

VAUGHN
NEXT CENTURY LEARNING CENTER



SCHOOL FOR INTERNATIONAL STUDIES & TECHNOLOGY

Employee Benefits

OPEN ENROLLMENT 2022/2023



GUÍA DE BENEFICIOS 2022

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Todas las elecciones deben realizarse en la Administración de Beneficios de Paycom

Bienvenido a Vaughn

Quien es elegible

Los empleados regulares de tiempo completo, que han cumplido con su período de espera y normalmente trabajan un mínimo de 30 horas por semana, son elegibles para beneficios de salud y bienestar grupales. Los dependientes elegibles incluyen a su cónyuge legal/pareja de hecho, sus hijos naturales: hijos de la pareja de hecho, hijastros e hijos adoptados legalmente, hasta los 26 años.

¿Cuándo puedes inscribirte?

Los empleados son elegibles para inscribirse en los beneficios de Salud y Bienestar el primer día del mes siguiente a los 60 días de servicio. Los empleados son elegibles para los beneficios de Vida y AD&D a partir del 1.º del mes siguiente a los 30 días de servicios según las regulaciones de California. Los empleados también pueden inscribirse y/o hacer cambios a sus beneficios o a sus dependientes que están cubiertos dentro de los 31 días de su fecha de entrada en vigencia original, o durante la Inscripción Abierta. Una vez que se cierre la ventana de inscripción inicial o la Inscripción abierta, solo podrá realizar cambios si experimenta uno de los siguientes eventos:



- Matrimonio, cumplimiento del requisito de pareja de hecho, divorcio o separación legal
- Muerte de su cónyuge/pareja doméstica
- Nacimiento y/o Adopción
- Pérdida de empleo por parte de su cónyuge/pareja doméstica/hijo o su obtención de un nuevo empleo, cuando resulte en una pérdida o ganancia de cobertura
- Un cambio en el estado laboral de tiempo completo a tiempo parcial (o viceversa) por parte de usted o su cónyuge/pareja doméstica, cuando resulte en una ganancia o pérdida de beneficios

Su cambio solicitado debe ser consistente con el evento que ha ocurrido, **y solo si solicita el cambio dentro de los 31 días del evento:**

Todas las elecciones deben realizarse en la Administración de Beneficios de Paycom

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 (Administrated through Guardian)	Group #: 30034044	In-Network Out-of-Network
Exam/Materials		\$10 / \$25 \$45 allowance
 Frequency		Exam every 12 months Lenses every 12 months Frames every 12 months
 Frames		\$270 Brand + 20% \$250 allowance+ 220% / \$70 allowance
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



Opciones de Planes

Kaiser
(California Solamente)



Kaiser ofrece un plan de cuenta de reembolso de salud HMO en California.

El plan HMO HRA de Kaiser requiere que todos los servicios se brinden en un centro de Kaiser. Si busca atención médica fuera de la red de Kaiser, los servicios no estarán cubiertos.

Si elige el plan HMO de Kaiser, las instalaciones se pueden encontrar en línea en www.kp.org.

Para obtener más información sobre Kaiser Permanente, llame a Servicios para Miembros de Kaiser de 7am a 7pm y los fines de semana de 7am a 3pm:

Inglés: 1-(800)-464-4000

Español: 1-(800)-788-0616

Cuando eres un miembro registrado en www.kp.org, puede usar esta función en línea para ayudar a administrar su atención:

- Envíe un correo electrónico a su médico
- Ordenar recargas de recetas
- Programar o cancelar citas de rutina
- Ver la mayoría de los resultados de las pruebas de laboratorio

Grupo #: 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
<u>Preventive Services</u> Office Visit	\$0
Emergency Room	20% After Deductible
Ambulance Services	\$150 (per trip) After Deductible
Prescription Drug Benefits <u>Rx benefit NOT subject to deductible</u>	
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

230751 VAUGHN NEXT CENTURY LEARN CENTER

Home Region: Southern California

7/1/22 through 6/30/23

Principal benefits for Kaiser Permanente Deductible HMO Plan with HRA

Accumulation Period

The Accumulation Period for this plan is 7/1/22 through 6/30/23 (contract year).

Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$5,000	\$5,000	\$10,000
Plan Deductible	\$2,500	\$2,500	\$5,000
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits	\$20 per visit after Plan Deductible
Most Physician Specialist Visits	\$20 per visit after Plan Deductible
Routine physical maintenance exams, including well-woman exams	No charge (Plan Deductible doesn't apply)
Well-child preventive exams (through age 23 months)	No charge (Plan Deductible doesn't apply)
Family planning counseling and consultations	No charge (Plan Deductible doesn't apply)
Scheduled prenatal care exams	No charge (Plan Deductible doesn't apply)
Routine eye exams with a Plan Optometrist	No charge (Plan Deductible doesn't apply)
Urgent care consultations, evaluations, and treatment	\$20 per visit after Plan Deductible
Most physical, occupational, and speech therapy	\$20 per visit after Plan Deductible

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures	20% Coinsurance after Plan Deductible
Allergy antigens (including administration)	No charge after Plan Deductible
Most immunizations (including the vaccine)	No charge (Plan Deductible doesn't apply)
Most X-rays and laboratory tests	\$10 per encounter after Plan Deductible
Preventive X-rays, screenings, and laboratory tests as described in the EOC	No charge (Plan Deductible doesn't apply)
MRI, most CT, and PET scans	20% Coinsurance up to a maximum of \$150 per procedure after Plan Deductible

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	20% Coinsurance after Plan Deductible
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Emergency Health Coverage

You Pay

Emergency Department visits	20% Coinsurance after Plan Deductible
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)	

Ambulance Services

You Pay

Ambulance Services	\$150 per trip after Plan Deductible
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Prescription Drug Coverage

You Pay

Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy	\$10 for up to a 30-day supply (Plan Deductible doesn't apply)
Most generic (Tier 1) refills through our mail-order service	\$20 for up to a 100-day supply (Plan Deductible doesn't apply)
Most brand-name items (Tier 2) at a Plan Pharmacy	\$30 for up to a 30-day supply (Plan Deductible doesn't apply)
Most brand-name (Tier 2) refills through our mail-order service	\$60 for up to a 100-day supply (Plan Deductible doesn't apply)
Most specialty items (Tier 4) at a Plan Pharmacy	20% Coinsurance (not to exceed \$250) for up to a 30-day supply (Plan Deductible doesn't apply)

Durable Medical Equipment (DME)

You Pay

DME items as described in the EOC	20% Coinsurance (Plan Deductible doesn't apply)
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(continues)

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)
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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 EOC	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 EOC	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

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.

Participant Portal

Welcome, please login or create an account below.

Login to your secure account

User ID:

Password:

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

3. Select the **"Create Account"** link.

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 *

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.

New User ID *

Password * Confirm Password

Security Word * (Mother's Maiden Name)

Birth City *

E-mail Address

E-mail Options ☒ Send E-mails

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



Opciones de Planes

Kaiser
(California Solamente)



Kaiser ofrece un plan de salud HMO tradicional en California.

El plan HMO de Kaiser requiere que todos los servicios se brinden en una instalación de Kaiser. Si busca atención médica fuera de la red de Kaiser, los servicios no estarán cubiertos.

Si elige el plan HMO de Kaiser, las instalaciones se pueden encontrar en línea en www.kp.org.

Para obtener más información sobre Kaiser Permanente, llame a Servicios para Miembros de Kaiser de 7am a 7pm y los fines de semana de 7am a 3pm:

Inglés: 1-(800)-464-4000

Español: 1-(800)-788-0616

Cuando eres un miembro registrado en www.kp.org, puede usar esta función en línea para ayudar a administrar su atención:

- Envíe un correo electrónico a su médico
- Ordenar recargas de recetas
- Programar o cancelar citas de rutina
- Ver la mayoría de los resultados de las pruebas de laboratorio

Grupo #: 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)
<u>Preventive Services</u> Office Visit	\$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

Disclosure Form Part One

230751 VAUGHN NEXT CENTURY LEARN CENTER
Home Region: Southern California
7/1/22 through 6/30/23

Principal benefits for Kaiser Permanente Traditional HMO Plan

Accumulation Period

The Accumulation Period for this plan is 7/1/22 through 6/30/23 (contract year).

Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	\$20 per visit
Most Physician Specialist Visits.....	\$20 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months).....	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist.....	No charge
Urgent care consultations, evaluations, and treatment	\$20 per visit
Most physical, occupational, and speech therapy	\$20 per visit

Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures	\$100 per procedure
Allergy antigens (including administration)	\$5 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests.....	\$10 per encounter
Preventive X-rays, screenings, and laboratory tests as described in the EOC	No charge
MRI, most CT, and PET scans	\$50 per procedure

Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$250 per admission

Emergency Health Coverage

	You Pay
Emergency Department visits.....	\$50 per visit
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)	

Ambulance Services

	You Pay
Ambulance Services.....	\$50 per trip

Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy	\$10 for up to a 30-day supply
Most generic (Tier 1) refills through our mail-order service.....	\$20 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy.....	\$30 for up to a 30-day supply
Most brand-name (Tier 2) refills through our mail-order service	\$60 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy	\$30 for up to a 30-day supply

Durable Medical Equipment (DME)

	You Pay
DME items as described in the EOC	20% Coinsurance

Mental Health Services

	You Pay
Inpatient psychiatric hospitalization	\$250 per admission
Individual outpatient mental health evaluation and treatment	\$20 per visit
Group outpatient mental health treatment.....	\$10 per visit

Substance Use Disorder Treatment

	You Pay
Inpatient detoxification.....	\$250 per admission
Individual outpatient substance use disorder evaluation and treatment.....	\$20 per visit
Group outpatient substance use disorder treatment	\$5 per visit

(continues)

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 *EOC*..... No charge

Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the *EOC* 50% Coinsurance

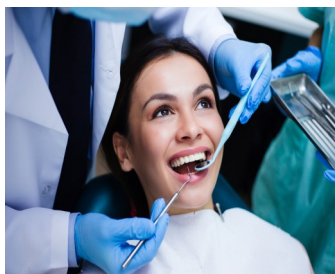
Assisted reproductive technology ("ART") Services Not covered

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



Cuando selecciona el plan dental Guardian HMO, debe seleccionar un dentista del panel. Solo están cubiertos los servicios dentales prestados o referidos por el dentista del panel. Para ubicar un dentista del panel, visite www.guardianlife.com.

El plan Guardian cubre muchos servicios dentales al 100%; muchos están disponibles con copagos bajos. El plan no requiere un deducible, ni tiene un beneficio máximo por año calendario. El plan también cubre Ortodoncia para adultos y niños.

Para ubicar un dentista del panel, visite www.guardianlife.com

Grupo #: 458289
Teléfono: 888-618-2016

Guardian Dental	
	DHMO
Waived for Preventive	N/A
Annual Max	Unlimited
Deductible	N/A
Preventative	
Office Visit	\$0 Copay for exam
<i>Diagnostic and Preventive Services</i>	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
Prosthetic Benefits (Fixed Bridges, Partial/Complete Dentures)	Various Copays Apply
Orthodontia Children Adults	Various Copays Apply

Managed DentalGuard

7

Plan Schedule – 75G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
	Appointments & Diagnostic Services			Crown, Bridge & Other Cast Restorations	
0101*	Office visit - during regular hours - participating general dentist only	NO CHARGE	2510	Inlay - metallic - one surface**	\$60.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$75.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$75.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$80.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$80.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$100.00
	Radiographs		2750 - 2752	Crown - porcelain fused to metal**	\$95.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$90.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$95.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$90.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$95.00
	Preventive & Space Maintenance		6750 - 6752	Crown - abutment - porcelain fused to metal**	\$95.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$90.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE		Other Restorative Services	
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$10.00
1351	Sealant - per tooth	NO CHARGE	2932	Prefabricated resin crown	\$20.00
1510	Space maintainer - fixed - unilateral	NO CHARGE	2940	Sedative filling	NO CHARGE
1515	Space maintainer - fixed - bilateral	NO CHARGE	2950/6973	Core buildup, including any pins	\$20.00
1550	Recementation of space maintainer	NO CHARGE	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
	Restorative		2952/6970	Cast post & core	\$30.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$25.00
2120	Amalgam - two surfaces - primary	NO CHARGE	2960	Labial veneer (laminare) – chairside	\$40.00
2130	Amalgam - three surfaces - primary	NO CHARGE		Endodontics	
2131	Amalgam - four or more surfaces - primary	NO CHARGE	3110/3120	Pulp cap	NO CHARGE
2140	Amalgam - one surface - permanent	NO CHARGE	3220	Therapeutic pulpotomy	\$10.00
2150	Amalgam - two surfaces - permanent	NO CHARGE	3310	Root canal – anterior	\$70.00
2160	Amalgam - three surfaces - permanent	NO CHARGE	3320	Root canal – bicuspid	\$80.00
2161	Amalgam - four or more surfaces - permanent	NO CHARGE	3330	Root canal – molar	\$140.00
2210	Silicate cement - per restoration	NO CHARGE	3346	Root canal - retreatment – anterior	\$80.00
2330	Resin/composite - one surface, anterior	NO CHARGE	3347	Root canal - retreatment – bicuspid	\$95.00
2331	Resin/composite - two surfaces, anterior	NO CHARGE	3348	Root canal - retreatment - molar	\$150.00
2332	Resin/composite - three surfaces, anterior	NO CHARGE	3410	Apicoectomy/periradicular surgery - anterior	\$90.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	NO CHARGE	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$95.00
2336	Composite resin crown, anterior - primary	NO CHARGE	3425	Apicoectomy/periradicular surgery – molar - first root	\$100.00
2380	Resin/composite - one surface, posterior - primary	NO CHARGE	3426	Apicoectomy/periradicular surgery – each additional root	\$40.00
2381	Resin/composite - two surfaces, posterior - primary	NO CHARGE	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	NO CHARGE		Periodontics	
2385	Resin/composite - one surface, posterior - permanent	NO CHARGE	4210	Gingivectomy or gingivoplasty - per quadrant	\$60.00
2386	Resin/composite - two surfaces, posterior - permanent	NO CHARGE	4211	Gingivectomy or gingivoplasty - per tooth	\$20.00
2387	Resin/composite - three or more surfaces, posterior – permanent	NO CHARGE	4240	Gingival flap procedure - including root planing - per quadrant	\$105.00
			4249	Clinical crown lengthening - hard tissue	\$85.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$155.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$95.00

Managed DentalGuard
Plan Schedule – 75G



MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
	Periodontics (cont.)			Oral Surgery (cont.)	
4270	Pedicle soft tissue graft procedure	\$100.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$45.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$110.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$60.00
4341	Periodontal scaling & root planing – per quadrant	\$25.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$110.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00	7470	Removal of exostosis - maxilla or mandible	\$85.00
4910	Periodontal maintenance procedures (following active therapy)	\$15.00	7510	Incision & drainage of intraoral abscess	\$25.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$60.00
9951	Occlusal adjustment - limited - per visit	NO CHARGE		Orthodontic Treatment (covers 24 months active treatment)	
	Prosthodontics (Removable)		8601	Orthodontic evaluation and consultation	\$100.00
5110/5120	Complete denture (including routine post delivery care)	\$110.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
5130/5140	Immediate denture (including routine post delivery care)	\$110.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$1975.00
	Partial dentures (including routine post delivery care):		8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2175.00
5211/5212	Resin base - including clasps, rests, teeth	\$90.00	8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$130.00	8680	Orthodontic retention	\$300.00
	Repairs & adjustments:			Miscellaneous Services	
5410/11/21/22	Denture adjustments	\$5.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE
5510/5610	Repair denture base	NO CHARGE	9215	Local anesthesia	NO CHARGE
5520/5640	Replace missing or broken teeth – per tooth	NO CHARGE			
5630	Repair or replace clasp	NO CHARGE			
5650	Add tooth to existing partial	NO CHARGE			
5660	Add clasp to existing partial	NO CHARGE			
5710/11/20/21	Rebase denture	NO CHARGE			
5730/31/40/41	Reline denture (chairside)	NO CHARGE			
5750/51/60/61	Reline denture (laboratory)	NO CHARGE			
5820/5821	Interim partial denture (stayplate)	\$45.00			
5850/5851	Tissue conditioning	NO CHARGE			
	Oral Surgery				
7110/7120	Extraction - single tooth	\$5.00			
7130	Root removal - exposed roots	\$15.00			
7210	Surgical removal of erupted tooth	\$35.00			
7220	Removal of impacted tooth - soft tissue	\$50.00			
7230	Removal of impacted tooth - partially bony	\$70.00			
7240	Removal of impacted tooth - completely bony	\$80.00			
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$85.00			
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00			
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$60.00			
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$90.00			
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$60.00			
7285	Biopsy of oral tissue - hard	\$45.00			
7286	Biopsy of oral tissue - soft	\$40.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$35.00			

- ++ Covered Services are subject to exclusions, limitations and Plan provisions.
Other codes may be used to describe Covered Services.
- *** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.
- Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of California.

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”

Contact us
[Find a provider](#)
Forms & Claims
FAQs

Search for a dentist in your area

All fields are required unless marked optional.

Plan Type ?

- ☐ PPO: DentalGuard Preferred
- ☐ PPO: Local Elite
- ☒ Managed Dental Care
(DHMO/Prepaid)

Location [Use my current location](#)

Miles

Dentist Last Name (Optional)

Office Name (Optional)



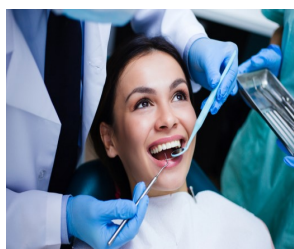
4. Select “Managed Care (DHMO/Prepaid)” under Plan Type.

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: este plan le permitirá buscar servicios de dentistas autorizados dentro de la red o fuera de la red.

Los proveedores fuera de la red facturan las tarifas de servicio completo y los pacientes deben pagar los costos que excedan las asignaciones de cobertura del seguro.

Para ubicar un dentista del panel, visite www.guardianlife.com

Grupo #: 458289
Teléfono: 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
Cleaning (prophylaxis)	100%	100%
Frequency:	Once Every 6 months	Once Every 6 months
Fluoride Treatment	100%	100%
Limits:	Under Age 14	Under Age 14
Oral Exams	100%	100%
Periodontal Maintenance	100%	100%
Frequency:	Once Every 3 months	Once Every 3 months
Sealants (per tooth)	100%	100%
X-rays	100%	100%
Basic Care		
Anesthesia	90%	90%
Fillings Amalgam	90%	90%
Perio Surgery	90%	90%
Repair Maintenance of	90%	90%
Crowns, Bridges, and	90%	90%
Dentures		
Root Canal	90%	90%
Scaling & Root Planing	90%	90%
(per quadrant)		
Simple Extraction	90%	90%
Surgical Extractions	90%	90%
Major		
Bridges and Dentures	60%	60%
Dental Implants	60%	60%
Inlays & Onlays	60%	60%
Single Crown	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.		

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Contact us
[Find a provider](#)
Forms & Claims
FAQs

Search for a dentist in your area

All fields are required unless marked optional.

Plan Type

- ☒ PPO: DentalGuard Preferred
- ☐ PPO: Local Elite
- ☐ Managed Dental Care (DHMO/Prepaid)

Location [Use my current location](#)

Miles

Dentist Last Name (Optional)

Office Name (Optional)

10



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: este plan le permitirá buscar servicios de dentistas autorizados dentro de la red o fuera de la red.

Los proveedores fuera de la red cobran tarifas de servicio completo y los pacientes deben pagar los costos que excedan las asignaciones de cobertura del seguro.

Para ubicar un dentista del panel, visite www.guardianlife.com

Grupo #: 458289
Teléfono: 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
Cleaning (prophylaxis)	100%	100%
Frequency:	Once Every 6 months	Once Every 6 months
Fluoride Treatment	100%	100%
Limits:	Under Age 14	Under Age 14
Oral Exams	100%	100%
Periodontal Maintenance	100%	100%
Frequency:	Once Every 3 months	Once Every 3 months
Sealants (per tooth)	100%	100%
X-rays	100%	100%
Basic Care		
Anesthesia	80%	80%
Fillings Amalgam	80%	80%
Perio Surgery	80%	80%
Repair Maintenance of Crowns, Bridges, and Dentures	80%	80%
Root Canal	80%	80%
Scaling & Root Planing (per quadrant)	80%	80%
Simple Extraction	80%	80%
Surgical Extractions	80%	80%
Major		
Bridges and Dentures	50%	50%
Dental Implants	50%	50%
Inlays & Onlays	50%	50%
Single Crown	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		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$0	\$50	\$50	\$50
Family limit			3 per family		3 per family
Waived for		Not applicable	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
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)	\$0	100%	100%	100%	100%
	Frequency:	2 in 12 months	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	\$0	100%	100%	100%	100%
	Limits:	Under Age 18	Under Age 14		Under Age 14	
	Oral Exams	\$0	100%	100%	100%	100%
	Periodontal Maintenance	\$15	100%	100%	100%	100%
	Frequency:	Once every 3 to 6 months (Standard)	Once Every 3 Months		Once Every 3 Months	
Basic Care	Sealants (per tooth)	\$0	100%	100%	100%	100%
	X-rays	\$0	100%	100%	100%	100%
	Anesthesia*	Not Covered	90%	90%	80%	80%
	Fillings†	\$0	90%	90%	80%	80%
	Perio Surgery	\$155	90%	90%	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0	90%	90%	80%	80%
	Root Canal	\$70-140	90%	90%	80%	80%
	Scaling & Root Planing (per quadrant)	\$25	90%	90%	80%	80%
	Simple Extractions	\$5	90%	90%	80%	80%
	Surgical Extractions	\$50-80	90%	90%	80%	80%
Major Care	Bridges and Dentures	\$110-130	60%	60%	50%	50%
	Dental Implants	Not Covered	60%	60%	50%	50%
	Inlays, Onlays, Veneers**	\$40-80	60%	60%	50%	50%
	Single Crowns	\$90	60%	60%	50%	50%
Orthodontia	Orthodontia	\$1,975-2,175	50%	50%	50%	50%
	Limits:	Adults & Child(ren)	Adults & Child(ren)		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

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FAQs

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All fields are required unless marked optional.

Plan Type

- ☒ PPO: DentalGuard Preferred
- ☐ PPO: Local Elite
- ☐ Managed Dental Care (DHMO/Prepaid)

Location [Use my current location](#)

Miles

Dentist Last Name (Optional)

Office Name (Optional)

10



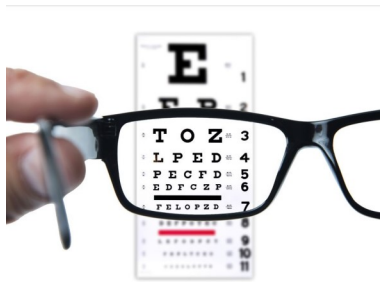
4. Select “PPO” under Plan Type.

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

Vision



VSP - Red de Elección



VSP Vision le ofrece una de las redes de cuidado de la vista más grandes de la industria, con una amplia selección de oftalmólogos, optometristas y ópticos experimentados.

Los servicios fuera de la red están disponibles. Simplemente obtiene una asignación para los servicios y paga el resto (no se aplicarán los beneficios y descuentos dentro de la red). Simplemente pague en su totalidad en el momento del servicio y luego presente un reclamo de reembolso.

Para localizar proveedores, visite
www.vsp.com

Grupo #: 30034044
Teléfono: 800-877-7195



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

Vision - Find a Provider

1. Go to www.vsp.com
2. Select "Find a Doctor"

vsp vision care Members Employers Brokers Health & Gov't Markets Log In / Create an Account Choose Language

FIND A DOCTOR BENEFITS OFFERS EYEWEAR AND WELLNESS PLAN OPTIONS SHOP

LOCATION OFFICE DOCTOR **1 ADVANCED SEARCH +**

Zip OR Street Address (optional) City State

vsp PREMIER PROGRAM

Find your VSP Network Doctor

The Premier Program may sound like something that will cost money above and beyond what your plan calls for, but good news: it doesn't! ALL VSP members have access to the Premier Program - which is part of our incredible network of highly knowledgeable doctors. VSP network doctors who participate in the Premier Program provide the personalized attention you want and the ease you need. They also carry the latest technology available and provide bonus offers that are exclusive to Premier Program locations.* Simply put, members get the most from their benefits when they visit a Premier Program location.

Ready to schedule your appointment? Type in your zip code, and look for the orange banner that's the most convenient for you!

All members have access to Premier Program locations, but curious about what your specific plan benefits are? Log in or create your account today.

Select Location (optional): ☐ All Premier Program Locations

Select Location Type (check all that apply): ☐ Premier Private Practice ☐ Premier Retail Chain Location

SEARCH

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

Guardian Employee Assistance Program

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.



Visit

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!

**Please check with BenefitHub on availability for your company.*

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



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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



"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!

Cómo inscribirse en BenefitHub de Vaughn

Aquí está el enlace para comenzar con sus ahorros:

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

VAUGHN NEXT CENTURY
LEARNING CENTER

Email Email is Required

Password (Forgot) Password is Required

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



¡EMPIEZA TU AHORRO!



VAUGHN NEXT CENTURY LEARNING CENTER

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

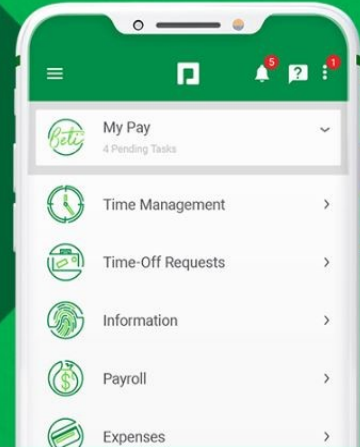
**NEW
CARS**



guaranteedRate



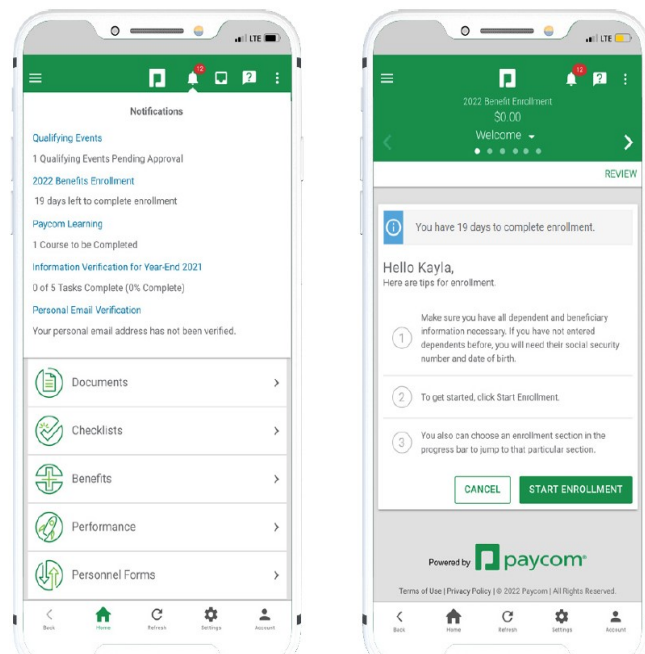
The future of HR tech is employee-driven



Show Me How to Enroll in Benefits

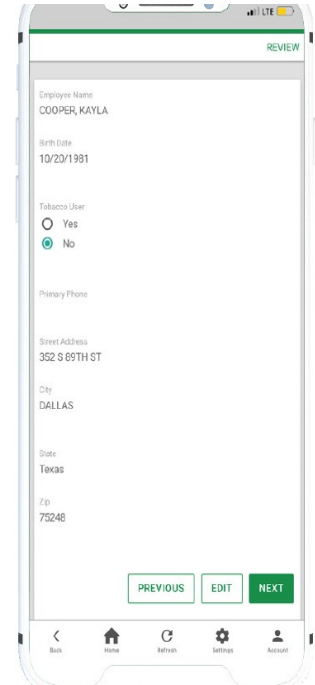
STEP 1

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.



REVIEW

Employee Name
COOPER, KAYLA

Birth Date
10/20/1991

Tobacco User
☐ Yes
☒ No

Primary Phone

Street Address
352 S 69TH ST

City
DALLAS

State
Texas

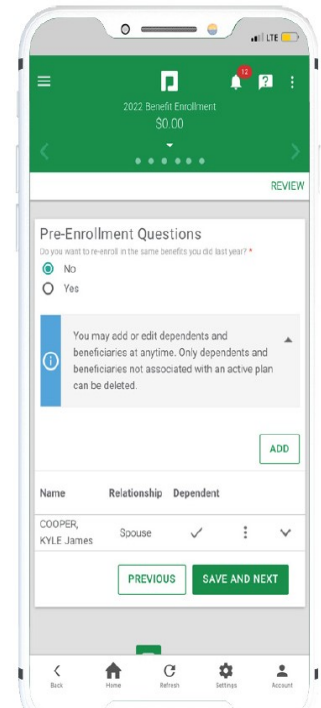
Zip
75248

PREVIOUS EDIT NEXT

Back Home Refresh Settings Account

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.*



2022 Benefit Enrollment
\$0.00

REVIEW

Pre-Enrollment Questions
Do you want to re-enroll in the same benefits you did last year? *

☒ No
☐ Yes

You may add or edit dependents and beneficiaries at anytime. Only dependents and beneficiaries not associated with an active plan can be deleted.

ADD

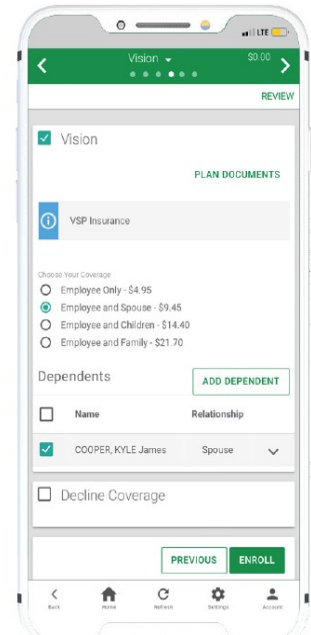
Name	Relationship	Dependent
COOPER, KYLE James	Spouse	<input checked="" type="checkbox"/>

PREVIOUS SAVE AND NEXT

Back Home Refresh Settings Account

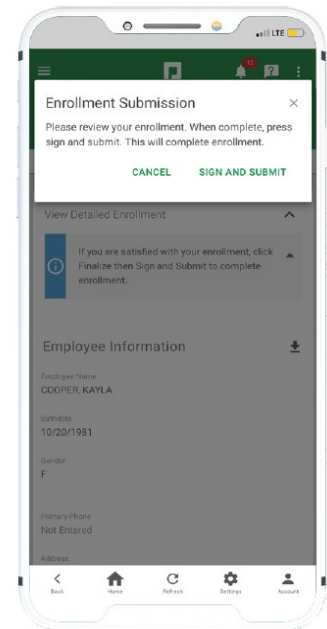
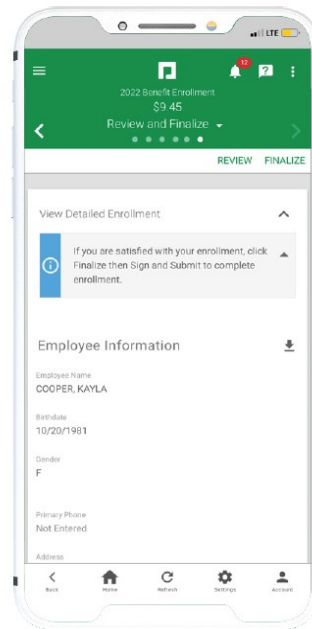
STEP 4

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.*



Todas las inscripciones deben realizarse a través de la
Administración de Beneficios de Paycom
Fechas: del 25 de mayo al 10 de junio

Preguntas:
Joyce Law Young
818-896-7461 ext # 7905

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  800-464-4000	www.kp.org Group #: 230751
Health Debit Card Services	Redwood Health Services Health Debit Card 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



Estimado empleado,

La línea de ayuda de Orion es una extensión del Departamento de Recursos Humanos que brinda asistencia con respecto a los planes de beneficios patrocinados por su empleador.

ORION ofrece la Línea de ayuda sobre beneficios y está disponible para ayudarlo con cualquier pregunta, problema o inquietud.

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

A continuación, encontrará la tarjeta de servicio de beneficios para Vaughn Next Century Learning Center. Puede consultar esta tarjeta para todos sus proveedores de servicios de proveedores.

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.*



Todas las inscripciones deben realizarse a través de la Administración de Beneficios de Paycom

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:



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.

NOTES

NOTES



VAUGHN

NEXT CENTURY LEARNING CENTER



OPEN ENROLLMENT 2022/2023