

# Hacienda La Puente USD 2025 Informational Meetings



# Agenda

2025-2026 Open Enrollment

Health Plan Glossary

Medical Plan Types

Medical Plan Offerings

Other Benefit Offerings

CompleteCare

Delta Dental

# OPEN ENROLLMENT

# 2025-2026 Open Enrollment

- **Open Enrollment:** May 1, 2025, through May 30, 2025
- **Health Fair:** Thursday, May 1 at District Office from 12:00 to 5:30pm.  
**Kaiser Mobile Health Vehicle will be present.**
- All changes will take effect as of **July 1, 2025**
- During Open Enrollment you can:
  - Add/ Change Benefit Elections
  - Add/ Remove Dependents
  - Waive Coverage
  - Update beneficiaries

# HEALTH PLAN GLOSSARY

# Health Plan Glossary - Terms

## Copay

A fixed amount of money you pay out-of-pocket for a specific medical service or prescription.



## Coinsurance

The percentage of costs you pay for a covered healthcare service after you've met your deductible, with your insurance covering the remaining percentage.

## Deductible

The amount you pay out-of-pocket for healthcare services before your insurance starts to cover costs. This re-sets each calendar year



## Out-of-pocket Maximum

The most you have to pay for covered healthcare services in a calendar year, after which your insurance covers 100% of the costs. This re-sets each calendar year.

# REEP and CICC

**REEP:** Regional Employer/Employee Partnership. HLPUSD offers medical insurance through REEP.

**CICC:** Controlling Insurance Costs in California Schools. HLPUSD offers dental and vision insurance through CICC.

Both REEP and CICC are public agency insurance pools, but with different structures and plan offerings.

# MEDICAL PLAN TYPES

# Health Maintenance Organization (HMO)

- You choose a primary care physician (PCP) from a specified network of doctors.
- Your PCP manages your healthcare and refers you to network specialists when needed.
- You MUST stay within the HMO network for most services, unless it's an emergency.
- You pay set copays for most covered services, including office visits.
- **Costs:** Generally lower premiums and out-of-pocket costs compared to PPO.

## Pros

- Less paperwork (ex. provider invoices)
- No deductibles
- Predictable costs
- Emphasis on preventive care
- Coordinated healthcare among providers

## Cons

- Limited choice of providers
- Referrals required for specialist visits
- No out of network coverage unless emergency

# Deductible Health Maintenance Organization (DHMO)

- You choose a primary care physician (PCP) from a specified network of doctors.
- Your PCP manages your healthcare and refers you to network specialists when needed.
- You MUST stay within the DHMO network for most services, unless it's an emergency.
- You pay the full cost for certain covered services until you reach your set deductible. Once deductible has been satisfied, you pay either a copay or coinsurance, depending on the plan, until you reach your annual out of pocket maximum.
- **Costs:** Generally lower premiums and out-of-pocket costs compared to PPO and HMO

## Pros

- Balances lower monthly premiums with higher out-of-pocket costs
- Emphasis on preventive care
- Coordinated healthcare among providers

## Cons

- Higher out of pocket costs for certain services
- Limited choice of providers
- Referrals required for specialist visits
- No out of network coverage unless emergency

# Preferred Provider Organization (PPO)

- Choose any doctor or specialist. Note: You receive the highest level of benefit when you use an in-network provider.
- No need to select a primary care provider (PCP).
- You pay a percentage of the costs (coinsurance) after you satisfy the deductible.
- **Costs:** Higher premiums and out-of-pocket costs compared to HMOs.

## Pros

- Greater provider choice
- No referrals required
- Maximum flexibility to see specialists

## Cons

- Higher out of pocket costs
- Higher monthly premiums
- May need to file manual claims for out-of-network care

# Exclusive Provider Organization (EPO)

- No need to choose a primary care provider (PCP) or get referrals for specialists.
- You must use in-network providers, except in emergencies.
- You pay a percentage of the costs (coinsurance) after you satisfy the deductible.
- **Costs:** Generally lower premiums than PPO but higher than HMOs.

## Pros

- Greater provider choice
- No referrals required
- Flexibility to see specialists

## Cons

- Higher out of pocket costs
- No out of network coverage unless emergency

# Minimum Value Plan (MVP)

- Created because of the Affordable Care Act.
- Must cover at least 60% of average costs.
- Once you satisfy the deductible, you pay either a copay or coinsurance until you reach the annual out of pocket maximum.
- **Costs:** Rates are tiered and can offer affordability for singles and 2-party enrollees. Higher out-of-pocket costs than all other plans.

## Pros

- Lowest monthly premium
- Tiered rates

## Cons

- Significantly higher out of pocket costs for services and treatment

# Health Savings Account (HSA) Basics

**What It Is:** An HSA is a special savings account you can use to pay for medical expenses. It offers tax advantages, meaning you can save money on taxes.

**Eligibility:** To open an HSA, you must be enrolled in a High-Deductible Health Plan (HDHP). Not all health insurance plans qualify, so you need to check if your plan is HSA-compatible.

**Contributions:** You can contribute money to your HSA. The money you put in is tax-deductible, which can lower your federal taxable income.

**Using the Funds:** You can use the money in your HSA to pay for qualified medical expenses, like doctor visits, prescriptions, and even some over-the-counter medications.

**Tax Benefits:** The money you contribute to your HSA is not federally taxed, the interest or investment earnings grow federally tax-free, and withdrawals for qualified medical expenses are also federally tax-free.

**Rollover:** Unlike Flexible Spending Accounts (FSAs), the money in your HSA rolls over year to year. You don't lose it if you don't spend it within the year.

**Portability:** Your HSA is yours to keep, even if you change jobs or health plans.

# MEDICAL PLAN OFFERINGS REEP

# Comparing Health Plans

| Medical Plans                 | HMO<br>Anthem & Kaiser       | PPO<br>Anthem               | EPO<br>Anthem               | HSA Compatible Plan<br>Anthem & Kaiser                |
|-------------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------------------------------------|
| Doctors in plan's network     | Smaller selection of doctors | Larger selection of doctors | Larger selection of doctors | If HMO smaller selection, if PPO/EPO larger selection |
| Coverage outside your network | No                           | Yes                         | No                          | HMO/EPO – No<br>PPO - Yes                             |
| Primary care doctor required  | Yes                          | No                          | No                          | HMO – Yes<br>PPO/EPO - No                             |
| Specialist referrals required | Yes                          | No                          | No                          | HMO – Yes<br>PPO/EPO - No                             |

In-network on HMO means stay within your medical group.

In-network on PPO/EPO means seeing contracted providers within Anthem PPO or EPO network.

# Traditional HMOs

|                                                                                                                  | HMO 20<br>Anthem & Kaiser                                                               | HMO 30<br>Anthem & Kaiser                                                               |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Preventative care                                                                                                | \$0                                                                                     | \$0                                                                                     |
| Doctor visits                                                                                                    | \$20                                                                                    | \$30                                                                                    |
| Specialist visits                                                                                                | \$20                                                                                    | \$30                                                                                    |
| Urgent Care                                                                                                      | \$20                                                                                    | \$30                                                                                    |
| Emergency Room                                                                                                   | \$100                                                                                   | \$100                                                                                   |
| Inpatient Hospital                                                                                               | \$0                                                                                     | \$0                                                                                     |
| <b>Prescription Drugs</b><br><b>Express Scripts: Generic/Brand/Non-Formulary</b><br><b>Kaiser: Generic/Brand</b> | Anthem: \$15/\$40/\$80 (Tier 1 Pharmacy) – higher cost for Tier 2)<br>Kaiser: \$10/\$20 | Anthem: \$15/\$40/\$80 (Tier 1 Pharmacy) – higher cost for Tier 2)<br>Kaiser: \$15/\$35 |

# Deductible HMOs

|                                                                                             | DHMO 500<br>Anthem Select Network                                           | DHMO<br>Kaiser                                                                                      |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Deductible                                                                                  | \$500 (Individual) \$1000 (Family)                                          | \$500 (Individual) \$1000 (Family)                                                                  |
| Preventative care                                                                           | \$0                                                                         | \$0                                                                                                 |
| Doctor visits                                                                               | \$40                                                                        | \$20                                                                                                |
| Specialist visits                                                                           | \$40                                                                        | \$20                                                                                                |
| Urgent Care                                                                                 | \$40                                                                        | \$20                                                                                                |
| Emergency Room                                                                              | \$100                                                                       | 20% after deductible                                                                                |
| Inpatient Hospital                                                                          | \$250 after deductible is met                                               | 20% after deductible                                                                                |
| Prescription Drugs<br>Express Scripts: Generic/Brand/Non-Formulary<br>Kaiser: Generic/Brand | \$15/\$40/\$80 for Tier 1 Pharmacies<br>Higher copays for Tier 2 Pharmacies | \$10 generic medication (ded. waived)<br>\$30 brand-name medication, after<br>\$100 drug deductible |

# HSA Compatible Plans

|                                                                               | H.S.A. 1650 (PPO in-network benefits)<br>Anthem | H.S.A. Deductible Plan (HMO)<br>Kaiser |
|-------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
| Deductible                                                                    | \$1,650 (Individual) \$3,300 (Family)           | \$1,650 (Individual) \$3,300 (Family)  |
| Preventative care                                                             | \$0                                             | \$0                                    |
| Doctor visits                                                                 | 10% after deductible                            | 10% after deductible                   |
| Specialist visits                                                             | 10% after deductible                            | 10% after deductible                   |
| Urgent Care                                                                   | 10% after deductible                            | 10% after deductible                   |
| Emergency Room                                                                | 10% after deductible                            | 10% after deductible                   |
| Inpatient Hospital                                                            | 10% after deductible                            | 10% after deductible                   |
| Prescription Drugs<br>Express Scripts: Generic/Brand<br>Kaiser: Generic/Brand | After deductible:<br>\$10/\$30                  | After deductible:<br>\$10/\$30         |

# Kaiser Virtual Complete

|                                             | VC \$2,500<br>Kaiser                                                                                                                                |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Deductible                                  | \$2500 (individual) \$5,000 (family)                                                                                                                |
| Preventative care                           | \$0                                                                                                                                                 |
| Doctor visits                               | \$40 per visit after deductible; does not apply to first 3 visits of primary care, urgent care, mental health, and substance use disorder combined. |
| Specialist visits                           | \$40 per visit after deductible                                                                                                                     |
| Urgent Care                                 | \$40 per visit after deductible; does not apply to first 3 visits of primary care, urgent care, mental health, and substance use disorder combined. |
| Emergency Room                              | 20% after deductible                                                                                                                                |
| Inpatient Hospital                          | 20% after deductible                                                                                                                                |
| Prescription Drugs<br>Kaiser: Generic/Brand | \$15 deductible does not apply/\$40 after plan deductible                                                                                           |

# Anthem 1250 PPO and EPO

|                                                                    | PPO Essentials (1250) In-Network                                                                         | HPN EPO 1250                                               |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Deductible                                                         | \$1,250 (Individual) \$\$3,750 (Family)                                                                  | \$1,250 (Individual) \$3,750 (Family)                      |
| Preventative care                                                  | \$0                                                                                                      | \$0                                                        |
| Doctor visits                                                      | \$40                                                                                                     | \$40                                                       |
| Specialist visits                                                  | \$40                                                                                                     | \$40                                                       |
| Urgent Care                                                        | \$40                                                                                                     | \$40                                                       |
| Emergency Room                                                     | 30% after deductible                                                                                     | 30% after deductible                                       |
| Inpatient Hospital                                                 | 30% after deductible                                                                                     | 30% after deductible                                       |
| Prescription Drugs<br>Express Scripts: Generic/Brand/Non-Formulary | \$15/\$50/\$15<br>Must pay the difference between generic and brand when generic equivalent is available | \$19/\$50/\$75 (Tier 1 Pharmacy) – higher cost for Tier 2) |

# ACA-Compliant Plan: Minimum Value and Affordability

Tiered Rates

|                                                                                             | HPN EPO 5900<br>Anthem                                                          | MVP<br>Kaiser                                           |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------|
| Deductible                                                                                  | \$5,900 (individual) \$11,800 (family)                                          | \$4,500 (individual) \$9,000 (family)                   |
| Preventative care                                                                           | \$0                                                                             | \$0                                                     |
| Doctor visits                                                                               | \$35 copay per visit for the first 3 and then no charge after deductible is met | \$50, after deductible                                  |
| Specialist visits                                                                           | \$35 copay per visit for the first 3 and then no charge after deductible is met | \$50, after deductible                                  |
| Urgent Care                                                                                 | 0% after deductible                                                             | \$50, after deductible                                  |
| Emergency Room                                                                              | 0% after deductible                                                             | \$250 copay, after deductible                           |
| Inpatient Hospital                                                                          | 0% after deductible                                                             | 40% after deductible                                    |
| Prescription Drugs<br>Express Scripts: Generic/Brand/Non-Formulary<br>Kaiser: Generic/Brand | \$19/\$50/\$75 Tier 1 Pharmacies<br>Higher copays for Tier 2 Pharmacies         | \$15 deductible waived/\$35 after \$250 drug deductible |

# OTHER BENEFIT OFFERINGS

# Colonial Medical Bridge

- Available for eligible employees and dependents
- Provides help with the out-of-pocket medical and non-medical expenses related to hospital confinement, outpatient surgery, diagnostic tests and more
- Reimburses for some health screenings
- Indemnity-based benefit, meaning the plan does NOT coordinate with other insurance plans. Members receive reimbursement directly from Colonial.



# Colonial Medical Bridge Sample Rates

| 10thly Rates:<br>10 Pay    | Issue<br>Age | Named<br>Insured | Employee<br>& Spouse | One-Parent<br>Family | Two Parent<br>Family |
|----------------------------|--------------|------------------|----------------------|----------------------|----------------------|
| Plan 1, Level 2<br>\$1,000 | 17-99        | \$20.29          | \$40.30              | \$28.16              | \$48.18              |
| Plan 1, Level 3<br>\$1,500 | 17-99        | \$25.60          | \$51.67              | 35.41                | \$61.50              |

| 10thly Rates:<br>10 Pay    | Issue<br>Age | Named<br>Insured | Employee<br>& Spouse | One-Parent<br>Family | Two Parent<br>Family |
|----------------------------|--------------|------------------|----------------------|----------------------|----------------------|
| Plan 2, Level 1<br>\$500   | 17-99        | \$33.71          | \$70.04              | \$51.30              | \$87.65              |
| Plan 2, Level 6<br>\$3,000 | 17-99        | \$66.58          | \$140.58             | \$96.22              | \$170.24             |



# Colonial Medical Bridge

- A representative from Colonial will be at the Health Fair on May 1<sup>st</sup>.
- You can schedule an appointment with a counselor by scanning the QR Code:



Powered by [QRify for monday.com](https://www.monday.com)

# Transcarent for Elective Surgeries



**Transcarent is a  
voluntary option for  
REEP Anthem  
PPO/EPO/HSA/MVP  
members for elective  
surgeries**

- Allows members access to top performing surgeons and facilities in the nation
- May reduce complications, infections and readmission
- Cost of travel for those that travel over 100 miles
- Incentives for participants such as:
  - For Anthem EPO/PPO/MVP members deductible and coinsurance waived
  - For Anthem HSA 1650 members, coinsurance waived, and care allowance of \$1650



# Express Scripts – General information

## What is Express Scripts?

- Express Scripts is REEP's pharmacy partner since September 1, 2005

## How do I contact Express Scripts?

- Customer service representatives are available 24 hours/day, 7 days/week, 365 days/year 1-888-806-4969
- Download the "Express Scripts" Mobile App in your app store
- Online or by way of the Mobile App: Find your nearest preferred pharmacy

## How do I choose how to have Express Scripts contact me about orders, etc?

- You may be contacted by Express Scripts on member resources by mail, phone, email, text
- To modify your contact preference (mail, phone, email, text) call customer service at 1-888-806-4969



# Home Delivery for Maintenance Drugs

## What is the Express Scripts Pharmacy Home Delivery service?

Gives you the convenience of receiving maintenance prescriptions through the mail for up to a 90-day supply.

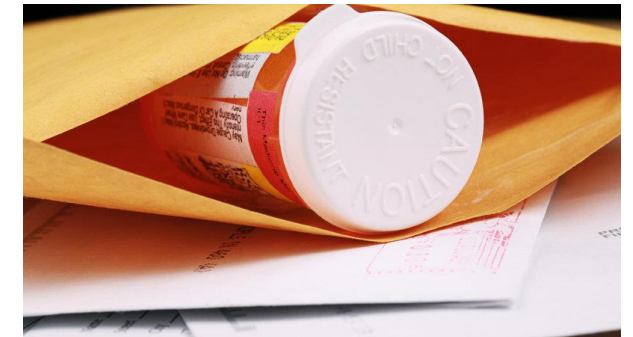


## How can I start using the Express Scripts Pharmacy Home Delivery service?

Ask your doctor to write a prescription for at least a 90-day supply, plus refills for up to one year (as appropriate).

To fill the prescription, you may:

1. Call customer service and request the mail order form that you can use to send in prescriptions.
2. Ask your doctor to call or fax in the prescription to Express Scripts.
3. Ask your Doctor to e-prescribe the prescription.



## Is there an additional charge for shipping and handling with home delivery?

Medications are shipped via standard service at no cost to you. Express shipping is available for an additional fee.



## Using Your Benefit is Easy

### If you are enrolled with VSP...

1. Create an account at **vsp.com** and review your personalized benefit information.
2. Find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195**.
3. Simply tell your eye doctor's office that you have VSP—and we'll take care of the rest!



# VSP In-Network Coverage

## Frequency

Exam: Every Calendar Year  
Frame: Every Other Calendar Year  
Lenses: Every Other Calendar Year

## Copays

**\$0** WellVision Exam®  
**\$0** Glasses

## Allowances

**\$150** frame  
**\$150** contacts  
(instead of glasses)

VSP® members save an average annual savings of **\$471\***

**C-CCS**  
INSURANCE  
CONTROLLING INSURANCE COSTS  
IN CALIFORNIA SCHOOLS

# VSP Access to Care



Private Practice  
locations



Retail  
locations



Online at  
Eyeconic®

**Your benefits go further  
when you visit a  
VSP Premier Edge™  
location, including  
private practice doctors  
and Visionworks®!**



Get more  
at preferred  
in-network  
doctor locations



Participating  
Retail Chains  
like these –  
and more



# VSP Find a Doctor

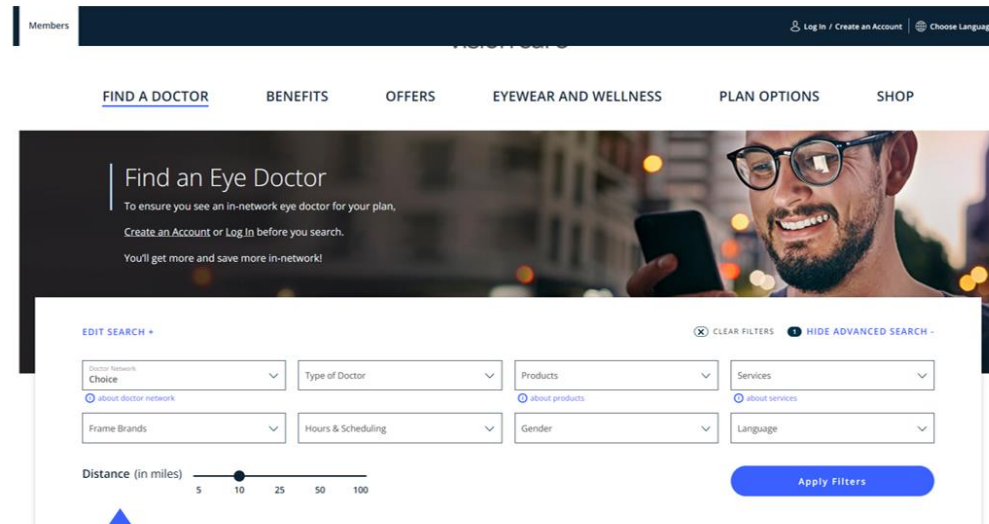
## The Right Doctor for You

Using the Find a Doctor tool on **vsp.com** is easy

Visit **vsp.com/eye-doctor**  
(or navigate from **vsp.com** home page)

Enter the preferences that are meaningful to you like:

- Location
- Gender
- Language
- Frame brands
- Specialty
- Services
- Hours & Scheduling

The screenshot shows the VSP website's 'Find an Eye Doctor' search page. At the top, there's a navigation bar with links like 'FIND A DOCTOR', 'BENEFITS', 'OFFERS', 'EYEWEAR AND WELLNESS', 'PLAN OPTIONS', and 'SHOP'. Below this is a hero section with a background image of a smiling man with glasses holding a smartphone. The main search area is titled 'Find an Eye Doctor' and includes instructions to create an account or log in. Below the instructions is a search filter section with various dropdown menus: 'Doctor Network Choice', 'Type of Doctor', 'Products', 'Services', 'Frame Brands', 'Hours & Scheduling', 'Gender', and 'Language'. There's also a 'Distance (in miles)' slider set to 10, with markers at 5, 10, 25, 50, and 100. A blue 'Apply Filters' button is at the bottom right of the filter section. A blue callout box points to the distance slider.

A sliding distance bar makes finding a match nearby easy. You can even opt to view locations on a map.

# VSP Savings

## Savings Beyond Benefits

**50%** ▶ Save 50% on additional pairs of glasses and sunglasses at Visionworks®

**\$250** ▶ Average savings at Eyeconic®, plus free shipping and returns

Plus, VSP members get access to Exclusive Member Extras

**\$20** ▶ Extra \$20 on Featured Frame Brands

**\$1,200** ▶ Save up to \$1,200 on Lasik

**\$300** ▶ Get up to \$300 in contact lens rebates

**60%** ▶ Save up to 60% on hearing aids with TruHearing®\*

Offers vary based on state and benefit plan. Brands and offers subject to change.

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

 Classification: Confidential

**C<sup>INSURANCE</sup>CCS**  
CONTROLLING INSURANCE COSTS  
IN CALIFORNIA SCHOOLS

# Epic Hearing Service Plan

## Included with VSP Vision Coverage

- Routine Hearing Exam In-person or Online
- \$1,000 Hearing Aid benefit per ear every 5 years

## How it works...

Contact an EPIC hearing counselor to discuss benefits and answer questions. Both virtual care and in-person care allow you to choose great hearing aids and follow-up support.

- 100-day trial for hearing aids purchased using virtual care, 60-day trial period for hearing aids purchased in person.
- 3-year extended warranty covers repair and 1-time loss/damage replacement

## Flexible options, maximum savings

Choose from 6 different hearing aid technology levels through either virtual care and direct delivery or in-person care. Both options give you great choices and savings of up to 50% off standard industry prices.<sup>2</sup>

| Hearing aid technology level | Price <sup>3</sup> |
|------------------------------|--------------------|
| Silver                       | \$699              |
| Gold                         | \$949              |
| Essential                    | \$1,149            |
| Standard                     | \$1,449            |
| Advanced                     | \$1,949            |
| Premium                      | \$2,499            |

## Advanced technology

Choose from 2,000+ models in multiple styles from the industry's leading manufacturers, including Relate.



- Superior sound quality
- Recharging capabilities
- Remote adjustments
- Connection to 2 Bluetooth devices with hands-free technology
- Tap control
- Enhanced smartphone app

# ComPsych – available July 1, 2025



The graphic is a promotional flyer for the ComPsych program. At the top, it says 'GuidanceResources®' and 'Your Life. Your Work. Your Best. Your GuidanceResources® Program'. Below this, a text box states: 'Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small. Life is challenging. We can help. 24/7 confidential support.' To the right, under a 'Services' header, are four categories: 'Confidential Emotional Support' (Anxiety, depression, stress; Grief, loss and life adjustments; Relationship/parental conflicts), 'Work and Lifestyle Support' (FMLA, elder and pet care; Moving and relocation; Unemployment and government assistance), 'Legal Guidance' (Divorce, adoption and family law; Wills, trusts and estate planning; Free consultation and discounted local representation), and 'Financial Resources' (Retirement planning, taxes; Relocation, mortgages, insurance; Budgeting, debt, bankruptcy and more). Below these is 'Digital Support' (Connect to counseling, with the support of other services; Tap into an array of articles, podcasts, videos, e-books; Improve your skills with On-Demand trainings). At the bottom left, it says '24/7 Live Assistance: Call: XXX.XXX.XXXX, TTS: Dial 711' and 'Online: guidanceresources.com, App: GuidanceNow™, Web ID: XXXXXX'. A QR code is on the bottom right. Small legal text is at the very bottom.

- Employee Assistance Program (EAP) available to ALL employees (REEP districts participating in the medical program)
- Now get up to **8** visits per issue at \$0 copay – short-term counseling for employees and immediate family members living in the household
- Well-being Coaching



# Madison National Life

- Group Term Life/AD&D is changing from MetLife to NIS/Madison National Life effective July 1, 2025
- Life insurance benefit amounts will remain the same



# MetLife Pet Insurance

## Paws up for pet insurance that's value-packed



Attention pet parents! Did you know you can sign up for MetLife Pet Insurance through REEP? Having pet insurance helps protect your pet's health and your wallet from costly vet bills.

**MetLife Pet Insurance is packed with great features you may not find anywhere else:**

- **Discounts of up to 30%**<sup>1</sup>
- **Up to 90% coverage** if your pet becomes sick or injured—including exam fees<sup>2</sup>
- **Optional Preventive Care** coverage for routine wellness
- **Coverage for vet-prescribed food**, supplements or holistic treatments
- **24/7 live chat** with licensed vets—for when things come up after hours<sup>3</sup>
- **Up to 3 pets** can be covered on the same policy under the same annual limit<sup>4</sup>



# Nationwide Pet Insurance



Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility

- ✓ **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- ✓ **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level  
of coverage with  
My Pet Protection®



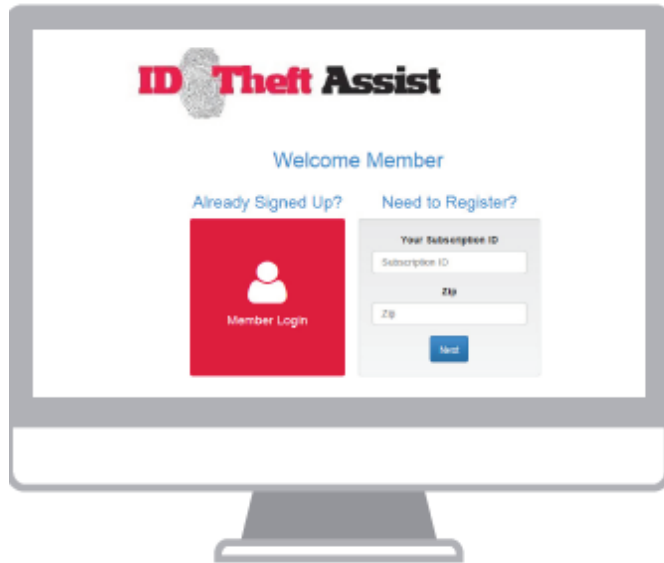
How to use your  
pet insurance plan

1 Visit any vet,  
anywhere.

2 Submit  
claim.

3 Get reimbursed  
for eligible  
expenses.

# ID Theft



- Unlimited restoration services for you and your family to help easily recover from identity theft.
- 24/7 monitoring of
  - *High risk treatment*
  - *Social Security*
  - *Debit & Credit Card*
  - *Data Sweep*
- For subscriber, daily Tri-Bureau credit monitoring
- Up to \$1,000,000 ID Theft insurance coverage. Credit monitoring must be activated.



# COMPLETE CARE



# *Keenan* *Complete Care*®



# Financial Burden of Medical Costs

**50%+**

US families living paycheck to paycheck

**31%**

US workers have less than \$500  
for emergencies

**\$1,000+**

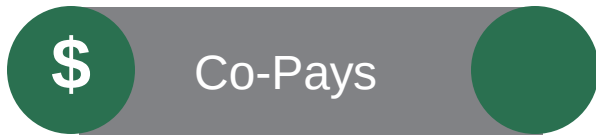
Average out-of-pocket cost for hospital stay

**\$18,400**

Family maximum out-of-pocket limit

# Imagine 100% Coverage

Imagine if there was a product that could provide up to a **100% coverage experience**



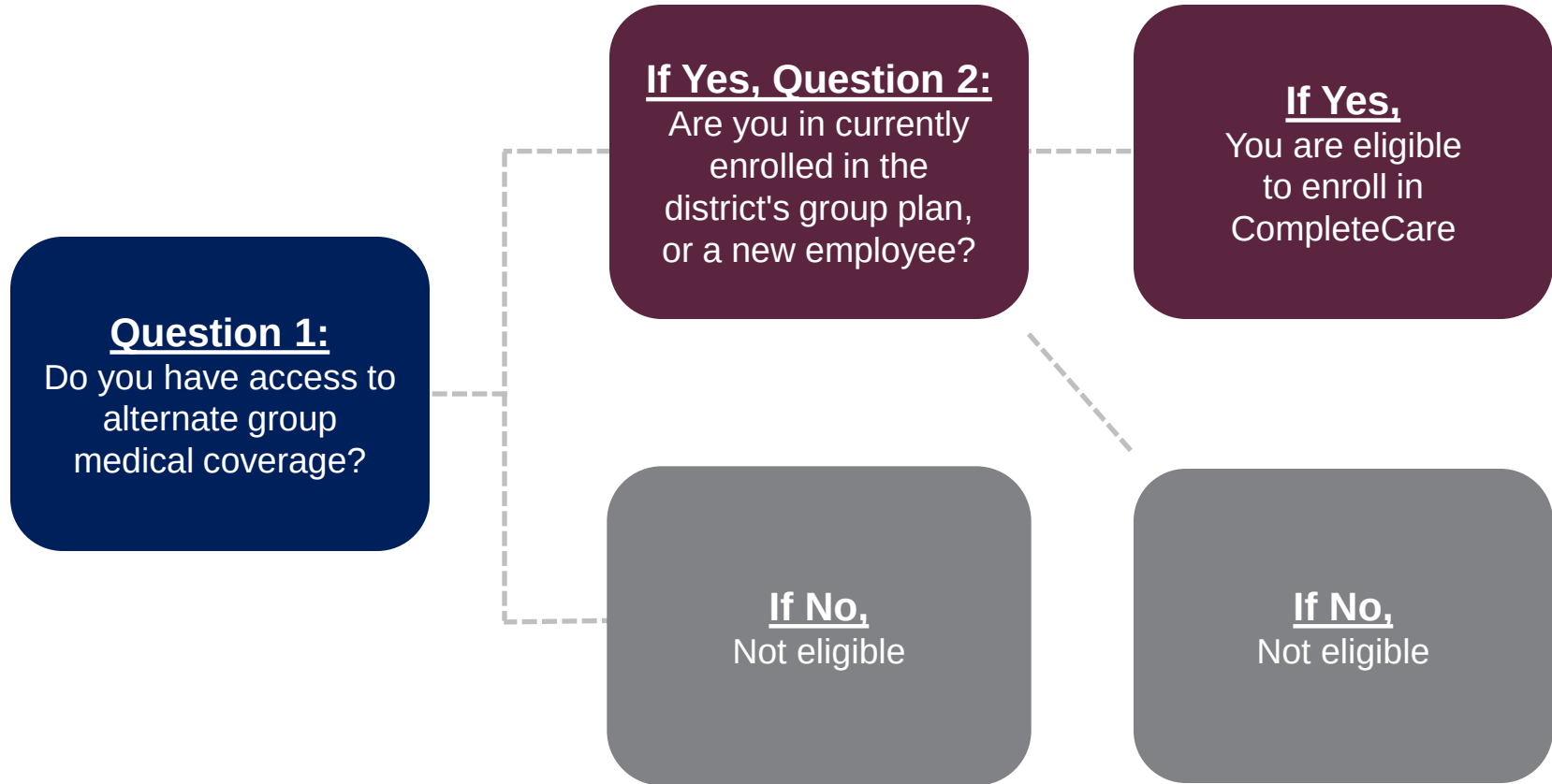
# Introducing CompleteCare<sup>®</sup>

CompleteCare offers employees who enroll in alternate group medical coverage (typically through a spouse or registered domestic partner) up to 100% coverage on their medical expenses.

By enrolling in alternate coverage, you will be reimbursed for **ALL** eligible co-pays, co-insurance and deductibles incurred through your alternate medical plan.



# Who is Eligible?



# Who is Eligible?

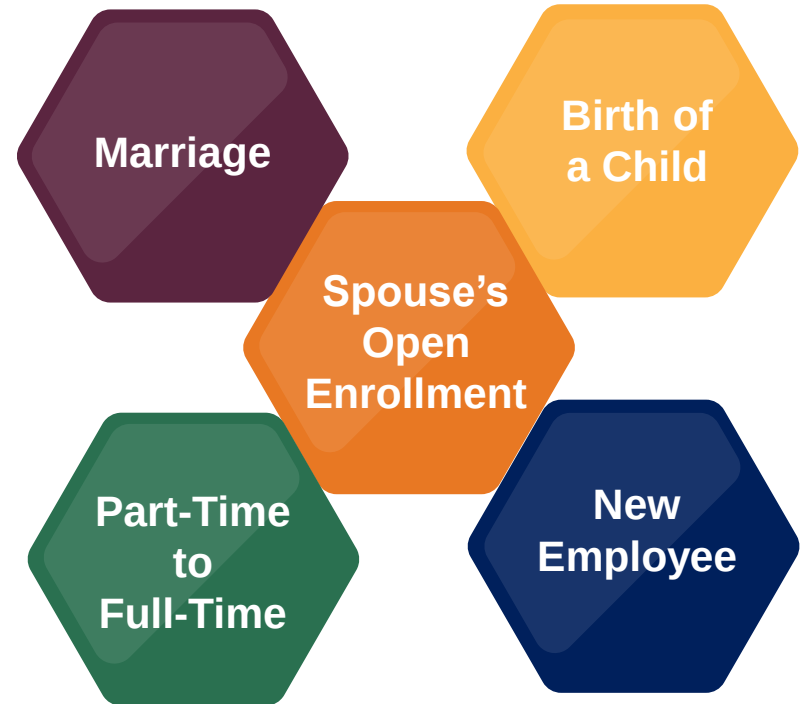


## Employee Protection

There is guaranteed reinstatement into a REEP medical plan if your spouse loses their job or entitlement to coverage.

Reinstatement will occur without lapse and no pre-existing condition limitations.

## Qualifying Life Event

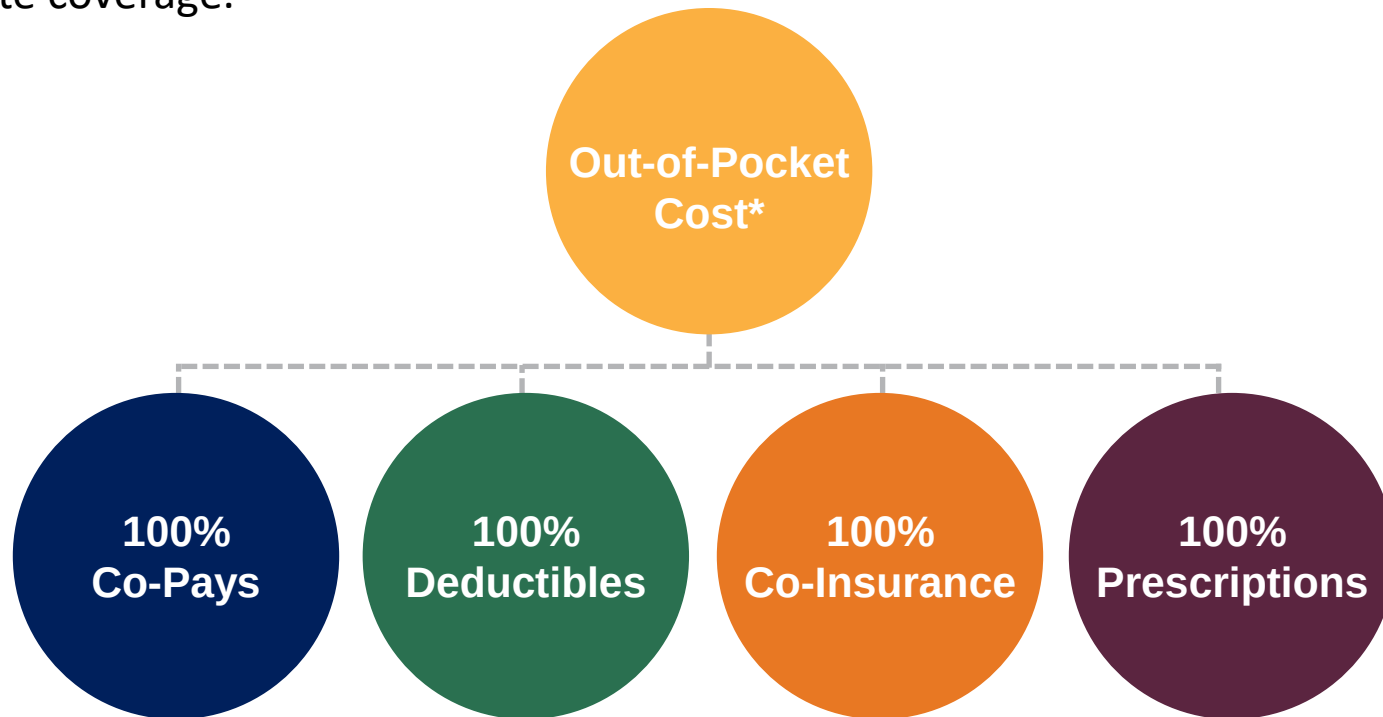


# Who is Not Eligible?

1. Not available to employees and their dependents whose alternate medical coverage would be through REEP.
2. Not available to employees whose alternate medical coverage is **one of the following:**
  - Has an active contribution a Health Savings Account (HSA)
  - Medicare, Tricare and Medicaid
  - Covered California
  - Individual Policy
  - Limited Benefit Health Plan
3. An employee may be enrolled in a Health Reimbursement Arrangement or Flexible Spending Account but **CANNOT** be reimbursed by **BOTH**.

# What is Reimbursed by CompleteCare?

Reimbursement up to **100% of out-of-pocket costs** incurred under alternate coverage.



# Example: Susan's Surgery (Part 1)

Susan has decided that she is going to enroll in CompleteCare. She has enrolled on her husband Bill's group health plan and has submitted the proper paperwork. She is happy with the move but there are some differences in the benefits:



Current  
Plan

\$1,250 Deductible  
\$500 Co-Pay  
Same Prescription Co-Pay  
No Reimbursement



Spouse's Group Plan &  
CompleteCare

\$2,500 Deductible  
\$750 Co-Pay  
Same Prescription Co-Pay  
100% OOP Reimbursement

# Example: Susan's Surgery (Part 2)

Susan has an unexpected medical emergency and requires surgery as well as prescription medication. The following table shows the out-of-pockets savings that Susan would experience with CompleteCare:



Current  
Plan

\$500 Co-Pay  
+\$80 Prescriptions

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\$580



Spouse's Group Plan &  
CompleteCare

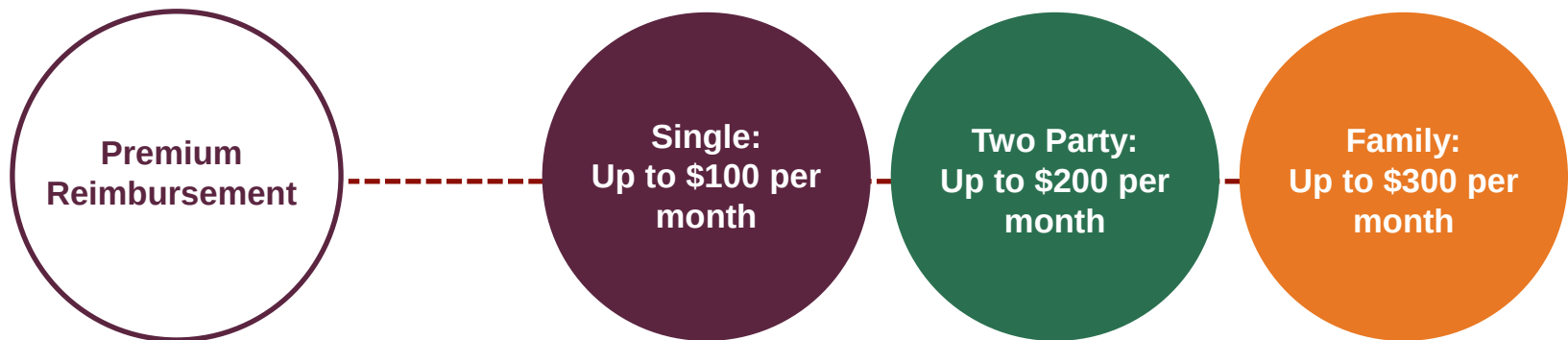
\$750 Co-Pay  
+\$80 Prescriptions

---

\$830  
+\$830 Reimbursement  
TOTAL = \$0.00

# What if Alternative Coverage is More Expensive?

Reimbursement of a portion of **additional premiums** paid for alternate coverage.



# Premium Reimbursements



Premium reimbursements are only paid on amounts above the cost of coverage through district group plan



For reimbursement, proof of premium contribution is required



Reimbursements are paid monthly via check to home address

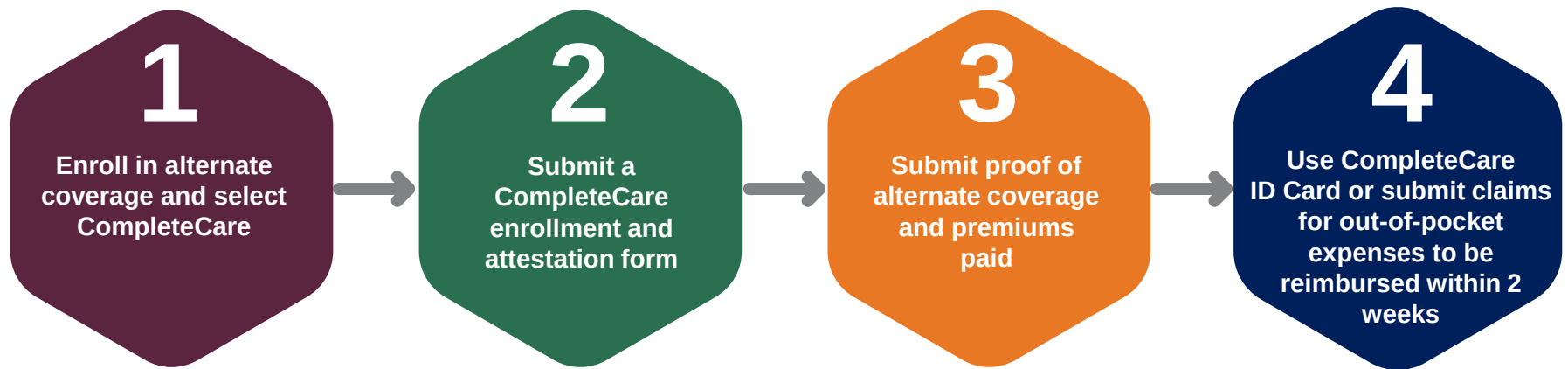


A 1099 Tax Form will be provided at the end of each year (if appropriate)



# How does CompleteCare work?

## 4 Step Process...



# How to get Reimbursed?

1

Present Alternate Health Plan ID card & CompleteCare ID Card

2

If provider does not accept CompleteCare ID Card, pay for services and obtain a receipt and/or explanation of benefits (EOB)

3

Prepare and submit a claim to Catilize Health

4

Claims are processed within two weeks

# Where do I File Claims?

## Claims Administrator

### **Catilize Health**

2605 Nicholson Road, Suite 1140

Sewickley, PA 15143

**Hotline:** 1-877-872-4232

**Fax:** 1-877-599-3724

**Hours:** 5:30 AM – 5:00 PM PST

**Monday – Friday, except Holidays**





# Thank you!

# DELTA DENTAL

# Hacienda La Puente Unified School District 2025 OE Review





# Dental Care Is HealthCare

Our mouths tell the stories of our lives.  
They also tell doctors important information  
about our health. That's why Delta Dental is  
committed to improving health by ensuring  
**everyone has access to high-quality  
preventive dental care.**



# YourChoice –Delta Dental PPO or DeltaCare USA DHMO

## Compare plan features

|                                                                                      | Delta Dental PPO                                                                                                                                                          | DeltaCare USA DHMO                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Can I go to any dentist?                                                             | You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.                                                                | No, DeltaCare USA has a large network of certified dentists and dental offices for you to choose from. Use our <b>Find a dentist</b> tool to find a DeltaCare USA Dentist in your area. You can select or change your general dentist from the DeltaCare USA network anytime online or by phone. |
| What procedures are covered?                                                         | Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at no cost. | You're covered for hundreds of procedures, with low or no copays on most preventive services, like routine cleanings and exams.                                                                                                                                                                  |
| Are there deductibles and maximums?                                                  | \$25 deduct per person -Non-PPO providers<br>Unlimited annual max for PPO and \$2,000 Non-PPO                                                                             | No, there are no annual deductibles or maximums.                                                                                                                                                                                                                                                 |
| Am I covered for treatment I began under a different employer-sponsored dental plan? | Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.                          | Coverage is provided only for treatment started and completed after your effective date. <sup>9</sup> Orthodontic treatment may be an exception to this rule.                                                                                                                                    |
| What if I started orthodontic treatment under my previous dental plan?               | Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.                                                                                    | Your plan includes continuous orthodontic coverage if you're currently in active treatment (tooth movement has begun).                                                                                                                                                                           |
| What happens if I need to see a specialist?                                          | You do not need a referral from your dentist.                                                                                                                             | When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.                                                                                                                                                                                |
| What is my out-of-area coverage?                                                     | You can visit any licensed dentist.                                                                                                                                       | You have emergency dental service coverage for out-of-area emergencies.                                                                                                                                                                                                                          |
| How do I change my dentist?                                                          | You can change your dentist at any time without contacting us.                                                                                                            | You can select or change your general dentist anytime online or by phone.                                                                                                                                                                                                                        |
| Do I need to fill out claims?                                                        | If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.   | No, there is no paperwork for you to complete.                                                                                                                                                                                                                                                   |

# We've Got You Covered

## Delta Dental PPO

- Visit a PPO dentist to save the most.
- You can visit any licensed dentist.
- You won't be charged more than your expected share of the bill.

# Delta Dental PPO

## The Delta Dental Difference®



Delta Dental PPO



Delta Dental Premier®



Non-Delta Dental

# Hacienda La Puente USD

## 7/1/24 plan changes to enhance member experience

- **PPO** Calendar Year Maximum updated to unlimited (from \$2,000)
- Increased cleaning frequency from 2 to 4 in a calendar year
- Added occlusal guard paid at 100% for PPO and Non-PPO providers up to \$750 lifetime
- Added teeth whitening under basic services for PPO and Non-PPO

# DeltaCare<sup>®</sup> USA DHMO Plan



Low or no copays  
on most preventive  
services



All-inclusive  
copayments,  
so, no billing  
surprises



Teeth whitening  
covered



No material  
or lab fees



No additional  
charges for high or  
noble metals or  
porcelain



Coverage for out-of-  
area emergencies



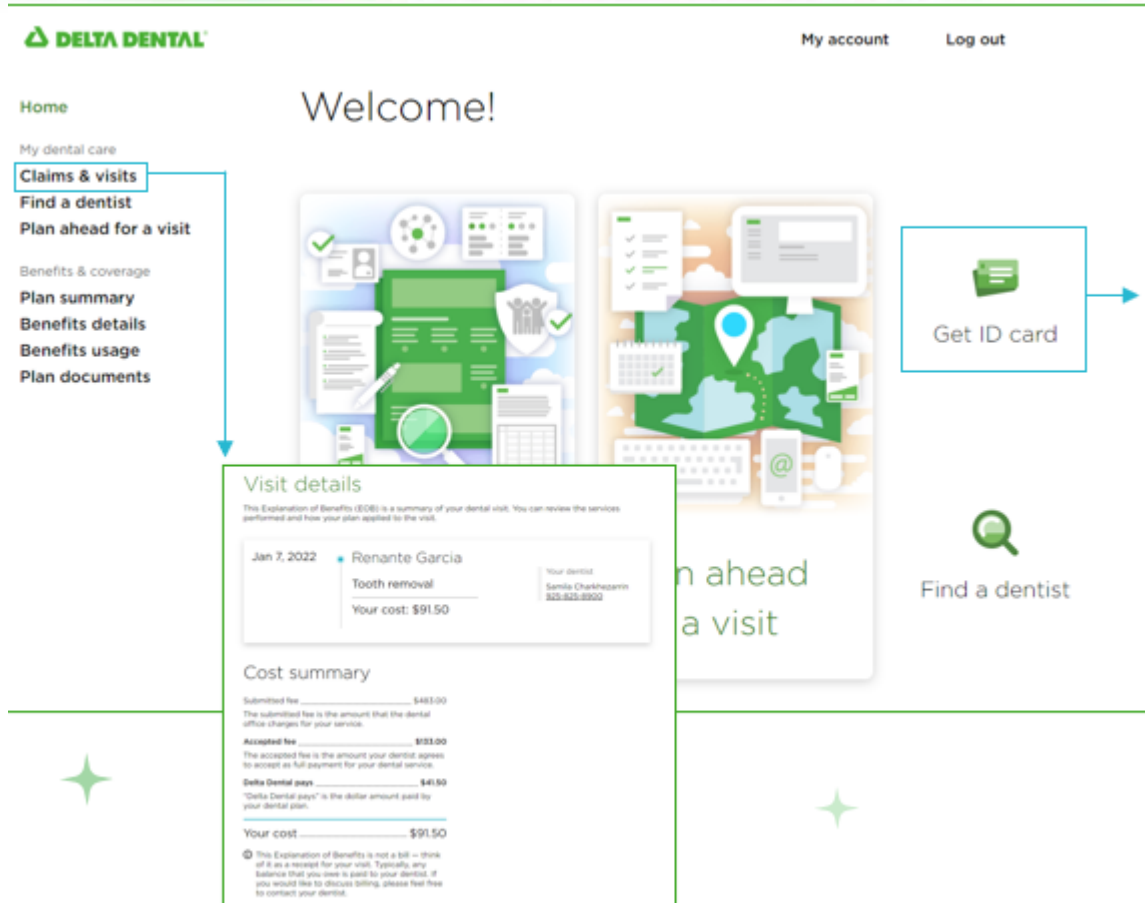
Children covered under a DeltaCare USA plan can now visit a  
DeltaCare USA pediatric dentist through age 13

# DeltaCare® USA DHMO Plan



# Member Portal

## Tools and services at the click of a button



### Most popular features:

#### Pre-visit:

- Find a dentist
- Access to digital ID cards
- Cost estimator

#### Post-visit:

- Claims and visit details
- Deductibles and maximums

Thank you for trusting us with your smiles!



# Disclaimer



The information in this presentation provides a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications of coverage. Please review the Summary Plan Description for a complete overview of your benefits. If there is any conflict between this presentation and the Summary Plan Description, the contract provisions of the policy or plan document will prevail.

# THANK YOU