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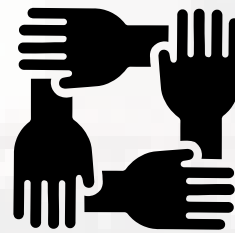
OUR

FUTURE

FUTURE

**RUSD RETIREE HEALTH AND
WELFARE BENEFITS PLAN
2026-2027**

2026-2027 REEP MEDICAL BENEFIT PLANS



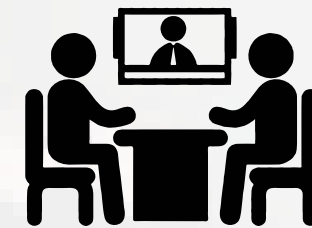
Kaiser

- HMO 30 Plan
- Deductible HMO \$500 Plan



Anthem

- HMO 30 Plan
- DHMO 500 Select Plan



Anthem PPO/HSA

- PPO 500 Plan
- HSA 1700 Plan
- HSA 3000 Plan



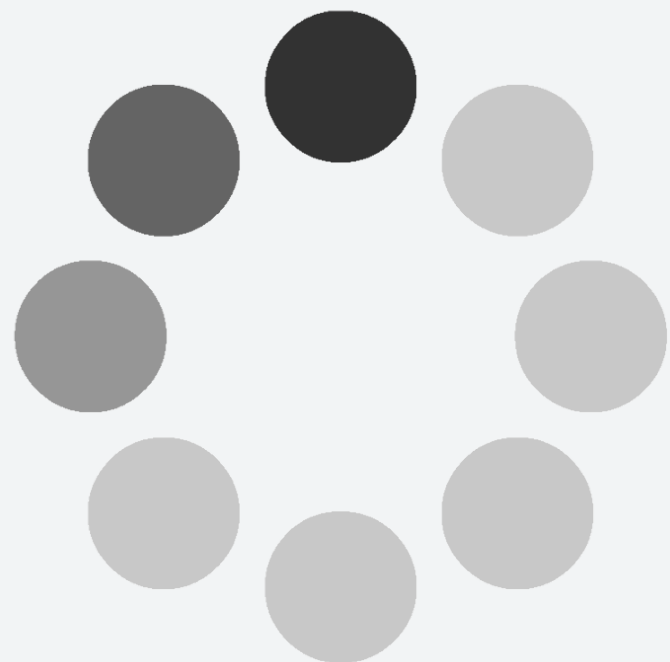
HMO PLAN COMPARISONS

FEATURE	KAISER HMO 30	KAISER DEDUCTIBLE HMO \$500	ANTHEM HMO 30	ANTHEM DHMO 500 SELECT
Provider Network	Kaiser facilities and doctors only	Kaiser facilities and doctors only	Anthem HMO network providers	Anthem Select HMO network (smaller network)
Annual Deductible	None	\$500 Individual / \$1,000 Family	None	\$500 Individual / \$1,000 Family
Office Visit	\$30 copay	\$20 copay (deductible waived)	\$30 copay	\$40 copay
Preventive Care	No charge	No charge	Covered 100%	Covered 100%
In-Patient Hospital	100% covered	20% coinsurance after deductible	100% covered	Deductible + \$250/Admit
Out-Patient Surgery	\$30 copay	20% coinsurance after deductible	100% covered	Deductible + \$250/Admit
Emergency Room	\$100 copay; waived if admitted	20% coinsurance after deductible	\$100 copay	Deductible, then \$250/Admit
Out-of-Pocket Maximum	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family	\$1,500 Single / \$3,000 Family (Rx not included)	\$1,500 Single / \$4,500 Family (Rx not included)
Rx Generic/Brand	\$15 Generic / \$35 Non-Preferred Brand	\$10 Generic / \$30 Brand after \$100 Rx deductible	\$15 Generic / \$40 Preferred / \$80 Non-Preferred (after brand deductible)	\$15 Generic / \$40 Preferred / \$80 Non-Preferred (after brand deductible)

Key Plan Highlights:

- HMO 30 Plans (Kaiser & Anthem): No deductible, predictable copays — best for frequent healthcare users.
- Deductible HMO Plans: Lower premiums, higher out-of-pocket costs — better for moderate healthcare users.
- Network Differences: Kaiser plans require use of Kaiser facilities and doctors only; Anthem allows more provider choice within their network.
- Rx Note: Anthem plans have a separate brand-name Rx deductible (\$250 Ind / \$500 Family). Rx costs excluded from Anthem's medical out-of-pocket maximum.
- Chiro/Acupuncture: All four plans include chiropractic (100 days) and acupuncture coverage.

PPO & HSA PLAN COMPARISONS



PPO & HSA Plans Comparison

FEATURE	ANTHEM PPO 500	ANTHEM HSA 1700	ANTHEM HSA 3000
Plan Type	Preferred Provider Organization	High Deductible Health Plan with HSA	High Deductible Health Plan with HSA
Annual Deductible (In-Network)	\$500 Individual / \$1,500 Family	\$1,700 Individual / \$3,400 Family	\$3,000 Individual / \$6,000 Family
Annual Deductible (Out-of-Network)	\$1,000 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Office Visit (In-Network)	\$30 copay (deductible waived)	10% after deductible	10% after deductible
Office Visit (Out-of-Network)	30% after deductible	30% after deductible	30% after deductible
Preventive Care (In-Network)	Covered 100%	Covered 100%	Covered 100%
In-Patient Hospital (In-Network)	10% after deductible	10% after deductible	10% after deductible
Emergency Room (In-Network)	10% after deductible	10% after deductible	10% after deductible
Out-of-Pocket Max (In-Network)	\$3,000 Individual / \$9,000 Family	\$3,000 Individual / \$9,000 Family	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Max (Out-of-Network)	\$6,000 Individual / \$18,000 Family	\$9,000 Individual / \$18,000 Family	\$9,000 Individual / \$18,000 Family
Prescription Drugs (In-Network)	\$10 Generic, \$30 Preferred Brand	\$10 Generic, \$30 Preferred Brand (after deductible)	\$10 Generic, \$30 Preferred Brand (after deductible)
HSA Eligible	No	Yes	Yes
Best For	Those wanting balance between cost and flexibility	Those wanting to save for future medical expenses with moderate deductible	Those seeking lowest premiums and highest tax advantages

Health Savings Account (HSA) Benefits:

- **Triple Tax Advantage:** Contributions are tax-deductible, growth is tax-free, and withdrawals for qualified expenses are tax-free
- **Account Ownership:** You own the HSA funds even if you change employers or insurance plans
- **Long-Term Savings:** Unused funds roll over year to year and can be used for retirement healthcare expenses

**Summary of Benefits Chart for
Kaiser Permanente Senior Advantage (HMO) with Part D (7/1/24—6/30/25)**

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member\$1,000 per calendar year

Plan Deductible 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

Annual Wellness visit and the "Welcome to Medicare" preventive visit..... No charge

Routine physical exams..... No charge

Routine eye exams with a Plan Optometrist.....\$20 per visit

Urgent care consultations, evaluations, and treatment.....\$20 per visit

Physical, occupational, and speech therapy.....\$20 per visit

Telehealth Visits You Pay

Primary Care Visits and Non-Physician Specialist Visits by interactive video..... No charge

Physician Specialist Visits by interactive video..... No charge

Primary Care Visits and Non-Physician Specialist Visits by telephone..... No charge

Physician Specialist Visits by telephone..... No charge

Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures.....\$20 per procedure

Most immunizations (including the vaccine)..... No charge

Most X-rays and laboratory tests..... No charge

Manual manipulation of the spine.....\$20 per visit

Hospital Inpatient Services You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs..... No charge

Emergency Services 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 "Hospital Inpatient Services" for inpatient Cost Share)

Ambulance Services You Pay

Ambulance Services..... No charge

Prescription Drug Coverage You Pay

Most covered outpatient items in accord with our drug formulary guidelines.....\$10 for up to a 100-day supply

Durable Medical Equipment (DME) You Pay

Covered durable medical equipment for home use..... No charge

Kaiser Senior Advantage (over 65)



continued

Mental Health Services You Pay

Inpatient psychiatric hospitalization..... No charge

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..... No charge

Individual outpatient substance use disorder evaluation and treatment.....\$20 per visit

Group outpatient substance use disorder treatment.....\$5 per visit

Home Health Services You Pay

Home health care (part-time, intermittent)..... No charge

Other You Pay

Eyeglasses or contact lenses every 24 months..... Amount in excess of \$150 Allowance

Skilled nursing facility care (up to 100 days per benefit period)..... No charge

External prosthetic and orthotic devices..... No charge

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 additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the EOC.

KAISER PERMANENTE'S ADVANTAGE HEALTH & FITNESS RESOURCES

- Wellness Coaching
- Total Health Assessment (THA)
- Healthy Lifestyle Programs
- On-demand wellness apps
- 24/7 Virtual Care
- Mental Health & Wellness Resources
- Maternity Resources
- Care Away From Home
- Fitness Network Benefits
- Digital Wellness Tools
- Musculoskeletal Program
- One Pass KPSA Members



KAISER PERMANENTE®

See the Risk Management Benefits website for information on these Kaiser resources and more.

One Pass® Fitness Program

Get more from your Kaiser Permanente Medicare health plan

Available to Kaiser Permanente Medicare health plan members

One Pass¹ can help you find a fitness routine that's right for you, whether you work out at home or at a gym.

Work out your way and find your fit



At the gym

Choose from a large nationwide network of gyms and fitness locations. Visit any place in the network and create a routine just for you.



Brain training²

Get a complete brain workout, including an initial cognitive test and an ongoing brain training program featuring a collection of games and activities to keep you engaged.



At home

Work out at home with live, digital fitness classes or on-demand workouts. Plus, use our custom workout builder to create routines tailored to your fitness level and interests.



With new friends

Join a group class or find local clubs and social events that match your interests – there are many great ways to connect with others who share your passions.

How to get started with the One Pass program

Once you're a Kaiser Permanente Medicare health plan member, follow these steps:

1. Visit youronepass.com.
2. Click "Get Started" to register. Enter in your First Name, Last Name, Date of Birth, and Health Plan Member ID.
3. Once you're registered, you'll receive a Member Code. Be sure to write down your code and keep it handy. You will need to enter it each time you register for a new fitness location or other One Pass service.
4. Start searching for gyms by clicking on the "Find a gym" page.

You may also call **1-877-614-0618 (TTY 711)**, Monday through Friday, 6 a.m. to 7 p.m. PST, to receive your Member Code.

 KAISER PERMANENTE.

ANTHEM RESOURCES



- Plan Options
- 24/7 NurseLine
- Specialized Care Management
- Family Planning & Parenting Support
- Emotional Well-being Resources
- MyHealth Advantage
- Digital Tools & Services
- Sydney Health Mobile App
- Virtual Care Options
- Special Offers Program

See the Risk Management Benefits website for information on these Anthem resources and more.

Anthem[®] 
Blue Cross

Express Scripts Rx for Anthem (cont.)

Specialty Medications Including Injectables

- Express Scripts: Acredo Specialty

- Up to a 30-day supply per copay

Express Advantage 2-Tiered Pharmacy Network

Tier 1 Pharmacies include but are not limited to: Rite Aid, Costco, Wal-Mart, Albertsons, Vons, Stater Bros.

Tier 2 Pharmacies include but are not limited to: CVS, Walgreens, Target and The Medicine Shoppe - \$15 Additional copayment

Call Express Scripts if you have questions at 1-888-806-4969 or go online at www.express-scripts.com.

Express Scripts Rx Cost Saving Programs (Anthem Plans)

Select Home Delivery program provide maintenance medications to be set up for home delivery

Utilization Management programs control rising prescription costs and save members money

Keenan Pharmacy Care Management (KPCM) Program for Anthem PPO/HSA/MVP member to access vaccines at the pharmacy

Migraine Care Value Program for all REEP Anthem members provides Exclusive Home Delivery for members taking the CGRP inhibitors and creates medication reliability, improves clinical outcomes and maximizes savings

Retiree (After 5/1/25) Rate Sheet

RETIREE RATES 2026-2027	12THLY	80% Contract	60% Contract
<u>KAISER HMO 30</u>			
Single Party	\$380.00	\$456.00	\$532.00
Family	\$645.00	\$774.00	\$903.00
<u>KAISER DEDUCTIBLE HMO 500</u>			
Single Party	\$215.00	\$258.00	\$301.00
Family	\$425.00	\$510.00	\$595.00
<u>Anthem DHMO 500 SELECT</u>			
Single Party	\$245.00	\$294.00	\$343.00
Family	\$615.00	\$738.00	\$861.00
<u>Anthem HMO 30</u>			
Single Party	\$320.00	\$384.00	\$448.00
Family	\$845.00	\$1,014.00	\$1,183.00
<u>Anthem PPO500 (CA & OOS)</u>			
Single Party	\$1,135.00	\$1,362.00	\$1,589.00
Family	\$3,820.00	\$4,584.00	\$5,348.00
<u>ABC PPO HSA 1700 (CA & OUT OF STATE)</u>			
Single Party	\$510.00	\$612.00	\$714.00
Family	\$1,955.00	\$2,346.00	\$2,737.00
<u>ABC PPO HSA 3000 (CA & OUT OF STATE)</u>			
Single Party	\$370.00	\$444.00	\$518.00
Family	\$1,660.00	\$1,992.00	\$2,324.00

DELTA DENTAL LIFETIME BENEFIT (AFTER COMPLETING 18 MONTHS OF COBRA COVERAGE)
***PLEASE NOTE YOU MUST COMPLETE 18 MONTHS WITH COBRA TO QUALIFY FOR LIFETIME DENTAL**

Single Party \$112.47
 Two-Party \$208.97

Grandfathered Retiree (Before 5/1/25) Rate Sheet

RETIREE RATES 2026-2027 **Grandfathered**	12THLY	80% Contract	60% Contract
<u>KAISER HMO 30</u>			
Single Party	\$145.00	\$174.00	\$203.00
Employee +1	\$490.00	\$588.00	\$686.00
Family	\$880.00	\$816.00	\$952.00
Two-Party w/ spouse on group Kaiser Sr. Advantage	\$150.00	\$180.00	\$210.00
<u>KAISER REEP SENIOR ADVANTAGE (OVER 65)</u>			
Single Party	\$225.00	\$270.00	\$315.00
Two-Party	\$405.00	\$486.00	\$567.00
<u>KAISER DEDUCTIBLE HMO 500</u>			
Single Party	\$115.00	\$138.00	\$161.00
Employee +1	\$255.00	\$306.00	\$357.00
Family	\$460.00	\$552.00	\$644.00
<u>Anthem DHMO 500 SELECT</u>			
Single Party	\$120.00	\$144.00	\$168.00
Employee +1	\$395.00	\$474.00	\$553.00
Family	\$650.00	\$780.00	\$910.00
<u>Anthem HMO 30</u>			
Single Party	\$135.00	\$162.00	\$189.00
Employee +1	\$515.00	\$618.00	\$721.00
Family	\$880.00	\$1,056.00	\$1,232.00
<u>Anthem PPO500 (CA & OOS)</u>			
Single Party	\$720.00	\$864.00	\$1,008.00
Employee +1	\$2,450.00	\$2,940.00	\$3,430.00
Family	\$3,820.00	\$4,584.00	\$5,348.00
<u>ABC PPO HSA 1700 (CA & OUT OF STATE)</u>			
Single Party	\$140.00	\$168.00	\$196.00
Employee +1	\$1,090.00	\$1,308.00	\$1,526.00
Family	\$1,195.00	\$1,434.00	\$1,673.00
<u>ABC PPO HSA 3000 (CA & OUT OF STATE)</u>			
Single Party	\$15.00	\$18.00	\$21.00
Employee +1	\$930.00	\$1,116.00	\$1,302.00
Family	\$1,660.00	\$1,992.00	\$2,324.00

DELTA DENTAL LIFETIME BENEFIT (AFTER COMPLETING 18 MONTHS OF COBRA COVERAGE)
***PLEASE NOTE YOU MUST COMPLETE 18 MONTHS WITH COBRA TO QUALIFY FOR LIFETIME DENTAL**

Single Party \$112.47
 Two-Party \$208.97

RETIREMENT BENEFITS OVERVIEW

Eligibility Requirements

Certificated Employees:

- Age 55+ with minimum 15 years of service
- Service includes allowable out-of-district credit
- Continue to receive same health benefits as active employees
- Optional dental and vision coverage at own expense

Classified Employees:

- Age 55+ with minimum 15 years of service as full-time employee
- Retain same health benefits as active employees
- Optional dental and vision coverage at own expense

Healthcare Plan Changes

- Open Enrollment occurs annually in June
- Updated plan information and rates available on district website
- Both in-state and out-of-state plans are available

AB 528 Lifetime Dental

- California law allows eligible certificated retirees to enroll in health and dental plans
- Applies to retirees who lose eligibility for continued healthcare coverage
- Includes spouses and surviving spouses
- Full premium costs must be paid by the retiree

Mid-Year Retirement

- Benefits remain active until the end of the month in which retirement occurs
- Health and Welfare rebate eligibility only for year immediately preceding retirement
- If spouse continues working for district, benefits transfer to active employee's name

DISTRICT MARRIED COUPLES

🕒 Enrollment Requirements

- **May not enroll as individuals** - couples must select one health plan
- **One spouse must be primary** and the other will be covered as a dependent

💰 Financial Benefits

- **No employee contribution** for the selected medical plan
- **Copays & deductibles reimbursement** up to the highest available employee contribution
- **Highest available contribution** = District contribution minus (dental, vision, and life × 10 monthly payments)

📄 Reimbursement Guidelines

- Submit receipts within **30 days** of incurring the expense
- Eligible expenses: **doctor visit co-pays, prescriptions, medically necessary services**
- Submit through **Airtable** with complete documentation
- Reimbursement does **not accumulate** from year to year

To qualify both employees must retire with a minimum of 15 years of service and must be under the age of 65 as medical benefits terminate at age 65.

For detailed receipt requirements and submission instructions, please contact:
Risk Management
risk_management@redlands.k12.ca.us

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)



Keenan

Health Reimbursement Arrangement FAQ



**How much will the district contribute?
Am I eligible?**

The maximum contribution you will receive is \$13,545.60 for Certificated, Classified and Management Retirees.

Can I rejoin the group plan once I have left and moved to the HRA?

No. Once you have left the district's group plan you will not be able to go back.

Will this benefit be taxed?

No. The benefit is tax free going into and coming out of the HRA. Any dollar amount that you do not use during the year will be rolled over into an interest-bearing account. This is also tax free.

How much does it cost?

The fee to the participant is \$8 per month. This amount will be automatically deducted from your HRA balance.

What is a qualified medical expense?

§213(d) of the Internal Revenue Code defines what a qualified medical expense is. A list of qualified medical expenses is included in the Participant Guide.

How do I pay for medical expenses?

The HRA includes a debit card, which makes the process simple and easy for you.

What if I don't use all of my funds each year?

The money in an HRA rolls over year to year. Any amount you don't use in a given year will be rolled into an interest-bearing account.

Can I contribute to my HRA?

No, only the employer can contribute funds to the HRA on your behalf.

Is there a vesting schedule for my HRA?

No, the funds are immediately available to you for your covered medical expenses.



More questions? Contact your district representative or Keenan Financial Services at 800-444-9995, ext. 3671.



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www.keenan.com | 23.FLY.04.05



RETIREMENT HEALTH BENEFITS

COVERAGE

Your RUSD group coverage will conclude on September 30th, with your retiree benefits commencing on October 1st. The Advantage Group (TAG) will issue payment coupons to be paid on the 1st of each month. Payments must be received by the 30th of the covered month to maintain active coverage. For assistance with retiree billing inquiries, direct payment authorization, or alternative payment options, please email Darlene Jobes or call 1-877-506-1660.

HRA

- If you determine that none of our offered plans align with your requirements, you have the option to enroll in the Health Reimbursement Account (HRA). Please note that you can only choose one option—either the HRA or the medical insurance plan. The Retiree HRA FAQ can be found on the Retiree Information page. The contribution amount for the HRA is \$13,545.60. If you would prefer to enroll in the HRA rather than remain on a medical plan, please contact the Risk and Benefits Office. Additionally, please be aware that the medical insurance contribution applies exclusively to retirees.

COBRA

Upon termination of your current benefits, CPI, our COBRA administration partner, will send you an enrollment packet detailing the costs for each coverage option. While the packet may take approximately two weeks to arrive, please be assured that upon enrollment, your coverage will be retroactively effective to October 1st, ensuring continuous coverage. Your COBRA eligibility period for both dental and vision coverage extends for 18 months. At the conclusion of this period, while vision coverage will cease, you have the option to transition to RUSD's lifetime dental coverage. HealthEquity will provide advance notification as you approach the end of your COBRA period. At that time, you may contact our office to discuss current lifetime dental rates and enrollment options.

MEDICARE

If you or your spouse/domestic partner are turning age 65 or become Medicare eligible, you must apply for Medicare Parts A and B to continue your medical benefits. Part A covers inpatient hospital coverage and Part B covers outpatient care coverage. RUSD medical benefits will terminate first day of the month in which the retired employee reaches their 65th birthday or when they become eligible for full Medicare benefits, whichever comes first. For general Medicare information or questions, please visit the Medicare website.

Welsh Insurance Services, a broker located in Redlands, provides RUSD members with FREE consultations to explain Medicare basics and easily compare health plan options. You may reach Welsh Insurance Services at 909-648-1991 or visit their website for more information.

- To apply visit [SSA.gov](https://www.ssa.gov) or contact the Social Security Administration at (800) 772-1213. You are responsible for paying for all Medicare premiums. Enrollment period begins 3 months before you or your spouse/domestic partner turns 65. When applying for Medicare, the Social Security Administration requires form CMS L564 Request for Employment Information. Request Benefits Administration for a completed CMS L564 form.
- As a Medicare-eligible retiree, you have the option to enroll in Kaiser Senior Advantage, a supplemental plan that works in conjunction with your Medicare coverage. If you are interested in enrolling in Kaiser Senior Advantage, please contact the Risk and Benefits Office for enrollment information and assistance.
- Submit a copy of your Medicare Card to the to the Risk and Benefits Office by mail or email if you wish to enroll on the Kaiser Senior Advantage Plan. If we do not receive your Medicare Card documentation, your benefits coverage will automatically terminate on the first day of the month in which you turn 65.

HEALTHCARE BENEFITS GLOSSARY

Copay

Fixed amount you pay for a covered service, usually at time of service.

Example: Your HMO plan has a \$30 copay for office visits.

Deductible

Amount you pay before insurance begins to pay.

Example: With a \$500 deductible, you pay first \$500 of covered services.

Coinsurance

Your share of costs as a percentage after meeting deductible.

Example: With 20% coinsurance, you pay 20% and plan pays 80%.

Premium

Amount paid for health insurance every month.

Example: Monthly premium is deducted from your paycheck.

Out-of-Pocket Maximum

Most you'll pay annually before plan pays 100% for covered services.

Example: After reaching \$3,000 max, plan covers all remaining costs.

HMO

Plan limiting coverage to providers in the HMO network.

Example: Kaiser HMO requires selecting a primary care physician.

PPO

Plan allowing more provider flexibility, in and out of network.

Example: PPO 500 allows seeing specialists without referrals.

HSA

Tax-advantaged account for medical expenses with high-deductible plan.

Example: Contribute \$100/month pre-tax to pay for qualified expenses.

In-Network

Providers contracted with your health plan at negotiated rates.

Example: In-network visits have lower costs than out-of-network.

Out-of-Network

Providers not contracted with your health plan.

Example: Out-of-network care costs more and may not be covered.

Formulary

List of prescription drugs covered by your plan.

Example: Generic medications on Tier 1 have \$10 copay.

FSA

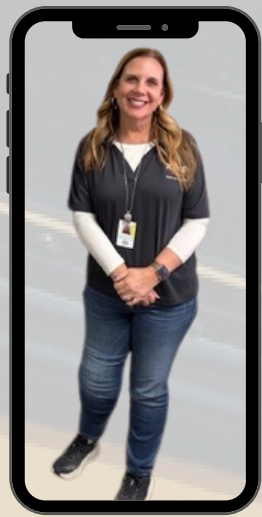
Tax-free account for healthcare expenses; use it or lose it annually.

Example: Contribute to FSA for expected dental and vision expenses.

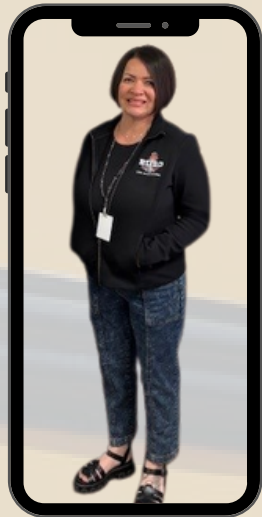
How Costs Work Together:

1. First, pay your premium monthly
2. Then, pay 100% until you meet your deductible
3. Next, pay copays and coinsurance
4. Finally, once you reach out-of-pocket maximum, plan pays 100%

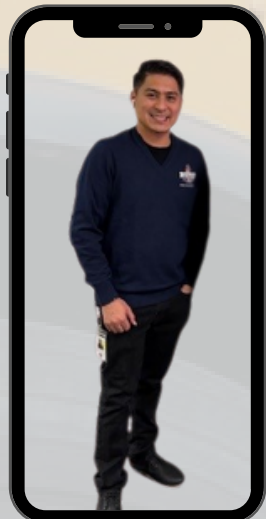
CONTACT US



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