

# 2023-2024 OPEN ENROLLMENT



## **Review 2023-24 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 31st. 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

RIPON UNIFIED

# ANNUAL HEALTH FAIR



**FRIDAY, AUG 4TH, 2023 | 9:45 AM - 12:00 PM**  
**RIPON HIGH ABEYTA-HORTIN GYM**

- MEET WITH INSURANCE AND BENEFIT VENDORS
- MEET WITH OTHER LOCAL BUSINESSES
- ENTER TO WIN RAFFLE PRIZES!

**IF YOU DO NOT TAKE DISTRICT HEALTH INSURANCE, WE INVITE YOU  
TO STOP BY AND LEARN ABOUT OTHER VOLUNTARY DEDUCTIONS**

**Full-Time**  
**SISC Health Insurance Rates**  
**Plan Year: October 2023 - September 2024**

Effective: 10/1/2023  
(9/30/23 Paycheck)

<b>Full Time Employee (1.0 FTE)</b>		District Paid Contribution/Month			
		Employee	Employee +1	Family	
Medical CAP		<b>637.70</b>	<b>896.53</b>	<b>1,066.16</b>	
Total Annual District Contribution		7,652.40	10,758.36	12,793.92	
		Employee	Employee +1	Family	Calculate Your Monthly Cost
<b>ANTHEM 100% - PLAN A</b> <small>\$0 Deductible \$1,000/\$3,000 Max Out of Pocket 40346B</small>	Premium	\$1,244.00	\$2,140.00	\$2,715.00	
	Dist CAP	\$637.70	\$896.53	\$1,066.16	
	<b>employee cost</b>	<b>\$606.30</b>	<b>\$1,243.47</b>	<b>\$1,648.84</b>	
<b>ANTHEM 80% - PLAN G</b> <small>\$500/\$1,000 Deductible \$2,000/\$4,000 Max Out of Pocket 40346C</small>	Premium	\$946.00	\$1,628.00	\$2,065.00	
	Dist CAP	\$637.70	\$896.53	\$1,066.16	
	<b>employee cost</b>	<b>\$308.30</b>	<b>\$731.47</b>	<b>\$998.84</b>	
<b>ANTHEM 80% - PLAN L</b> <small>\$2,000/\$4,000 Deductible \$4,000/\$8,000 Max Out of Pocket 40346D</small>	Premium	\$823.00	\$1,416.00	\$1,797.00	
	Dist CAP	\$637.70	\$896.53	\$1,066.16	
	<b>employee cost</b>	<b>\$185.30</b>	<b>\$519.47</b>	<b>\$730.84</b>	
<b>ANTHEM 90% - PLAN HSA (HDHP)</b> <small>\$3,000/\$5,200 Deductible \$5,000/\$10,000 Max Out of Pocket 40346F</small>	Premium	\$752.00	\$1,293.00	\$1,642.00	
	Dist CAP	\$637.70	\$896.53	\$1,066.16	
	<b>employee cost</b>	<b>\$114.30</b>	<b>\$396.47</b>	<b>\$575.84</b>	
<b>KAISER HMO Traditional Plan</b> <small>\$0 Deductible \$1,500/\$3,000 Max Out of Pocket 606394-0069ALN</small>	Premium	\$982.00	\$1,688.00	\$2,140.00	
	Dist CAP	\$637.70	\$896.53	\$1,066.16	
	<b>employee cost</b>	<b>\$344.30</b>	<b>\$791.47</b>	<b>\$1,073.84</b>	
<b>KAISER HDHP</b> <small>\$1,500/\$3,000 Deductible \$3,000/\$6,000 Max Out of Pocket 606394-0102ALN</small>	Premium	\$787.00	\$1,354.00	\$1,717.00	
	Dist CAP	\$637.70	\$896.53	\$1,066.16	
	<b>employee cost</b>	<b>\$149.30</b>	<b>\$457.47</b>	<b>\$650.84</b>	
<b>2-TIER HSA (formerly ANTHEM 70% BRONZE PLAN)</b> <small>\$5,000/\$10,000 Deductible \$6,350/\$12,700 Max Out of Pocket 70109B</small>	Premium	\$683.00	N/A	\$1,161.00	
	Dist CAP	\$637.70		\$1,066.16	
	<b>employee cost</b>	<b>\$45.30</b>		<b>\$94.84</b>	
<b>WABE - Medical OPT OUT</b> <small>(No Medical Coverage) WABE68650L</small>	Premium	\$683.00	N/A	N/A	
	Dist CAP	\$637.70			
	<b>employee cost</b>	<b>\$45.30</b>			
<b>Delta Dental Premier</b> <small>Build Coverage 70%-100%   7086-2110</small>	<b>employee cost</b>	<b>\$93.00</b>	<b>\$93.00</b>	<b>\$93.00</b>	
<b>Delta Dental Preferred</b> <small>Most Services 100% Covered   7086-3110</small>	<b>employee cost</b>	<b>\$85.00</b>	<b>\$85.00</b>	<b>\$85.00</b>	
<b>VSP</b> <small>3237445A</small>	<b>employee cost</b>	<b>\$23.60</b>	<b>\$23.60</b>	<b>\$23.60</b>	
<b>Total employee selection</b>				\$	
<b>x 12 mos/ 11 paychecks</b>				\$	

**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.

## Part-Time

### SISC Health Insurance Rates

Plan Year: October 2023 - September 2024

Effective: 10/1/2023  
(9/30/23 Paycheck)

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
<b>ANTHEM 100% - PLAN A</b>	Premium	\$1,244.00	\$2,140.00	\$2,715.00	
\$0 Deductible					
\$1,000/\$3,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346B	<b>employee cost</b>	<b>\$765.73</b>	<b>\$1,467.60</b>	<b>\$1,915.38</b>	
<b>ANTHEM 80% - PLAN G</b>	Premium	\$946.00	\$1,628.00	\$2,065.00	
\$500/\$1,000 Deductible					
\$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346C	<b>employee cost</b>	<b>\$467.73</b>	<b>\$955.60</b>	<b>\$1,265.38</b>	
<b>ANTHEM 80% - PLAN L</b>	Premium	\$823.00	\$1,416.00	\$1,797.00	
\$2,000/\$4,000 Deductible					
\$4,000/\$8,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346D	<b>employee cost</b>	<b>\$344.73</b>	<b>\$743.60</b>	<b>\$997.38</b>	
<b>ANTHEM 90% - PLAN HSA (HDHP)</b>	Premium	\$752.00	\$1,293.00	\$1,642.00	
\$3,000/\$5,200 Deductible					
\$5,000/\$10,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
40346F	<b>employee cost</b>	<b>\$273.73</b>	<b>\$620.60</b>	<b>\$842.38</b>	
<b>KAISER HMO Traditional Plan</b>	Premium	\$982.00	\$1,688.00	\$2,140.00	
\$0 Deductible					
\$1,500/\$3,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
606394-0069ALN	<b>employee cost</b>	<b>\$503.73</b>	<b>\$1,015.60</b>	<b>\$1,340.38</b>	
<b>KAISER HDHP</b>	Premium	\$787.00	\$1,354.00	\$1,717.00	
\$1,500/\$3,000 Deductible					
\$3,000/\$6,000 Max Out of Pocket	Dist CAP	\$478.28	\$672.40	\$799.62	
606394-0102ALN	<b>employee cost</b>	<b>\$308.73</b>	<b>\$681.60</b>	<b>\$917.38</b>	
<b>2-TIER HSA (formerly ANTHEM 70% BRONZE PLAN)</b>	Premium	\$683.00	N/A	\$1,161.00	
\$5,000/\$10,000 Deductible					
\$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$478.28		\$799.62	
70109B	<b>employee cost</b>	<b>\$204.73</b>		<b>\$361.38</b>	
<b>WABE - Medical OPT OUT (No Medical Coverage)</b>	Premium	\$683.00	N/A	N/A	
	Dist CAP	\$478.28			
WABE68650L	<b>employee cost</b>	<b>\$204.73</b>			
<b>Delta Dental Premier</b>	<b>employee cost</b>	<b>\$93.00</b>	<b>\$93.00</b>	<b>\$93.00</b>	
Build Coverage 70%-100%   7086-2110					
<b>Delta Dental Preferred</b>	<b>employee cost</b>	<b>\$85.00</b>	<b>\$85.00</b>	<b>\$85.00</b>	
Most Services 100% Covered   7086-3110					
<b>VSP</b>	<b>employee cost</b>	<b>\$23.60</b>	<b>\$23.60</b>	<b>\$23.60</b>	
3237445A					
	<b>Total employee selection</b>				<b>\$</b>
		x 12 mos/ 11 paychecks			<b>\$</b>

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.

# Ripon Unified School District

This is a limited summary of Medical Plan Benefits for Plan Year October 2023. 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 3000 Med-Rx Same	2-Tier HSA 5000 Med-Rx Same	KAISER - 30 10-30	KAISER HSA 1500 Med-Rx Same
Monthly SINGLE Premium Rate	\$1,244	\$946	\$823	\$752	\$683	\$982	\$787
Monthly DEPENDENT Premium Rate	\$2,140	\$1,628	\$1,416	\$1,293		\$1,688	\$1,354
Monthly FAMILY Premium Rate	\$2,715	\$2,065	\$1,797	\$1,642	\$1,161	\$2,140	\$1,717
	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>
<b>PREVENTATIVE CARE (Includes Physical Exams &amp; Screenings)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>							
Individual/Family Deductibles <i>* Includes RX</i>	\$0/\$0	\$500/\$1,000	\$2,000/\$4,000	\$3,000/\$5,200*	\$5,000/\$10,000*	\$0/\$0	\$1,500/\$3,000
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance &amp; Co-pays)</i>	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000*	\$6,350/\$12,700*	\$1,500/\$3,000	\$3,000/\$6,000
<b>PROFESSIONAL SERVICES</b>							
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care <i>* Primary Care Provider Office Visit Copayment</i>	\$10	\$20	\$30	10%	30%	\$30	10% After Deductible \$0
	<i>\$0 Copay for the 1st three office visits with PCP in Calendar Year</i>						
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
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>							
In-Patient Hospital <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$0	10% After Deductible
Outpatient Hospital	0%	20%	20%	10%	30%	\$30	10% After Deductible
Outpatient Surgery <i>(Performed in Hospital or Surgery Center)</i>	0%	20%	20%	10%	30%	\$30	10% After Deductible
Emergency Room Visit <i>(Waived if Admitted)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$100	10% After Deductible
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>							
In-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$0	10% After Deductible
Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$30	10% After Deductible
<b>OTHER SERVICES</b>							
Acupuncture <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$10/30 visits combined with Chiropractic	Limited Coverage If Authorized
Ambulance <i>(Ground or Air)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$50	10% After Deductible
Chiropractic <i>(Limits Apply)</i>	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 <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$30	10% After Deductible
<b>PHARMACY BENEFITS</b>							
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 <i>(Includes Rx Deductibles &amp; Co-pays)</i>	\$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 <i>(Generic &amp; Brand - 90 days supply)</i>	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 2023. 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
<b>CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>
Individual/Family Deductibles	\$0/\$0	\$0/\$0
Individual/Family Maximum	\$1,500	\$1,500
<b>Covered Service</b>	<b>PLAN PAYS</b>	<b>PLAN PAYS</b>
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



## Ripon Unified School District

This is a limited summary of Vision Plan Benefits for Plan Year October 2023. For detailed coverage refer to the Plan Document

<b>Signature VSP Plan - C-\$10</b>	
COMPOSITE Premium Rate	\$23.60
<b>CALENDAR YEAR Deductibles &amp; Maximums</b>	
<b>MEMBER PAYS</b>	
Individual Copayments	\$10
<b>FREQUENCY OF SERVICE</b>	
<b>PLAN PAYS</b>	
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
<b>BENEFIT ALLOWANCE</b>	
<b>PLAN PAYS</b>	
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



# 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](http://anthemEAP.com) and enter 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](http://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.

Anthem and Blue Shield members

Call 888-632-2738

Visit [mdlive.com/sisc](http://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](http://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** 800-835-2362

**Visit** [teladoc.com/SISC](https://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](https://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

**Call** 855-442-5885

**Visit** [mavenclinic.com/join/SISC](https://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** [carrumhealth.com/sisc](https://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](https://sisc.contigohealth.com)

