



OPEN ENROLLMENT 2022/2023



2022 BENEFIT GUIDE

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All elections are required to be made in Paycom Benefits Administration

Welcome to Vaughn

Who is Eligible

Regular full-time employees, who have satisfied their waiting period and are typically working a minimum of **30** hours per week, are eligible for group health and welfare benefits. Eligible dependents include your legal spouse/domestic partner, your natural children - domestic partner's children, step children, and children who are legally adopted, to age 26.

When Can You Enroll

Employees are eligible to enroll in Health and Welfare benefits the first of the month following 60 days of service. Employee are eligible for the Life and AD&D benefits effective 1st of the month following 30 days of services based on California regulations. Employees may also enroll and/or make changes to their benefits or their dependents who are covered within 31 days of their original effective date, or during Open Enrollment. Once your initial enrollment window or Open Enrollment is closed, you will only be able to make changes if you experience one of the following events:

- Marriage, satisfaction of domestic partnership requirement, divorce or legal separation
- Death of your spouse/domestic partner
- Birth and/or Adoption
- Loss of employment by your spouse/domestic partner/child or his or her obtaining new employment, when either results in a loss or gain of coverage
- A change in employment status from full-time to part-time (or vice versa) by you or your spouse/domestic partner, when either results in a gain or loss of benefits

Your requested change must be consistent with the event that has occurred, **and only if you request the change within 31 days of the event**:

All elections are required to be made in Paycom Benefits Administration

www.paycom.com

Overview of 2022

- ◆ Medical – Kaiser
 - ◆ HMO (HRA)
 - ◆ Traditional HMO
- ◆ Redwood Health Services Debit Card
- ◆ Medical - Kaiser Traditional HMO
- ◆ \$75/stipend per pay period if medical coverage is waived
 - ◆ Dental HMO — Guardian
 - ◆ Dental PPO High - Guardian
 - ◆ Dental PPO Low — Guardian



◆ Vision — VSP

◆ Basic Life & AD&D
Guardian

◆ Employee Assistance Program
Guardian



◆ Vaughn's Benefit Hub



Orion Helpline

**Benefits Questions / Open Enrollment
Questions / Claim Issues**

(855) 343-8883

helpline@orionrisk.com

Vaughn Next Century Learning Center

2022—2023 Benefits at a Glance

Medical Carrier: Kaiser Permanente		www.kp.org	(800) 464-4000
HMO HRA Medical Plan	Group #: 230751		
Deductible:	HMO Network:	\$2,500 Individual / \$5,000 Family	
HRA Fund	Redwood Debit Card	\$5,000 Individual / \$10,000 Family	
Hospitalization:	HMO Network:	20% after Deductible	
Office Visit, Lab & X-Ray:	HMO Network:	\$20 office visit, \$10 Copay per for lab & x-ray after deductible	
Preventive Care:	HMO Network:	\$0 Copay	
Calendar Year Out of Pocket Maximum:	HMO Network:	\$5,000 Individual / \$10,000 Family	
Prescription Drugs:			
30-day Supply		\$10 generic, \$30 brand	
Mail Order Up to a 100-day supply		\$20 generic, \$60 brand	
Medical Carrier: Kaiser Permanente		www.kp.org	(800) 464-4000
HMO / Traditional	Group #: 230751		
Deductible:	HMO Network:	None	
Hospitalization:	HMO Network:	\$250 per admit (reimbursed by Vaughn)	
Office Visit, Lab & X-Ray:	HMO Network:	\$20 office visit, \$10 Copay per for lab & x-ray	
Preventive Care:	HMO Network:	\$0 Copay	
Calendar Year Out of Pocket Maximum:	HMO Network:	\$1,500 Individual / \$3,000 Family	
Prescription Drugs:			
30-day Supply		\$10 generic, \$30 brand	
Mail Order Up to a 100-day supply		\$20 generic, \$60 brand	
Dental Carrier: Guardian HMO Dental		www.guardianlife.com	(888) 618-2016
HMO Dental Plan 75G	Group #: 458287		
Deductible:	HMO Network:	None	
Annual Maximum:	HMO Network:	None	
Preventative Services:	HMO Network:	No Copay	
Basic Services:	HMO Network:	Copay	
Major Services:	HMO Network:	Copay	
Orthodontia Services: Child and Adult	HMO Network:	Copay	

Vaughn Next Century Learning Center

2022-2023 Benefits at a Glance

Dental Carrier: Guardian PPO Dental		www.guardianlife.com (800) 541-7846
PPO Dental Plan UY HIGH	Group #: 458287	
		In-Network Out-of-Network
Deductible:	PPO Network:	\$0 \$50 /\$150
Annual Maximum:	PPO Network:	\$1,500
Preventative Services:	PPO Network:	100%
Basic Services:	PPO Network:	90%
Major Services:	PPO Network:	\$60%
Orthodontia Services: Child and Adult	PPO Network:	50% up to a \$1,000 lifetime maximum
Dental Carrier: Guardian PPO Dental		www.guardianlife.com (800) 541-7846
PPO Dental Plan UY LOW	Group #: 458287	
		In-Network Out-of-Network
Deductible:	PPO Network:	\$50 / \$150 \$50 / \$150
Annual Maximum:	PPO Network:	\$1,000
Preventative Services:	PPO Network:	100%
Basic Services:	PPO Network:	80%
Major Services:	PPO Network:	\$50%
Orthodontia Services: Child and Adult	PPO Network:	50% up to a \$1,000 lifetime maximum
Vision Carrier: VSP		www.vsp.com (800) 877-7195
PPO Vision Plan (Administreated through Guardian)	Group #: 30034044	In-Network Out-of-Network
Exam/Materials		\$10 / \$25 \$45 allowance
NEW! Frequency		Exam every 12 Lenses every 12 months Frames every 12 months
NEW! Frames		\$270 Brand + 20% \$250 allowance+ 220%
Life Insurance Carrier: Guardian Life	Group #: 552407	www.guardianlife.com (800) 525-4542
Benefit Amount:	\$50,000	Employee Benefit Only (no dependent coverage)
If you require any assistance with your insurance benefits, please contact: Orion Insurance Assistance Helpline at:		
Phone # 855-343-8883		Email: helpline@orionrisk.com

Medical HMO Health Reimbursement Account

Medical



Plan Options

Kaiser
(California Only)



Kaiser offers an HMO Health Reimbursement Account Plan in California.

The Kaiser HMO HRA plan requires that all services be provided at a Kaiser facility. If you seek medical care outside of the Kaiser network, services will not be covered.

If you choose the Kaiser HMO plan, facilities can be found online at www.kp.org.

For more information about Kaiser Permanente, call Kaiser Member Services from 7am to 7 pm, and weekends from 7am to 3pm:

English: 1-(800)-464-4000

Spanish: 1-(800)-788-0616

When you're a member registered at www.kp.org, you can use this online feature to help manage your care:

- Email your doctor
- Order prescription refills
- Schedule or cancel routine appointments
- View most lab test results

Group #: 230751

KAISER HMO Health Reimbursement Account	
Annual Deductible	\$2,500 Individual \$5,000 Family
Annual Health Reimbursement Fund	\$5,000 Individual \$10,000 Family
PCP Office & Specialist Office Visit	\$20 Copay After Deductible \$20 Copay After Deductible
Max. Out-of-Pocket Limit	\$5,000 Individual \$10,000 Family
Lifetime Plan Max	None
Inpatient Hospital	20% After Deductible
Outpatient Surgery	20% After Deductible
Preventive Services	\$0
Emergency Room	20% After Deductible
Ambulance Services	\$150 (per trip) After Deductible
Prescription Drug Benefits <i>Rx benefit NOT subject to deductible</i>	
Generic	\$10 Copay
Brand Formulary	\$30 Copay
Specialty Drug	20% coinsurance not to exceed \$200 for up to a 30-day supply
Mail Order	Generic Mail Order: \$20 Copay for up to a 100-day supply Brand Mail Order: \$60 Copay for up to a 100-day supply

Medical HMO Health Reimbursement Account

Disclosure Form Part One

(continued)

Mental Health Services	You Pay
Inpatient psychiatric hospitalization	20% Coinsurance after Plan Deductible
Individual outpatient mental health evaluation and treatment	\$20 per visit after Plan Deductible
Group outpatient mental health treatment	\$10 per visit after Plan Deductible
Substance Use Disorder Treatment	You Pay
Inpatient detoxification	20% Coinsurance after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment	\$20 per visit after Plan Deductible
Group outpatient substance use disorder treatment	\$5 per visit after Plan Deductible
Home Health Services	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge (Plan Deductible doesn't apply)
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	20% Coinsurance after Plan Deductible
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge (Plan Deductible doesn't apply)
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	50% Coinsurance (Plan Deductible doesn't apply)
Assisted reproductive technology ("ART") Services	Not covered
Hospice care	No charge (Plan Deductible doesn't apply)

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).



HMO Health Reimbursement Account Plan

Members Services: 800-464-4000

Provider Website: www.kp.org



Health Reimbursement Account Debit Card Services

Member Services: 800-548-7677 Option 2

Provider Website: <https://rhs.org>

Medical Health Reimbursement Account



Redwood Health Services

Vaughn Next Century Learning Center **Summary of Benefits**

Effective 7-1-2022

Your Kaiser health plan pays all of your eligible medical expenses **after** you reach a calendar-year max out of pocket (\$5,000 per individual **or** \$10,000 per family). Refer to Kaiser's Summary of Benefits for more details.

Your employer pays the Kaiser medical deductible, co-insurance and all copays up to the amount listed below under "Employer Contribution." The table below shows how much your employer pays and how much you are responsible for as a member of the health plan. Your debit card is your employer's method is paying for your benefits



Kaiser Deductible HMO Plan	Employer Contribution	Member Responsibility
Calendar-Year Deductible		
Individual plan (\$2,500)	\$2,500	\$0
Family plan (\$5,000)	\$5,000	\$0
Calendar-Year Co-insurance		
Individual plan (\$2,500)	\$2,500	\$0
Family plan (\$5,000)	\$5,000	\$0
Calendar-Year Out-of-Pocket Maximum*		
Individual plan (\$2,500)	\$5,000	\$0
Family plan (\$5,000)	\$10,000	\$0

Note: Also, all copays, are covered by the employer. .

*Deductible plus co-insurance and copays.

Payment Process

Your health plan includes **two** cards: a **Kaiser identification card** and an **RHS debit card**. Always carry both cards with you.

- Present your **Kaiser** identification card **whenever you receive services from a Kaiser facility.**
- Present your **RHS** debit card **whenever Kaiser presents you a bill that can be charged to your deductible, coinsurance or copay.** The debit card is linked to an account that your employer has established for you. Your employer will use the account to pay your Kaiser deductible, co-insurance and Kaiser copays as listed above under Employer Contribution.

Questions? Call RHS Customer Service at 800-548-7677, Option 2.



Redwood Health Services

RHS Debit Card Access

How to Access Your RHS Debit Card Account

Your **RHS Debit Card** is linked to an account that provides information on your account balances and transactions from your debit card. You can access your account on-line through a website run by **Alegeus WealthCare Admin**. Here's how:



Welcome to Your CDH Account Administration Platform
Please choose your login type below.

- Administrator** View customer accounts
- Employer** View company and employee accounts
- Participant** View account activity and balances
- Partner User** View Partner user accounts

Welcome, please login or create an account below.

Login to your secure account

User ID: Password:

[Forgot Password](#) | [Create Account](#)

Enter the information below to create your account. Please contact your Administrator for questions regarding access to this site or for questions about balances and statements.

Name * First: Last:

Employee ID *

Employer ID * or

Card Number *

New User ID *

Password * Confirm Password

Security Word * (Mother's Maiden Name)

Birth City *

E-mail Address

E-mail Options Send E-mails

1. Call RHS Customer Service at **800-548-7677** to get your **Employee ID Number**. This is a unique number that you will need to gain access to your account. The number is not on your debit card.
2. Visit www.wealthcareadmin.com/default.aspx and select "Participant." This brings you to the Participant Portal.
3. Select the "**Create Account**" link.
4. Enter your **First and Last Name** and **Employee ID Number** in the spaces provided. Please call Customer Service at 800-548-7677, option 2, for your Employee ID Number.
5. Enter your **Card Number** in the space provided. The number appears on your RHS debit card. Do NOT enter an Employer ID Number.
6. Complete the rest of the form with your own information. You will need to supply a **User ID**, a **Password**, and your **Birth City**. You also have the option of providing Alegeus with your e-mail address, but this is not required.



Traditional HMO Plan

Group #: 230751

Members Services: 800-464-4000

Provider Website: www.kp.org

Medical Traditional HMO

Medical



Plan Options

Kaiser
(California Only)



Kaiser offers a Traditional HMO Health Plan in California.

The Kaiser HMO plan requires that all services be provided at a Kaiser facility. If you seek medical care outside of the Kaiser network, services will not be covered.

If you choose the Kaiser HMO plan, facilities can be found online at www.kp.org.

For more information about Kaiser Permanente, call Kaiser Member Services from 7am to 7 pm, and weekends from 7am to 3pm:

English: 1-(800)-464-4000

Spanish: 1-(800)-788-0616

When you're a member registered at www.kp.org, you can use this online feature to help manage your care:

- Email your doctor
- Order prescription refills
- Schedule or cancel routine appointments
- View most lab test results

Group #: 230751

KAISER HMO	
Annual Deductible	None
Annual Health Reimbursement Fund	Not Applicable
PCP Office & Specialist Office Visit	\$20 Copay / \$20 Copay
Max. Out-of-Pocket Limit	\$1,500 Individual / \$3,000 Family
Lifetime Plan Max	Unlimited
Inpatient Hospital	\$250 per admission (reimbursed by Vaughn)
Outpatient Surgery	\$100 per procedure (reimbursed by Vaughn)
Preventive Services	\$0
Emergency Room	\$50 Copay per visit (reimbursed by Vaughn)
Ambulance Services	\$50 per trip (reimbursed by Vaughn)
Prescription Drug Benefits	
Generic	\$10 Copay
Brand Formulary	\$30 Copay
Specialty Drug	\$30 Copay for up to 30-day supply
Mail Order	Generic Mail Order: \$20 Copay for up to a 100-day supply Brand Mail Order: \$60 Copay for up to a 100-day supply

Kaiser Traditional HMO

Disclosure Form Part One

(continued)

Home Health Services	You Pay
Home health care (up to 100 visits per Accumulation Period).....	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	50% Coinsurance
Assisted reproductive technology ("ART") Services	Not covered
Hospice care.....	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Dental HMO

Dental



Guardian HMO



When you select the Guardian HMO Dental Plan, you must select a panel dentist. Only dental services rendered by or referred by the panel dentist are covered. To locate a panel dentist, visit www.guardianlife.com.

The Guardian plan covers many dental services at 100%; many are available at low copays. The plan does not require a deductible, nor does it have a calendar year maximum benefit. The plan also covers Orthodontics for both adults and children.

To locate a panel dentist, visit
www.guardianlife.com

Group #: 458289
 Phone: 888-618-2016

Guardian Dental	
	DHMO
Waived for Preventive	N/A
Annual Max	Unlimited
Deductible	N/A
Preventative	
Office Visit	\$0 Copay for exam
Diagnostic and Preventive Services	100% / no Copay
Basic	
Fillings Amalgam	100% / no Copay
Endodontic Treatment	Various Copays Apply
Periodontic Treatment	Various Copays Apply
Oral Surgery: Extractions and Other Surgical Procedures	Various Copays Apply
Major	
Crowns, Jackets and Cast Restoration	Various Copays Apply
Prosthodontic Benefits (Fixed Bridges, Partial/Complete Dentures)	Various Copays Apply
Orthodontia Children Adults	Various Copays Apply

Guardian How to Find a Dental HMO Provider

1. Go to www.guardianlife.com
2. Click on “Connect with us”



3. Click on “Search Providers”

Search for a dentist in your area

All fields are required unless marked optional.

The form has sections for "Plan Type", "Location", "Miles", "Dentist Last Name (Optional)", and "Office Name (Optional)". The "Plan Type" section shows three options: "PPO: DentalGuard Preferred", "PPO: Local Elite", and "Managed Dental Care (DHMO/Prepaid)", with the third option selected. The "Location" field has a link to "Use my current location". The "Miles" field contains "10" with a dropdown arrow. The "Dentist Last Name (Optional)" and "Office Name (Optional)" fields are empty. A large blue search button with a magnifying glass icon is on the right.

4. Select “Managed Care (DHMO/Prepaid)” under Plan Type.

5. You can search by Zip, City or State, Dentist Last Name, or Office Name, and select a radius for the search.

6. Click on “Search” for your results.

Dental PPO HIGH

Dental



PPO Dental



PPO Dental - this plan will allow you to seek services from licensed dentists in-network or out-of-network.

Out-of-network providers bill full service fees and patients are required to pay costs in excess of insurance coverage allowances.

To locate a panel dentist, visit www.guardianlife.com

Group #: 458289
Phone: 800-541-7846

Guardian Dental PPO		
	In-Network	Out-of-Network
Deductible Waived for Preventive	Yes	Yes
Annual Max	\$1,500	
Deductible	\$0 Individual \$0 Family	\$50 Individual \$150 Family
Preventative Services		
Office Visit	Preventative \$0 Copay	Preventative \$0 Copay
<i>Cleaning (prophylaxis)</i> <i>Frequency:</i> <i>Fluoride Treatment</i> Limits: Oral Exams Periodontal Maintenance <i>Frequency:</i> Sealants (per tooth) X-rays	100% Once Every 6 months 100% Under Age 14 100% 100% Once Every 3 months 100% 100%	100% Once Every 6 months 100% Under Age 14 100% 100% Once Every 3 months 100% 100%
Basic Care		
Anesthesia Fillings Amalgam Perio Surgery Repair Maintenance of Crowns, Bridges, and Dentures Root Canal Scaling & Root Planing (per quadrant) Simple Extraction Surgical Extractions	90% 90% 90% 90% 90% 90% 90% 90%	90% 90% 90% 90% 90% 90% 90% 90%
Major		
Bridges and Dentures Dental Implants Inlays & Onlays Single Crown	60% 60% 60% 60%	60% 60% 60% 60%
Out-of-Network Reimbursement		
	90 Percentile of UCR	
Orthodontia 50% up to a \$1,000 Lifetime Maximum		
Child / Adult	50%	50%
Pre-Determinations are suggested on all PPO Dental Products. Please contact Guardian Dental at 888-600-1600 to obtain a Pre-Determination prior to beginning any dental work.		

Guardian How to Find a Dental PPO Provider

1. Go to www.guardianlife.com
2. Click on “Connect with us”



3. Click on “Search Providers”



Search for a dentist in your area

All fields are required unless marked optional.

The image shows a search form for finding dentists. It includes fields for "Plan Type" (radio buttons for PPO: DentalGuard Preferred, PPO: Local Elite, Managed Dental Care (DHMO/Prepaid)), "Location" (dropdown menu set to "Use my current location"), "Miles" (dropdown menu set to "10"), "Dentist Last Name (Optional)" (input field), "Office Name (Optional)" (input field), and a search icon (magnifying glass). A green arrow points from the "PPO: DentalGuard Preferred" radio button to step 4. Another green arrow points from the "10" miles dropdown to step 5. A third green arrow points from the search icon to step 6.

4. Select “PPO” under Plan Type.

5. You can search by Zip, City or State, Dentist Last Name, or Office Name, and select a radius for the search.

6. Click on “Search” for your results.

Dental PPO LOW

Dental



PPO Dental



PPO Dental - this plan will allow you to seek services from licensed dentists in-network or out-of-network.

Out-of-network providers bill full service fees and patients are required to pay costs in excess of insurance coverage allowances.

To locate a panel dentist, visit www.guardianlife.com

Group #: 458289
Phone: 800-541-7846

Guardian Dental PPO		
	In-Network	Out-of-Network
Deductible Waived for Preventive	Yes	Yes
Annual Max		\$1,000
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventative Services		
Office Visit	Preventative \$0 Copay	Preventative \$0 Copay
<i>Cleaning (prophylaxis)</i> <i>Frequency:</i> <i>Fluoride Treatment</i> Limits: Oral Exams Periodontal Maintenance <i>Frequency:</i> Sealants (per tooth) X-rays	100% Once Every 6 months 100% Under Age 14 100% 100% Once Every 3 months 100% 100%	100% Once Every 6 months 100% Under Age 14 100% 100% Once Every 3 months 100% 100%
Basic Care		
Anesthesia Fillings Amalgam Perio Surgery Repair Maintenance of Crowns, Bridges, and Dentures Root Canal Scaling & Root Planing (per quadrant) Simple Extraction Surgical Extractions	80% 80% 80% 80% 80% 80% 80% 80%	80% 80% 80% 80% 80% 80% 80% 80%
Major		
Bridges and Dentures Dental Implants Inlays & Onlays Single Crown	50% 50% 50% 50%	50% 50% 50% 50%
Out-of-Network Reimbursement		
	Fee Schedule	
Orthodontia 50% up to a \$1,000 Lifetime		
Child / Adult	50%	50%
Pre-Determinations are suggested on all PPO Dental Products. Please contact Guardian Dental at 888-600-1600 to obtain a Pre-Determination prior to beginning any dental work.		

Dental Plans

Option 1: Managed Dental Care plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: HIGH plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Option 3: LOW plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

HMO Dental PLAN

HIGH PPO PLAN

LOW PPO PLAN

Your Dental Plan

Option 1: Managed Dental Care

Option 2: HIGH

Option 3: LOW

Network	Managed Dental Care	PPO		PPO	
		Tier 1	Standard Coverage	Tier 1	Standard Coverage
Network	Managed Dental Care	DentalGuard Preferred		DentalGuard Preferred	
Plan year deductible	No deductible	In-Network \$0	Out-of-Network \$50 3 per family	In-Network \$50	Out-of-Network \$50 3 per family
Individual		Not applicable	Preventive	Preventive	Preventive
Family limit					
Waived for					
Charges covered for you (co-insurance)	Network only	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	You pay a copay for each covered procedure. See "Plan Details", for more information.	100%	100%	100%	100%
Basic Care		90%	90%	80%	80%
Major Care		60%	60%	50%	50%
Orthodontia		50%	50%	50%	50%
Annual Maximum Benefit		\$1500		\$1000	
Lifetime Orthodontia Maximum	Not Applicable	\$1000		\$1000	
Office visit copay	\$0	None		None	
Dependent Age Limits	26	26		26	

CATEGORY	PLAN DETAILS	HMO Dental PLAN	HIGH PPO PLAN		LOW PPO PLAN	
		Option 1: Managed Dental Care	Option 2: HIGH	Option 3: LOW		
		You Pay	Plan pays (on average)		Plan pays (on average)	
		Network only	In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis) Frequency: Fluoride Treatments Limits: Oral Exams Periodontal Maintenance Frequency: Sealants (per tooth) X-rays	\$0 2 in 12 months \$0 Under Age 18 \$0 \$15 Once every 3 to 6 months (Standard) \$0 \$0	100% Once Every 6 Months 100% Under Age 14 100% 100% Once Every 3 Months 100% 100%	100% Once Every 6 Months 100% Under Age 14 100% 100% Once Every 3 Months 100% 100%	100% Once Every 6 Months 100% Under Age 14 100% 100% Once Every 3 Months 100% 100%	100% Once Every 6 Months 100% Under Age 14 100% 100% Once Every 3 Months 100% 100%
Basic Care	Anesthesia* Fillings+ Perio Surgery Repair & Maintenance of Crowns, Bridges & Dentures Root Canal Scaling & Root Planing (per quadrant) Simple Extractions Surgical Extractions	Not Covered \$0 \$155 \$0 \$70-140 \$25 \$5 \$50-80	90% 90% 90% 90% 90% 90% 90% 90%	90% 90% 90% 90% 90% 90% 90% 90%	80% 80% 80% 80% 80% 80% 80% 80%	80% 80% 80% 80% 80% 80% 80% 80%
Major Care	Bridges and Dentures Dental Implants Inlays, Onlays, Veneers** Single Crowns	\$110-130 Not Covered \$40-80 \$90	60% 60% 60% 60%	60% 60% 60% 60%	50% 50% 50% 50%	50% 50% 50% 50%
Orthodontia	Orthodontia Limits:	\$1,975-2,175 Adults & Child(ren)	50% Adults & Child(ren)	50% Adults & Child(ren)	50% Adults & Child(ren)	50% Adults & Child(ren)

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia - restrictions apply. #For PPO and or Indemnity members, Fillings-restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Guardian How to Find a Dental PPO Provider

1. Go to www.guardianlife.com
2. Click on “Connect with us”



3. Click on “Search Providers”



Search for a dentist in your area

All fields are required unless marked optional.

The form allows users to search for dentists based on various criteria. It includes fields for selecting a plan type (radio buttons for PPO: DentalGuard Preferred, PPO: Local Elite, or Managed Dental Care (DHMO/Prepaid)), specifying a location (dropdown for "Use my current location"), setting a search radius (dropdown for "10"), entering a dentist's last name (optional), entering an office name (optional), and a search button represented by a magnifying glass icon.

4. Select “PPO” under Plan Type.

5. You can search by Zip, City or State, Dentist Last Name, or Office Name, and select a radius for the search.

6. Click on “Search” for your results.

Vision

<u>Vision</u>	VSP	
	In-Network	Out-of-Network
Copay		
Examination (every 12 months)	\$10 Copay	\$45 allowance
Materials	\$25 Copay	
Benefit Frequency		
Examination	Every 12 months	
Lenses	Every 12 months	
Frames	Every 12 months	
Lenses		
Single Vision Lens	\$35 Copay / 100%	\$30 allowance
Bifocal Lens	\$35 Copay / 100%	\$50 allowance
Trifocal Lens	\$35 Copay / 100%	\$65 allowance
Lenticular Lens	\$35 Copay / 100%	\$100 allowance
Contact Lenses (in place of lenses)		
Elective	\$130 allowance	\$105 Allowance
Medically Necessary	100%	\$210 Allowance
Frames	\$270 Brand +20% \$250 allowance +20%	\$70 allowance

To locate providers, visit

www.vsp.com

Group #: 30034044
Phone: 800-877-7195



Vision - Find a Provider

1. Go to www.vsp.com

2. Select “Find a Doctor”

The screenshot shows the VSP vision care website's homepage. At the top, there is a navigation bar with links for Members, Employers, Brokers, and Health & Gov't Markets. On the right side of the header are links for Log In / Create an Account and Choose Language, along with social media icons for Facebook, Twitter, and LinkedIn.

Below the header, there are several menu options: FIND A DOCTOR (which is highlighted with a green oval), BENEFITS, OFFERS, EYEWEAR AND WELLNESS, PLAN OPTIONS, and SHOP.

The main search area is titled "Find your VSP Network Doctor". It features input fields for Zip code, Street Address (optional), City, and State. A banner on the left side of the search area reads "Find your VSP Network Doctor" and "PREMIER PROGRAM". Below the search fields, there is descriptive text about the Premier Program and a note about scheduling appointments. There are also sections for selecting location types and a "SEARCH" button.

Green arrows point from the numbered steps below to specific elements on the website:

- Step 3 points to the "Zip" input field.
- Step 4 points to the "SEARCH" button.

3. Enter your Zip Code or Street Address, City and State.

4. Select “SEARCH”



Employee Assistance Program Overview

Employee Assistance Program (EAP) consultative services

Face-to-face counseling — up to 3 visits per employee/household member per issue, per year

Telephonic counseling — unlimited, 24/7 consultations with master's- and doctoral-level counselors

Bereavement — support available through telephonic or face-to-face sessions; online resources available on EAP website

Online modules and coaching — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions

EAP website resources — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

Work/Life assistance and resources

Work/Life services — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, balancing work and life responsibilities

Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)

Employee discounts — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Medical bill negotiation tools — information and guidance on negotiating medical bills

Legal/financial assistance and resources*

Legal consultation — unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library



Financial consultation — unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

ID theft — free consultation with a trained Fraud Resolution specialist who will assist with ID theft resolution and education; ID theft educational materials available online

Will preparation — online self-service documents available on EAP website; discounted estate planning package options available includes: \$100 attorney assisted will package, \$179 couples will package, \$649 individual trust package, and \$999 couples trust package.

Tax consultation — tax questions only can be answered as part of the Financial Consultation offering

Online self-service legal documents — examples include, but are not limited to living trust, will, power of attorney, deeds

Resources for managers

Introductory employee orientation — complimentary webinars with on-site orientation available for additional hourly fees

Supervisor/employee training — complimentary webinars with on-site orientation available for additional hourly fees

Critical incidence response services — \$280 per hour, per counselor; no additional fee for travel time or travel expenses

Supervisor/manager telephone consultation — unlimited 24/7 telephonic support

Employee EAP referrals — managers or supervisors can refer an employee directly at any time

Utilization reports (to employer) — online access to self-service reporting

EAP promotional materials — flyers, posters, short video clips, and newsletters provided



worklife.uprisehealth.com

Access code: worklife

Phone: 1-800-386-7055

24 hour crisis help available. Regular office hours: Monday-Friday 9 am- 8 pm EST.



Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



ibhworklife.com



User ID
Matters



Password
wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.



Employee Engagement

With BenefitHub, It Happens Every Day.

Offer your employees an easy-to-use benefits portal with a full range of benefits and rewards.

- ✓ All in one place.
- ✓ Easy to set up.
- ✓ For companies of all sizes.



Engagement Solutions to Enhance Your Benefits Portfolio

Provide a full suite of benefits your employees will love



Financial Wellness

Thousands of amazing deals on all the brands employees love.

There's something for everyone, every day.



Discounts & Cash Back

Dozens of options to help your employees reach financial wellness.

See how much they can save with the Savings Calculator.



Voluntary Benefits

Complement your core benefits.

Auto and home insurance, student loan tools, ID protection and more.



Health & Well-Being

Wide selection of health and fitness benefits at a discount.

We offer care for pets too, including pet insurance options.



Core Benefits Integration*

Integrate your current core benefit into our platform, or keep them separate.

BenefitHub is designed to be flexible to meet your needs.



Payroll Deduction*

Simplify and automate your entire payroll deduction process with SmartPay.

Integrate once with us - we do the rest!

20+

Years in business

10,000+

Companies use BenefitHub

5 of 10

Top US employers use BenefitHub

72%

Employee engagement

\$4,900

Average annual employee savings

\$0

Cost to employers

*Please check with BenefitHub on availability for your company.

Why Dozens of America's Top 100 Employers Love BenefitHub

Easy to implement. Easy to manage. Easy to use.



All the benefits you want...
all in one place.

Discounts, financial, voluntary and more.
Whatever you want, we can help.



"Push Button Easy"
implementation.

Creating and managing your
benefits portal is a breeze.



With 72% engagement,
we're the benchmark.

If you want to engage employees
throughout the year, BenefitHub is
your solution.



It's like giving employees
a \$4,900 pay raise. Free!

No wonder 71% of users say
BenefitHub makes them feel better
towards their employer.

Join Dozens of Fortune 500 Companies

Including America's Two Biggest Employers



UNITEDHEALTH GROUP



DARDEN



AmericanAirlines



Raytheon



Hertz



"We believe that anything we can do to make our employees lives easier, it's going to help them holistically. BenefitHub is one of those benefits portal that is super easy and provides our employees a one-stop-shop for discounts and rewards."

Karen H. | Corporate Well-Being Manager, Defense Contractor



**Leverage BenefitHub to increase
your employee engagement!**

How to Enroll in Vaughn's BenefitHub

Here is the link to get started on your savings:

<https://myvaughncharter.benefithub.com/>

Employees will go in and create an account.

The image shows a screenshot of the BenefitHub website. On the left, there is a login form with fields for Email and Password, both marked as required. A 'Login >' button is below the form. To the right, there are three main features: 'Pin' represented by a green pushpin icon, 'Create' represented by a dark grey plus sign icon, and 'Love' represented by a large red heart icon. Below each feature is a brief description. At the bottom left, there is a 'Create an Account' section with fields for Email and Confirm Email, and a 'Create Account >' button.

VAUGHN NEXT CENTURY LEARNING CENTER

Email Email is Required

Password Password is Required ([Forgot?](#))

[Login >](#)

Need help logging in?

Create an Account

Email

Confirm Email

[Create Account >](#)

Pin
your favorites to personalize
your experience

Create
a custom benefits package to
fit your needs

Love
all the benefits you appreciate



START YOUR SAVINGS!



Search all Savings...



\$0.00

Focus ▾

Shop By ▾

Discounts

Local Deals

Graduation Deals

Pay Over Time

Tickets

Travel

Edit

Employee Resource Center

Vaughn Next Century Learning Center Perks!

We're happy you're here! We hope you are able to utilize this site and the discounts available to enjoy new experiences in the places where we live and play!



TrueCar
Member
AutoBuying | NEW CARS

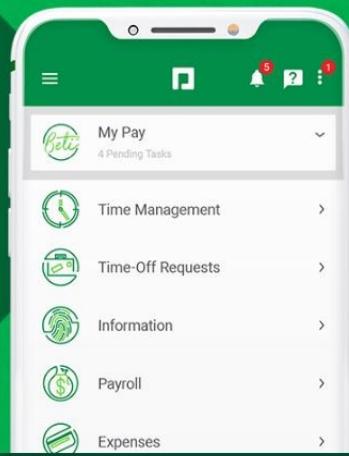


guaranteedRate



Client >
Employee >
Accountant >

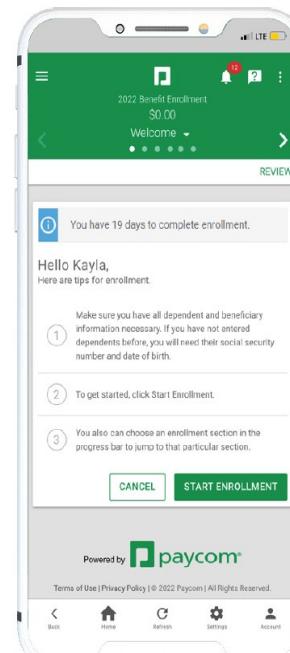
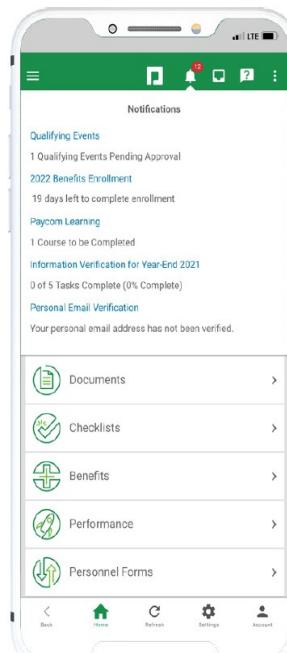
The future of HR tech is employee-driven



Show Me How to Enroll in Benefits

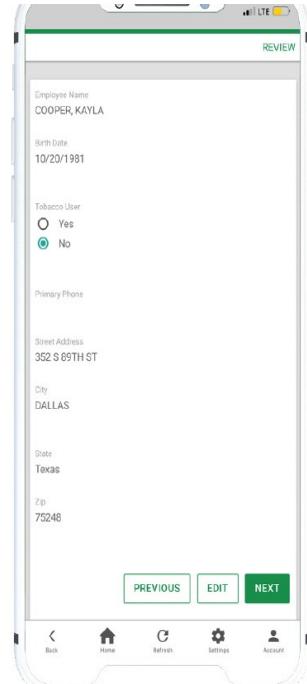
STEP 1

From the Notifications Center, tap the current year's Benefits Enrollment. Review the instructions and tap "Start Enrollment."



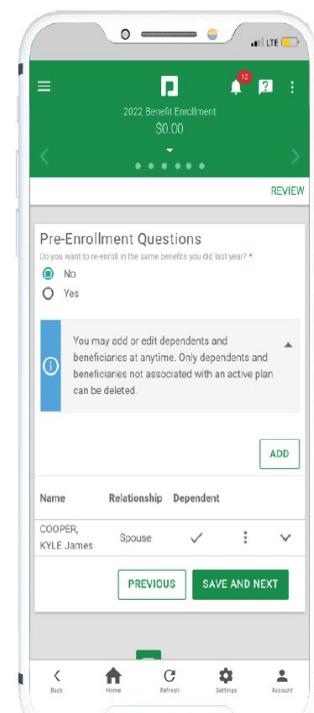
STEP 2

Review your information. Tap "Edit" to change anything or "Next" to continue.



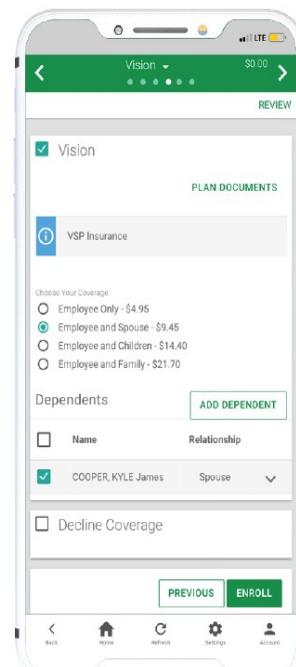
STEP 3

Complete the Pre-Enrollment Questions and tap "Save and Next." You can also edit existing dependent and beneficiary information on this screen, as well as add a dependent or beneficiary.



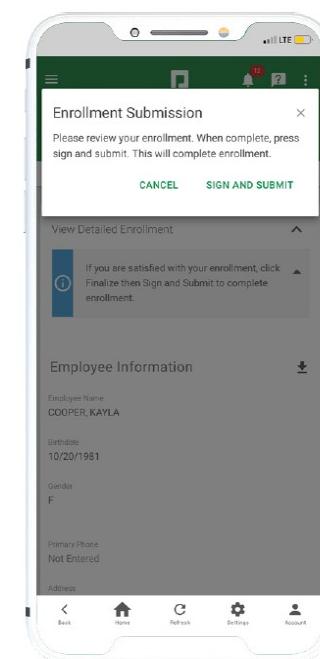
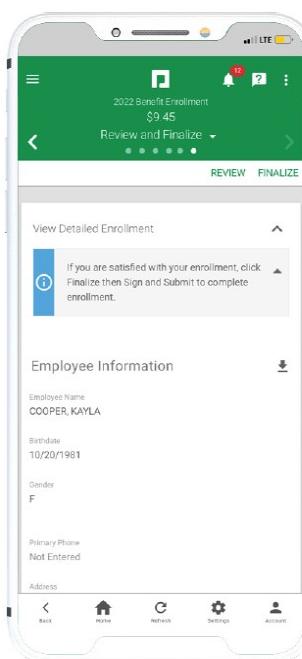
STEP 4

Choose to enroll in or decline a plan by checking the appropriate option. If necessary, choose which dependents to add. When finished, tap "Enroll." Continue for each benefit plan.



STEP 5

When finished, review your enrollment and tap "Finalize." Then, tap "Sign and Submit" in the pop-up window. To view your current benefits at anytime, navigate to Benefits > Current Benefits.



**All enrollments must be done thru Paycom Benefits Administration
Dates: May 25th through June 10th**

**Questions contact:
Joyce Law Young**

Guardian Life and AD&D — Basic

VAUGHN NEXT CENTURY LEARNING CENTER automatically provides Basic Life and AD&D insurance for all eligible associates in an amount of \$50,000. The coverage for employees under the Life and AD&D is effective first of the month following date of hire.

Employee with 12 Month Pay Period (24 checks) Effective July 1, 2022

Medical Employee Per Pay Period (24 checks) Deduction

	Employee	Employee + 1 Dependent	Employee + 2 or more Dependents
Kaiser HMO HRA	\$11	\$53	\$88
Kaiser Traditional HMO	\$25	\$93	\$148
Waive Coverage	\$75/pay period if medical coverage is waived	\$0	\$0

Dental Employee Per Pay Period (24 checks) Deduction

	Employee	Employee + 1 Dependent	Employee + 2 or more Dependents
Guardian Dental HMO	\$1.59	\$2.91	\$4.35
Guardian Dental PPO High	\$6.80	\$12.74	\$21.98
Guardian Dental PPO Low	\$4.40	\$8.27	\$14.23

Vision Employee Per Pay Period (24 checks) Deduction

	Employee	Employee + 1 Dependent	Employee + 2 or more Dependents
VSP Vision	\$0.50	\$0.50	\$1.50

Employee with 10 Month Pay Period (20 checks) Effective July 1, 2022

Medical Employee Per Pay Period (20 checks) Deduction

	Employee	Employee + 1 Dependent	Employee + 2 or more Dependents
Kaiser HMO HRA	\$13.20	\$63.60	\$105.60
Kaiser Traditional HMO	\$30	\$111.60	\$177.60
Waive Coverage	\$90/pay period if medical coverage is waived	\$0	\$0

Dental Employee Per Pay Period (20 checks) Deduction

	Employee	Employee + 1 Dependent	Employee + 2 or more Dependents
Guardian Dental HMO	\$1.91	\$3.49	\$5.22
Guardian Dental PPO High	\$8.16	\$15.29	\$26.38
Guardian Dental PPO Low	\$5.28	\$9.92	\$17.08

Vision Employee Per Pay Period (20 checks) Deduction

	Employee	Employee + 1 Dependent	Employee + 2 or more Dependents
VSP Vision	\$0.60	\$0.60	\$1.80

Contacts

Coverage	Carrier	Website / Group Numbers
Medical	Kaiser HRA, HMO  KAISER PERMANENTE® 800-464-4000	www.kp.org Group #: 230751
Health Debit Card Services	Redwood Health Services Health Debit Card Services  Redwood Health Services 800-548-7677, option 2	https://rhs.org
Dental	Guardian DHMO, PPO Low, PPO High  DHMO: 888-618-2016 Dental PPO: 800-541-7846	www.guardianlife.com Group #: 458287
Vision	VSP  800-877-7195	www.vsp.com Group #: 30034044
Basic Life & AD&D	Guardian Basic Life & AD&D  800-525-4542	www.guardianlife.com Group #: 552407
Employee Assistance Program	Guardian - Work Life Matters  800-386-7055	lbhworklife.com User Name: Matters Password: wlm70101
Broker	 855-343-8883	Email: helpline@orionrisk.com

Contacts



Dear Employee,

Orion Helpline is an extension of the Human Resources Department providing assistance regarding your employer-sponsored benefit plans.

The Benefits Helpline is offered by ORION and is available to help you with any Questions, Issues or Concerns.

Orion Helpline - Phone: 855-343-8883 / Email: helpline@orionrisk.com

Below you will find the Benefit Service Card for Vaughn Next Century Learning Center. You are able to refer to this card for all of your vendor service providers.

Benefit Service Card

	Carrier	Plan Type	Phone #	Group #
Medical Insurance	Kaiser www.kp.org	HRA, HMO	800-464-4000	230751
HRA Debit Card Services	Redwood Health Services https://rhs.org	HRA Debit Card Services	800-548-7677 Option 2	
Dental Insurance	Guardian www.guardianlife.com	DHMO, PPO Low, PPO High	DHMO: 888-618-2016 PPO: 800-541-7846	458287
Vision Insurance	VSP www.VSP.com	Vision	800-877-7195	30034044
Basic Life & AD&D	Guardian www.guardianlife.com	Basic Life & AD&D	800-525-4542	552407
Employee Assistance Program	Guardian - Work Life Matters ibhworklife.com	Employee Assistance Program	800-386-7055	User Name: Matters Password: wlm70101



This brochure presents an overview of VAUGHN NEXT CENTURY LEARNING CENTER's benefits program and is not intended to be all-inclusive, nor is it to be used as a summary plan description. In the event of any conflict between this brochure and specific plan documents, provisions of the plan documents will govern. VAUGHN NEXT CENTURY LEARNING CENTER reserves the right to change or modify its benefit programs as appropriate without advance notification.

*VAUGHN NEXT CENTURY LEARNING CENTER Evidence of Coverage document is available upon request.



All enrollments must be done thru Paycom Benefits Administration

Joyce Law Young
818-896-7461 ext 7905

Luis Carbajo
818-896-7461 ext. 7908



Benefits Questions / Open Enrollment Questions / Claim Issues

Orion Helpline (855) 343-8883

helpline@orionrisk.com

Complimentary Brochure provided by:



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NOTES

NOTES



OPEN ENROLLMENT 2022/2023