



# **2025/2026 Kaiser Overview**

# Agenda

## Open Enrollment

- H&W Dates
- Final Renewals and Changes Beginning 7/1/25

## Plan Review and Options

- Medical, Dental and Vision
- CompleteCare

## Informational Programs and Features

- Omada Wellness
- Pet Insurance

# H&W Open Enrollment Schedule

**May 5<sup>th</sup> through May 23<sup>rd</sup>**



- Make changes between May 5<sup>th</sup> through May 23<sup>rd</sup> in Benefit Bridge
- Coverage begins July 1st
- Open Enrollment Virtual Meetings with Q&A Session
  - Scan QR code for registration and view meeting recordings
- **Benefits Fair: May 7th at Shivela Middle School MPR 12pm to 6pm**
- If no action is taken, medical, dental and vision elections will continue into next school year
- No changes until next Open Enrollment or if you have a Qualifying Life Event

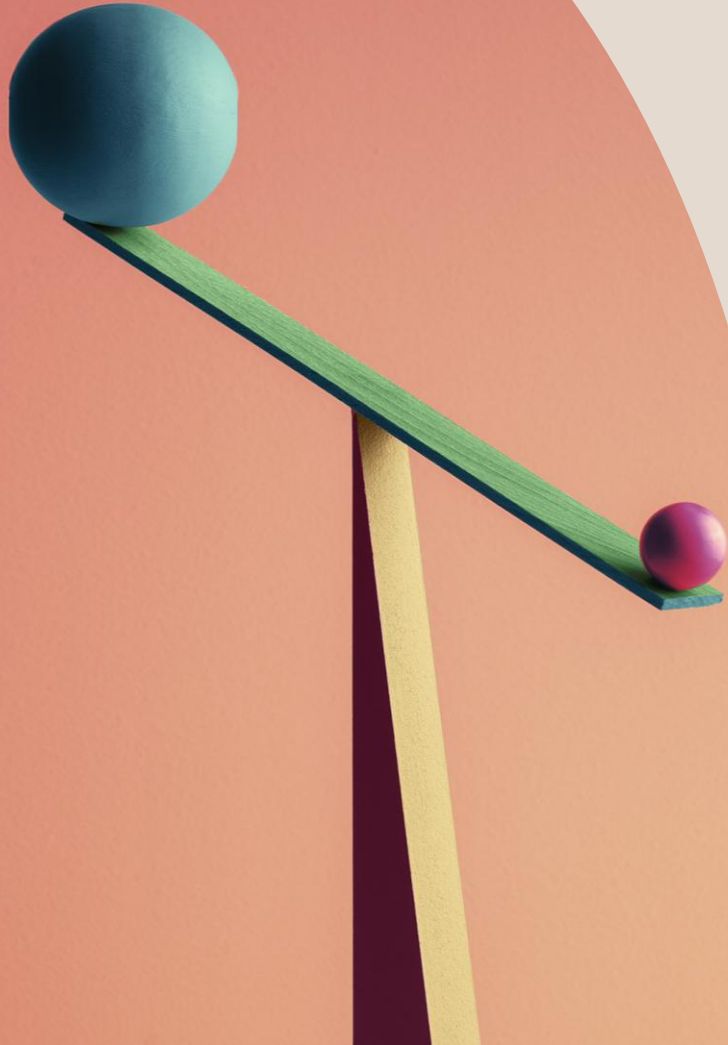
[Scan QR for Open Enrollment Page](#)

# 2025/2026 Renewals: Beginning July 1, 2025

Benefit Coverage	Renewal
Kaiser Permanente	+6.17%
Anthem HMO, HSA, MVP	+4.6%
EyeMed Vision	~\$13.50 increase

Rate Pass	
Delta Dental	Anthem Dental
Bridge Health	Colonial Hospital Indemnity
CompleteCare	GTL Life Insurance**





# Finding the Balance: Monthly Premiums vs Deductible

# Analyzing Your Options

**Cost of Insurance** — Monthly cost vs at the time of service

**Deductible** — The amount of out-of-pocket costs that you pay for health services before the plan pays. Preventative Care covered 100%

**Co-Insurance** — After the deductible is met, you pay a percentage of your expenses (10%, 20% in-network)

**Out-of-Pocket Maximum** — This maximum is the total amount you will pay in a calendar year including deductible, co-insurance and co-payments. Reset 1/1/20xx

Effective Date	7/1/2025	7/1/2025	7/1/2025
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro	DHMO HSA w/Chiro
Benefit Summary	All Employees	Eligible Employees	Eligible Employees
General Plan Information			
Annual Deductible/Individual	\$0	\$500	\$1,650 medical/prescription combined
Annual Deductible/Family	\$0	\$1,000	\$3,300 (two or more members) medical/prescription combined
Coinsurance	100%	80%	90%
Office Visit/Exam	\$25 copay	\$20 copay	90% after deductible
Outpatient Specialist Visit	\$25 copay	\$20 copay	90% after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
*Premiums below are based on an 8 hour / 100% Contract employee and Delta Dental PPO			
Medical Premium*	\$1,751.28	\$1,469.69	\$1,371.91
Delta Dental PPO	\$111.79	\$111.79	\$111.79
Vision	\$30.35	\$30.35	\$30.35
Group Life	\$6.75	\$6.75	\$6.75
District Cap	-\$916.67	-\$916.67	-\$916.67
Monthly Employee Cost	\$983.50	\$701.91	\$604.13

**Murrieta Valley Unified School District**  
**Kaiser Plan Comparison - All Employees**

*Keenan*

RENEWAL **2025**

Effective Date	7/1/2025	7/1/2025	7/1/2025	7/1/2025	7/1/2025
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro	DHMO HSA w/Chiro	DHMO 2500 Virtual Complete	HMO MVP
Benefit Summary	All Employees	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
General Plan Information					
Annual Deductible/Individual	\$0	\$500	\$1,650 medical/prescription combined	\$2,500	\$4,500
Annual Deductible/Family	\$0	\$1,000	\$3,300 (two or more members) medical/prescription combined	\$2,500 for each member in a family of two or more members. \$5,000 for an entire family of two or more members.	\$9,000
Coinsurance	100%	80%	90%	80%	60%
Office Visit/Exam	\$25 copay	\$20 copay	90% after deductible	\$40 copay after Plan Deductible (Plan Deductible doesn't apply to the first three visits combined for primary care, urgent care, mental health and substance use disorder treatment services).	\$50 copay; after deductible
Outpatient Specialist Visit	\$25 copay	\$20 copay	90% after deductible	\$40 copay	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,000	\$5,500	\$6,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,000	\$5,500 for each member in a family of two or more members. \$11,000 for an entire family of two or more members.	\$12,000
Medical Premium*	\$1,751.28	\$1,469.69	\$1,371.91	\$1,321.36	
Delta Dental PPO	\$111.79	\$111.79	\$111.79	\$111.79	Employee Only \$0.00
Vision	\$30.35	\$30.35	\$30.35	\$30.35	Employee + Spouse \$434.48
Group Life	\$6.75	\$6.75	\$6.75	\$6.75	Employee + Child(ren) \$325.29
District Cap	-\$916.67	-\$916.67	-\$916.67	-\$916.67	Employee +Family \$871.24
Monthly Employee Cost	\$983.50	\$701.91	\$604.13	\$553.58	

\*\* Assumes 100% Contract or 8 Hrs/Day with Delta Dental PPO\*\*

# Kaiser HMO25 vs DHMO500

Effective Date Carrier	7/1/2025	
	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name Benefit Summary	HMO 25 w/Chiro	DHMO 500 w/Chiro
	All Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	\$0	\$500
Annual Deductible/Family	\$0	\$1,000
Coinsurance	100%	80%
Office Visit/Exam	\$25 copay	\$20 copay
Outpatient Specialist Visit	\$25 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited

- Kaiser HMO25 to DHMO500- **Employee + Family**
- Monthly decrease \$281 (Annual Savings \$3,379)
  - \$1,000 Deductible/\$6,000 Annual Out-of-Pocket
  - Prescriptions- \$100 per member/calendar year
- Surgery for Employee Only:
  - Owes \$3,000 for out-of-pocket maximum
  - Still saves \$379 annually
- Accident for child- ER visit and follow up treatments
  - Owes \$3,000 for out-of-pocket maximum
  - Out additional \$2,621

\*\* Assumes 100% Contract or 8 Hrs/Day with Delta Dental PPO\*\*



# Best Practices

Review last year's medical usage for you and your family to find appropriate coverage

Virtual visits with Kaiser have \$0: Regardless of your deductible

Stay healthy with Kaiser Wellness

**If you decide to elect a higher deductible:**  
Consider a supplemental benefit-

Hospital Indemnity: Additional layer of protection if hospitalized with wellness benefits

American Fidelity- Accident, Cancer and Critical Illness options

Take extra premium savings and direct into Summer Savers Account through Altura or Schools First



# Kaiser Dual Enrollment

**Medical Plan:** Kaiser HMO25

**Dental Plan:** Delta Dental PPO

**Contract Worked:** 8

**Medical Premium:** \$1,751.28

**Dental Premium:** \$111.79

**Vision Premium:** \$30.35

**\$50K Life/AD&D Premium:** \$7.00

**Monthly District Contribution:** (\$916.67)

**Monthly Employee Premium:** \$983.75

**Medical Plan:** Kaiser MVP EE & Spouse

**Dental Plan:** Delta Dental PPO

**Contract Worked:** 8

**Medical Premium:** \$1,202.26

**Dental Premium:** \$111.79

**Vision Premium:** \$30.35

**\$50K Life/AD&D Premium:** \$7.00

**Monthly District Contribution:** (\$916.67)

**Monthly Employee Premium:** \$434.73

**Monthly Household Cost:** \$869.46

**Medical Plan:** Kaiser Virtual Care 2500

**Dental Plan:** Delta Dental PPO

**Contract Worked:** 8

**Medical Premium:** \$1,321.36

**Dental Premium:** \$111.79

**Vision Premium:** \$30.35

**\$50K Life/AD&D Premium:** \$7.00

**Monthly District Contribution:** (\$916.67)

**Monthly Employee Premium:** \$553.83

**Monthly Household Cost:** \$1,107.66  
+\$123.91 More than HMO25

## AT KAISER FACILITY:

- When both employees cover themselves and spouses/families there is no cost share for Kaiser services
- Co-pays, prescriptions, deductibles do not apply

## EXCLUSIONS:

- Dual coverage not available for external claims: Coordination of Benefits (COB) will occur when a member receives services by a non-KP provider
  - Referrals to mental health or physical therapy appointments
  - Home Health visits
  - Urgent or Emergency Care





# Changes Beginning 7/1/2025

- \$50k GTL Moves to **Madison National Life**
- Anthem Dental Enhancements- Occlusal Guard and Teeth Whitening
- Pet Insurance- **MetLife** (Direct Bill)
  - Death Benefit, Family Plan Options, and Variable Deductible
  - [Get a Quote](#)
  - Nationwide carry-over options
- Employee Assistance Program (EAP) – **ComPsych**
  - 8 sessions available
  - Follow up and appointment assistance

# CompleteCare



Incentivizes employees and their dependents to use other qualified group medical plans

Offers reimbursement for out-of-pocket copays, deductibles or coinsurance payments (\$9,100/single & \$18,200/family per year)

Premium reimbursement if cost exceeds comparable MVUSD plan (\$100/single, \$200/two-party & \$300/family per month) (RARE)

To qualify; must be enrolled in MVUSD MEDICAL plan for at least 12 months

Restrictions: Cannot be used with Medicare, Tricare or an individual policy (CoveredCA, IEHP) or other REEP district



A white tooth model and a dental mirror on a blue surface. The tooth is a realistic model of a molar, showing the crown and root. The mirror is a small, round, silver-colored mirror with a black handle, lying on its side. The background is a solid blue surface.

# Beginning July 1<sup>st</sup>: Anthem Dental Enhancements

- Occlusal Guard and Teeth Whitening
- \$36.20 less per month
- 4 cleanings per year

## Benefit Overview

- 100% Out-of-Network Coverage for cleaning, exams
- 80% Out-of-Network Coverage for basic services (i.e. fillings)
- Annual Maximum \$2,500 for In- and Out-of-Network
- In-Network:
  - 100% for cleanings, exams, x-rays
  - 90% basic services (i.e. fillings)

**NO ORTHODONTIC COVERAGE**

# Delta Dental

## Delta Dental PPO

- Highest Annual Maximum
  - In-Network: \$3,000 person/calendar year
  - Out-of-Network: \$1,000 person/calendar year
- In-Network: 100% for cleaning, exams, basic fillings, and sealants
- \$2,500 Orthodontic Benefit
  - \*\*Lifetime Maximum\*\*
- Highest benefit coverage for employee/dependents
- Smaller in-network provider selection

## Delta Dental Incentive

- Step Increase Feature
  - 70% -100% Coverage
  - Increases 10% each year with at least one dentist appointment
- Annual Maximum
  - In-Network: \$1,200 person/calendar year
  - Out-of-Network: \$1,000 person/calendar year
- \$2,750 Orthodontic Benefit
  - \*\*Lifetime Maximum\*\*
- Larger in-network provider selection

## Teeth Whitening Codes:

Once per 24 months to all Delta Dental Plans

**D9972:** External bleaching per arch which is performed in the office.

**D9973:** External bleaching per tooth.

**D9974:** Internal bleaching per tooth.

**D9975:** External bleaching for home application, per arch; includes materials.

## Occlusal Guard Codes:

50% up to Lifetime maximum of \$500

Procedure Code	Procedure Code Description	Limitation
D9942	Repair and/or reline of occlusal guard	Benefit is limited to once within a 6 month period
D9943	Occlusal guard adjustment	Benefit is limited to once within a 12 month period
D9944	Occlusal guard - hard appliance, full arch	Benefit is limited to one occlusal guard within a 5 year period
D9945	Occlusal guard - soft appliance, full arch	Benefit is limited to one occlusal guard within a 5 year period
D9946	Occlusal guard - hard appliance, partial arch	Benefit is limited to one occlusal guard within a 5 year period
D9951	Occlusal adjustment - limited	Benefit is limited to once per quadrant within a 4 month period
D9952	Occlusal adjustment - complete	Benefit is limited to once within a 6 month period

# EyeMed Vision

- PPO Vision Plan
- Annual Exams and 2 frame and lenses every 12 months
  - Providers can verify coverage using employee's SSN and/or date of birth
  - Look up dependents covered under the plan
- Download the app for special offers and coupons
- Save more with PLUS Providers

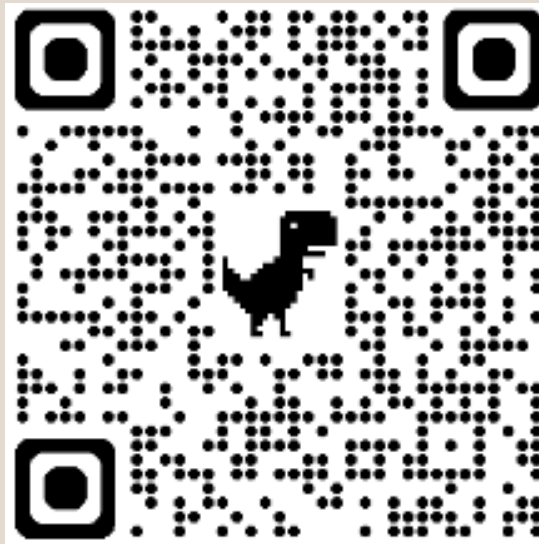
## HOW TO: mobilize your vision plan

### EYEMED MEMBERS APP

Our member app was the first of its kind. But innovation – like your life – never stops. The EyeMed Members App is packed with ahead-of-the-game resources wherever you are. Before, during and after your eye appointment.

Get the latest EyeMed Members App:

1. **DOWNLOAD** – Search "EyeMed Members" in your App store, iTunes or Google Play.
2. **OPEN** – You can use some features right away; others unlock once you register.
3. **REGISTER** – You'll need your member ID or the last four digits of your social security number.
4. **LOG IN** – If you've already registered on eyemed.com, you can log onto the app the same way.



[Scan QR for MVUSD Vision Page](#)



**Beginning July 1, 2024, REEP is offering a \$150 e-gift card reward to every eligible REEP member employee who enrolls in a REEP Omada Diabetes, Hypertension, or Joint & Muscle Health condition management program.<sup>†</sup>**

REEP will cover the entire cost of the program if you or your spouse, domestic partner, or adult dependent aged 18 and older are enrolled in a REEP Anthem Blue Cross or Kaiser Permanente medical plan, and apply, meet the eligibility requirements, and enroll in the program. However, only REEP member employees are eligible for rewards.

**Get started at:**

[omadahealth.com/reep](https://omadahealth.com/reep)





# Omada Health

## Programs for:

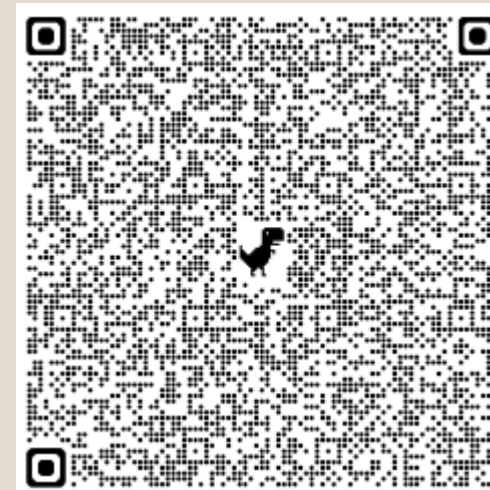
- Pre-diabetes & pre-hypertension (weight loss and overall health)
- Joint and muscle pain
- Diabetes
- Hypertension (high blood pressure)

## Members Receive:

- A dedicated health coach and care team
- Interactive weekly lessons
- Smart devices delivered to your door
- Long term results through habit and behavior change

The Omada Health program is **free** for *qualified* MVUSD employees enrolled in either an Anthem medical or Kaiser Permanente plan.

Take the 1-minute risk screener to qualify: <https://go.omadahealth.com/reep>



# Next Steps.....

- Make changes between May 5<sup>th</sup> through May 23<sup>rd</sup> in Benefit Bridge
- Coverage Begins July 1<sup>st</sup>
- If no action is taken, medical, dental and vision elections will continue into next school year
- No changes until next Open Enrollment or if you have a Qualifying Life Event



## Questions?

Email:

[benefits@murrieta.k12.ca.us](mailto:benefits@murrieta.k12.ca.us)

# Pet Insurance from MetLife



[metlife.com/getpetquote59606](https://metlife.com/getpetquote59606)







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. Confidential 24/7 support.**

#### Services:

##### Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

##### Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

##### Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

##### Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

##### Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

##### Interactive Digital Tools

- Self-care platform offers guided health programs
- Tackle anxiety, depression, stress
- Improve mindfulness, sleep, and more

##### Wellness Support

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency and more



COMPSYCH®  
GuidanceResources® Worldwide

**Coming Soon!**  
July 1, 2025



**24/7 Live Assistance** Online or by Phone



# ComPsych Employee Assistance Program (EAP) Coming 7/1/25