Contribution/Month		
	Employee	Employee +1	Family
Medical CAP	637.70	896.53	1,066.16
Total Annual District Contribution	7,652.40	10,758.36	12,793.92

		Employee	Employee +1	Family	Calculate Your Monthly Cost
Anthem Blue Cross 100% Plan A	Premium	\$1,352.00	\$2,326.00	\$2,950.00	
\$0 Deductible					
\$1,000/\$3,000 Max Out of Pocket	Dist CAP	\$637.70	\$896.53	\$1,066.16	
40346B	employee cost	\$714.30	\$1,429.47	\$1,883.84	
Anthem Blue Cross 80% Plan G	Premium	\$1,032.00	\$1,775.00	\$2,251.00	
\$500/\$1,000 Deductible					
\$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$637.70	\$896.53	\$1,066.16	
40346C	employee cost	\$394.30	\$878.47	\$1,184.84	
Anthem Blue Cross 80% Plan L	Premium	\$896.00	\$1,542.00	\$1,956.00	
\$2,000/\$4,000 Deductible					
\$4,000/\$8,000 Max Out of Pocket	Dist CAP	\$637.70	\$896.53	\$1,066.16	
40346D	employee cost	\$258.30	\$645.47	\$889.84	
Anthem Blue Cross 90% HSA	Premium	\$800.00	\$1,376.00	\$1,748.00	
\$3,400/\$5,200 Deductible					
\$5,000/\$10,000 Max Out of Pocket	Dist CAP	\$637.70	\$896.53	\$1,066.16	
40346F	employee cost	\$162.30	\$479.47	\$681.84	
Kaiser HMO Traditional	Premium	\$1,073.00	\$1,846.00	\$2,340.00	
\$0 Deductible					
\$1,500/\$3,000 Max Out of Pocket	Dist CAP	\$637.70	\$896.53	\$1,066.16	
606394-0069ALN	employee cost	\$435.30	\$949.47	\$1,273.84	
Kaiser HSA	Premium	\$861.00	\$1,481.00	\$1,877.00	
\$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	\$223.30	\$584.47	\$810.84	
Anthem Blue Cross 2-Tier HSA	Premium	\$729.00	N/A	\$1,239.00	
\$5,000/\$10,000 Deductible					
\$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$637.70		\$1,066.16	
70109B	employee cost	\$91.30		\$172.84	
WABE - Medical Opt Out	Premium	\$729.00	N/A	N/A	
(No Medical Coverage)					
WABE68650L	employee cost	\$91.30			
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 employee selection					\$ _____
x 12 mos/ 11 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, they will have MDLIVE, EAP, Advance Medical second opinion and Biometric Screenings coverage. Employees enrolled in WABE must also 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 2024 - September 2025

**Effective
October 1, 2024**

Name:

Part Time Employee (6 hours)

	District Paid Contribution/Month		
	Employee	Employee +1	Family
Medical CAP	478.28	672.40	799.62
Total Annual District Contribution	5,739.30	8,068.77	9,595.44

		Employee	Employee +1	Family	Calculate Your Monthly Cost
Anthem Blue Cross 100% Plan A	Premium	\$1,352.00	\$2,326.00	\$2,950.00	
\$0 Deductible \$1,000/\$3,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346B	employee cost	\$873.73	\$1,653.60	\$2,150.38	
Anthem Blue Cross 80% Plan G	Premium	\$1,032.00	\$1,775.00	\$2,251.00	
\$500/\$1,000 Deductible \$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346C	employee cost	\$553.73	\$1,102.60	\$1,451.38	
Anthem Blue Cross 80% Plan L	Premium	\$896.00	\$1,542.00	\$1,956.00	
\$2,000/\$4,000 Deductible \$4,000/\$8,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346D	employee cost	\$417.73	\$869.60	\$1,156.38	
Anthem Blue Cross 90% HSA	Premium	\$800.00	\$1,376.00	\$1,748.00	
\$3,400/\$5,200 Deductible \$5,000/\$10,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346F	employee cost	\$321.73	\$703.60	\$948.38	
Kaiser HMO Traditional	Premium	\$1,073.00	\$1,846.00	\$2,340.00	
\$0 Deductible \$1,500/\$3,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
606394-0069ALN	employee cost	\$594.73	\$1,173.60	\$1,540.38	
Kaiser HSA	Premium	\$861.00	\$1,481.00	\$1,877.00	
\$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	\$382.73	\$808.60	\$1,077.38	
Anthem Blue Cross 2-Tier HSA	Premium	\$729.00	N/A	\$1,239.00	
\$5,000/\$10,000 Deductible \$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$478.28		\$799.62	
70109B	employee cost	\$250.73		\$439.38	
WABE - Medical Opt Out	Premium	\$729.00	N/A	N/A	
(No Medical Coverage)	Dist CAP	\$478.28			
WABE68650L	employee cost	\$250.73			
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 employee selection				\$	
x 12 mos/ 11 paychecks				\$	

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Ripon Unified School District

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC



	100% Plan A-10 9-35	80% Plan G-20 200/10-35	80% Plan L-30 200/10-35	90% HSA 3400 Med-Rx Same	2-Tier HSA 5000 Med-Rx Same	KAISER - 30 10-30	KAISER HSA 1700 Med-Rx Same
Monthly SINGLE Premium Rate	\$1,352	\$1,032	\$896	\$800	\$729	\$1,073	\$861
Monthly DEPENDENT Premium Rate	\$2,326	\$1,775	\$1,542	\$1,376		\$1,846	\$1,481
Monthly FAMILY Premium Rate	\$2,950	\$2,251	\$1,956	\$1,748	\$1,239	\$2,340	\$1,877
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
PREVENTATIVE CARE (Includes Physical Exams & Screenings)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MEDICAL - CALENDAR YEAR Deductibles & Maximums							
Individual/Family Deductibles * Includes RX	\$0/\$0	\$500/\$1,000	\$2,000/\$4,000	\$3,400/\$6,800*	\$5,000/\$10,000*	\$0/\$0	\$1,700/\$3,400 *
Individual/Family Out-of-Pocket (OOP) Max (Includes Medical Deductibles, Co-insurance & Co-pays)	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000*	\$6,350/\$12,700*	\$1,500/\$3,000	\$3,400/\$6,800 *
PROFESSIONAL SERVICES							
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care * Primary Care Provider Office Visit Copayment	\$10	\$20	\$30	10%	30%	\$30	10% After Deductible \$0
	\$0 Copay for the 1st three office visits with PCP in Calendar Year						
Scans: CT - CAT - MRI - PET	0%	20%	20%	10%	30%	\$0	10% After Deductible
Diagnostic X-ray & Laboratory Procedures	0%	20%	20%	10%	30%	\$0	10% After Deductible
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
In-Patient Hospital (Prior Authorization Required)	0%	20%	20%	10%	30%	\$0	10% After Deductible
Outpatient Hospital	0%	20%	20%	10%	30%	\$30	10% After Deductible
Outpatient Surgery (Performed in Hospital or Surgery Center)	0%	20%	20%	10%	30%	\$30	10% After Deductible
Emergency Room Visit (Waived if Admitted)	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$100	10% After Deductible
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
In-Patient: Facility Based Care (Prior Authorization Required)	0%	20%	20%	10%	30%	\$0	10% After Deductible
Out-Patient: Facility Based Care (Prior Authorization Required)	0%	20%	20%	10%	30%	\$30	10% After Deductible
OTHER SERVICES							
Acupuncture (Limits Apply)	0%	20%	20%	10%	30%	\$10/30 visits combined with Chiropractic	Limited Coverage If Authorized
Ambulance (Ground or Air)	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$50	10% After Deductible
Chiropractic (Limits Apply)	0%	20%	20%	10%	30%	\$10/30 visits combined with Acupuncture	Not Covered
Durable Medical Equipment (DME)	0%	20%	20%	10%	30%	\$0	10% After Deductible
Physical and Occupational Therapy (Limits Apply)	0%	20%	20%	10%	30%	\$30	10% After Deductible
PHARMACY BENEFITS							
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500	\$200/\$500	Included with Medical Deductible *	Included with Medical Deductible *	None	Included with Medical Deductible
Individual/Family Rx Out-of-Pocket (OOP) Max (Includes Rx Deductibles & Co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included with Medical OOP Max *	Included with Medical OOP Max *	Included with Medical OOP Max *	Included with Medical OOP Max
Generic - 30 days supply	Free at Costco \$9 Other Network	Free at Costco \$10 Other Network	Free at Costco \$10 Other Network	\$9 after Deductible	\$9 after Deductible	\$10-100 day supply	\$10
Brand - 30 days supply	\$35	\$35	\$35	\$35 after Deductible	\$35 after Deductible	\$30-100 day supply	\$30
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY after Deductible	\$35 Navitus Mail ONLY after Deductible	\$30-30 day supply	\$30
Mail Order (Generic & Brand - 90 days supply) New maintenance medications require first fill three 30-day prescriptions prior to 90-days	Free-\$90	Free-\$90	Free-\$90	Free-\$90	Free-\$90	\$10-\$30/100 day supply	\$20-\$60/100 day supply

* Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner



Ripon Unified School District

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2024. 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
Covered 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.



Ripon Unified School District

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document

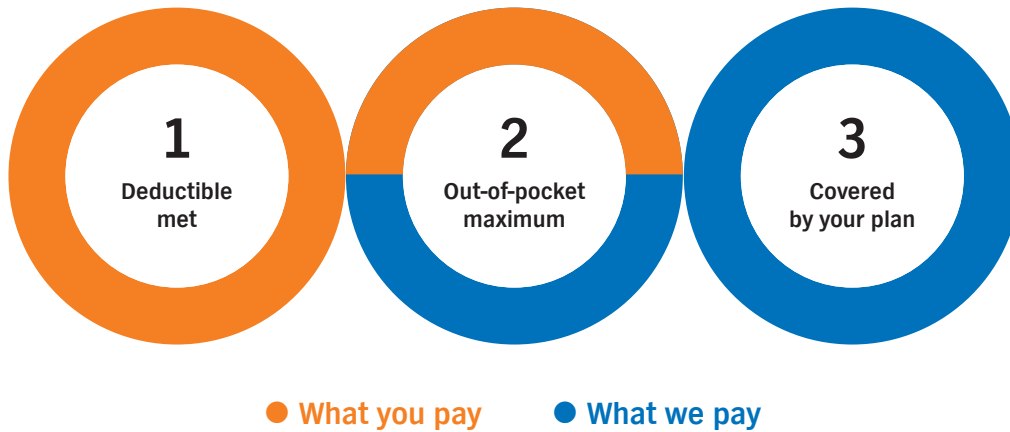
Signature VSP Plan - C-\$10	
COMPOSITE Premium Rate	\$23.60
CALENDAR YEAR Deductibles & Maximums	
MEMBER PAYS	
Individual Copayments	\$10
FREQUENCY OF SERVICE	
PLAN PAYS	
Comprehensive Vision Exam	Once Every Calendar Year
Lenses	One Pair Every Calendar Year
Frames	One Pair Every Calendar Year
Contact 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 \$150 - Participating Provider
Contact Lenses - Non-Elective	100% - Participating Provider
Contact Lenses - Elective	Up to \$150 - Participating Provider

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

How your plan works

To participate in a health plan, a payment called the premium may be deducted from your paycheck on a regular basis. This is separate from what you pay when you receive care.

When you receive care that is covered by your PPO plan:



- 1 You pay your deductible first.** You pay this set amount before your plan starts paying for covered services. If your plan has copays for doctor visits (such as a \$30 flat fee for each visit), you only need to pay the copay for the office visit, while your deductible may apply to other services performed in the office.
- 2 After you meet your deductible, you and your plan share the cost of covered services.** You pay a copay or coinsurance (a percentage of the cost) each time you receive care. Your plan covers the rest.
- 3 You're protected by your plan's out-of-pocket limit.** That's the most you will pay for covered health services each year. Copays, deductibles, and coinsurance all apply to the out-of-pocket limit.

This is a general guide. Your actual costs will depend on the type of plan you choose, the services you receive, and the doctor or healthcare professional you visit. See your plan information for your specific costs.





Take advantage of no cost benefits to help you get and stay healthy



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com/SISC



24/7 Virtual Primary Care Doctor

Eden Health

Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

Anthem and Blue Shield PPO members

Scan the QR code to download the Eden Health app, and register for your Eden Health membership.



Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield members

Call 855-442-5885

Visit vida.com/sisc



24/7 Physician Access—Anytime, Anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate. *copays may apply

Anthem and Blue Shield members

Call 800-657-6169

Visit mdlive.com/sisc



Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com





Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

Call 855-380-7828

Visit teladoc.com/SISC



Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield PPO members

Call 855-902-2777

Visit hingehealth.com/sisc



24/7 Access to Virtual Maternity and Postpartum Support

Maven

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

Anthem and Blue Shield PPO members

Visit mavenclinic.com/join/SISC



Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield PPO members

Call 888-855-7806

Visit info.carrumhealth.com/sisc



Enhanced Cancer Benefit

Contigo Health

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

Call 877-220-3556

Visit sisc.contigohealth.com



Benefit Extras

Available through your SISC health plan



Get Started

Program Details

Who Is Eligible

Active & Fit Direct

Anthem PPO/HMO members log into anthem.com/ca/sisc, click "Discounts" and visit "Special Offers".

Kaiser HMO members must visit kp.org/choosehealthy, select region, click "Choose Healthy," then click "Learn More" next to the ASH Active & Fit logo.

Discounted Gym Memberships

Active & Fit Direct

Choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own. Use the online fitness tracking feature, which uses a variety of wearable devices and apps. You pay only \$25 a month (plus \$25 enrollment fee and taxes).

Anthem PPO/HMO and Kaiser HMO members

Low Cost

Fitness Your Way

Go to fitnessyourway.tivityhealth.com/bsc
Click "Enroll".

OR

Call 833-283-8387

Fitness Your Way

Tivity

This program gives you the flexibility to work out at any participating fitness location. Cost is only \$25 a month per person.

Blue Shield PPO and HMO members

Low Cost

TruHearing

Call 866-754-1607

OR

Go to truhearing.com

Discounted Hearing Aids

TruHearing

Go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about \$980 per hearing aid compared to national average prices. PPO members may even be able to use their plan benefits in coordination with TruHearing discounts.

VSP members

Low Cost

Amplifon

Go to amplifonusa.com/deltadentalins

OR

Call 888-779-1429

Discounted Hearing Aids

Amplifon

Get an average savings of 62% off the latest retail hearing aid price. See an Amplifon network provider to be fitted. PPO members may even be able to use their plan benefits in coordination with Amplifon discounts.

Delta Dental members

Low Cost

QualSight

Go to qualsight.com/-delta-dental

OR

Call 855-248-2020

Discounted LASIK Eye Surgery

QualSight

Receive 40-50% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.

Delta Dental members

Low Cost

EPIC Hearing

Go to epichearing.com

OR

Call 866-956-5400

Discounted Hearing Aids

EPIC Hearing

Go to an EPIC Hearing network provider to be fitted to receive 30% – 60% off the retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with EPIC Hearing discounts.

MES members

Low Cost

Need a Primary Care Doctor?

Just ask Eden. You'll get connected to an entire health Care Team.

As part of your SISC PPO medical benefits*, you and your enrolled adult dependents (18+) have access to 24/7 virtual primary care through Eden Health. Urgent care pediatric services are available for your dependents aged 2-17.

With the easy-to-use Eden Health app, you can chat in for answers to health questions, meet for live video visits with your provider, get assistance with prescription medications, and so much more – all at no cost to you.

24/7 CARE FROM ANYWHERE



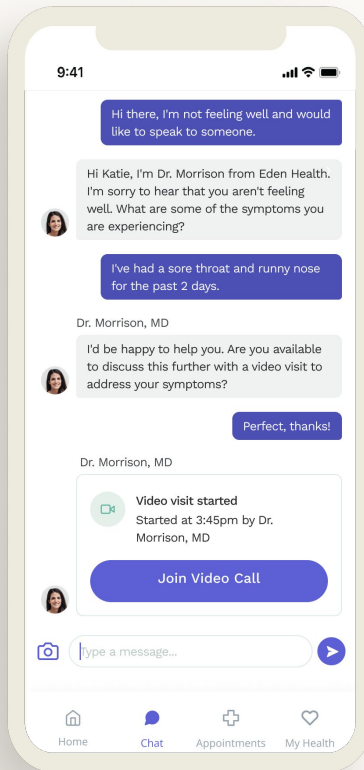
Same or next-day
video visits & 24/7
live chat



Diagnoses and
treatments



Prescription refills



Answers to
follow-up care
questions



In-network
specialist referrals



Urgent Care
Pediatrics

IT'S NEVER BEEN EASIER TO STAY ON TOP OF YOUR HEALTH:

4.95 patient
satisfaction score

Confidential and never
shared with your employer

Pediatric services for
dependents age 2-17

*HSA members are not eligible for this benefit.

Scan the QR code to register your free Eden Health account,
and start accessing great care today!



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.



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.



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.

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**.

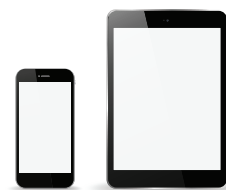
Got dependents on your plan? Tell them to provide your details.

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

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)
	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-for-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 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

Best of Both

Coordinate two plans with dual coverage



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.

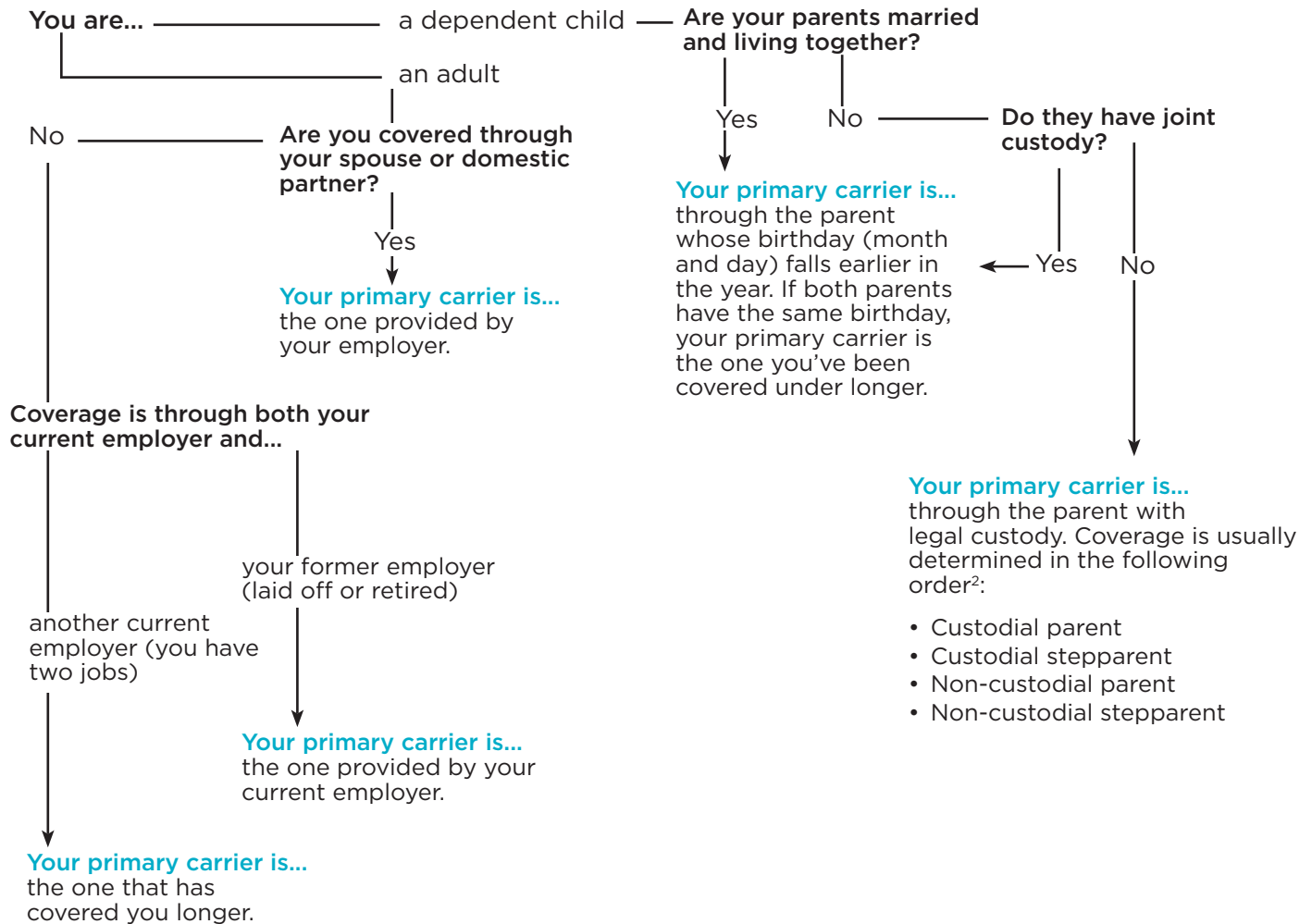
How does dual coverage help me save?

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.

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 not-for-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 Insurance Company provides a dental provider organization (DPO) plan.



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.



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.

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Classification: Public

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.

vsp.
vision care

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.



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.

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!



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

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.



Frames 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.

vsp exclusive member extras

GLASSES AND SUNGLASSES

Extra
\$20
to Spend

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.^{1,2}

Extra
\$40
to Spend

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

Up to
40% Off
Lens Enhancements

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}

unity

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

ZEISS

Try ZEISS Lenses risk-free for six months.

vsp
PREMIER
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
See better. Live better.

Save up to \$310 on an annual supply of contact lenses.

Glasses Rebate

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

HOYA

Try Hoya lenses worry-free for six months.

unity

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

ZEISS

Try ZEISS Lenses risk-free for 12 months.

Improve Your Health and Increase Your Savings



CONTACTS HEARING HEALTH

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.

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



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 LEISURE & LIFESTYLE HEALTH & FINANCIAL WELL-BEING

Support for Diabetes Management

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



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



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.](https://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 7/1/2021 through 11/30/2021, and must be redeemed by 12/31/2021. The Sponsor/Offendor 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.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. 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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Classification: Public

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!

vsp exclusive
member extras

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.