
BENEFITS OVERVIEW FOR 2024



BENEFITS IN 2024

- Expecting Medical Increase for 2024/2025
 - Increased Inflation and “Cost of Doing Business”
- Statewide Increases: Not Unique to MVUSD
 - CalPERS Kaiser +14%
 - Riverside County
- Expected Rate Pass for Dental and Vision



BENEFITS COMMITTEE: BEHIND THE SCENES

2022/2023

- Employee Survey
- Evaluated Plan Utilization and Cost Analysis
 - Discontinued Anthem PPO Essentials Plan
- Reviewed Reduced Premium options

2023/2024

- Added Kaiser Virtual Care 2500
- Enhanced Vision Plan
 - “2nd Pair Option” (Frames/Contacts)
 - Added Benefit for Progressive Lenses

2024/2025

- Solicited bids from other JPAs
 - Assessed Detailed Plan Comparison and Impact Analysis
 - Network and Prescription Changes
- UPCOMING: Possible Vision/Dental Enhancements

FINDING THE RIGHT OPTION FOR YOU AND YOUR FAMILY



COST CONSIDERATIONS

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%

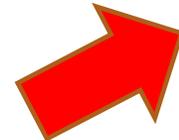
Deductible ONLY applies to diagnostic services

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

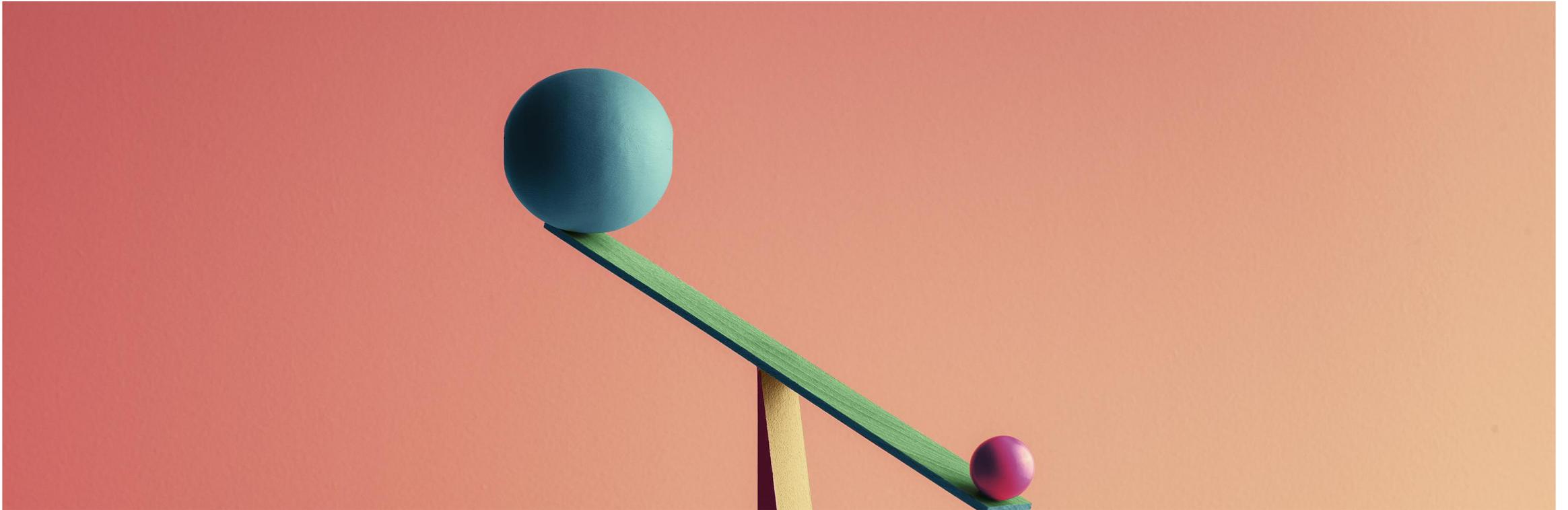
Out-of-Pocket Maximum — This maximum is the total amount you will pay in a calendar year including deductible, co-insurance and co-payments

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

	Current	Current	Current
Effective Date	7/1/2023	7/1/2023	7/1/2023
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	\$1,500 medical/prescription combined
Annual Deductible/Family	\$0	\$1,000	\$3,000 (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
<small>*Premiums below are based on an 8 hour / 100% Contract employee and Delta Dental PPO per</small>			
Medical Premium*	\$1,506.33	\$1,264.28	\$1,180.23
Delta Dental PPO	\$111.79	\$111.79	\$111.79
Vision	\$16.69	\$16.69	\$16.69
Group Life	\$7.00	\$7.00	\$7.00
District Cap	-\$916.67	-\$916.67	-\$916.67
Monthly Employee Cost	\$725.14	\$483.09	\$399.04



FINDING THE BALANCE: MONTHLY PREMIUMS VS DEDUCTIBLE



	Current	Current
Effective Date	7/1/2023	7/1/2023
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro
Benefit Summary	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
Medical Premium*	\$1,506.33	\$1,264.28
Delta Dental PPO	\$111.79	\$111.79
Vision	\$16.69	\$16.69
Group Life	\$7.00	\$7.00
District Cap	-\$916.67	-\$916.67
Monthly Employee Cost	\$725.14	\$483.09

Change from Kaiser HMO25 to DHMO500-
Employee Only

- Monthly decrease \$242.05 (Annual Savings \$2,904.60)
 - \$500 Deductible/\$3000 Annual Out-of-Pocket
 - Prescriptions- \$100 per member/calendar year
- Put monthly funds into a Savings Account
- Catastrophic Event: Owes \$95.40 (after utilizing savings)

REVIEW KAISER PLAN COMPARISON ON BENEFITS PAGE

	Current	Current
Effective Date	7/1/2023	7/1/2023
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro
Benefit Summary	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
Medical Premium*	\$1,506.33	\$1,264.28
Delta Dental PPO	\$111.79	\$111.79
Vision	\$16.69	\$16.69
Group Life	\$7.00	\$7.00
District Cap	-\$916.67	-\$916.67
Monthly Employee Cost	\$725.14	\$483.09

Change from Kaiser HMO25 to DHMO500-
Family of 4

- Monthly decrease \$242.05 (Annual Savings \$2,904.60)
 - \$1000 Deductible/\$6000 Annual Out-of-Pocket
 - Prescriptions- \$100 per member/calendar year
 - Family vacation!
- Catastrophic Event: Owes \$6000 for out-of-pocket maximum
- With Savings Option? Would have only owed \$3,095.40

REVIEW KAISER PLAN COMPARISON ON BENEFITS PAGE

KAISER DUAL COVERAGE ILLUSTRATION

Medical Plan: Kaiser HMO25
Dental Plan: Delta Dental PPO
Contract Worked: 100%
Medical Premium: \$1,506.33
Dental Premium: \$111.79
Vision Premium: \$16.69
\$50K Life/AD&D Premium: \$7.00
Monthly District Contribution: (\$916.67)
Monthly Employee Premium: \$725.14

Medical Plan: Kaiser MVP EE & Spouse
Dental Plan: Delta Dental PPO
Contract Worked: 100%
Medical Premium: \$1,034.41
Dental Premium: \$111.79
Vision Premium: \$16.69
\$50K Life/AD&D Premium: \$7.00
Monthly District Contribution: (\$916.67)
Monthly Employee Premium: \$253.22

Monthly Household Cost: \$506.44

Medical Plan: Kaiser Virtual Care 2500
Dental Plan: Delta Dental PPO
Contract Worked: 100%
Medical Premium: \$1,136.79
Dental Premium: \$111.79
Vision Premium: \$16.69
\$50K Life/AD&D Premium: \$7.00
Monthly District Contribution: (\$916.67)
Monthly Employee Premium: \$355.60

Monthly Household Cost: \$711.20

Rate illustration assumes 8 hr/day or 100% contract employee with Delta Dental PPO

LEVERAGING THE MVP TIERED RATE

Susan has worked for MVUSD for 15 years and works 8 hours per day. She currently covers her husband and daughter under the Anthem HMO30 but is considering a change next year.

- Spouse is eligible for Medicare in June
- Daughter ages off plan in May
- Chronic condition which requires monthly prescriptions

Anthem HMO30

- Premiums:
 - \$960.37 x12 =\$11,524.44
 - Includes Dental, Vision and Life
- Services:
 - Prescriptions \$15/\$40/\$80
- Catastrophic event
 - Annual out of pocket maximum \$500 (Rx not included)

Total Out of Pocket Cost:	
Premiums	\$11,524.44
Services	\$500.00
Total	\$12,024.44

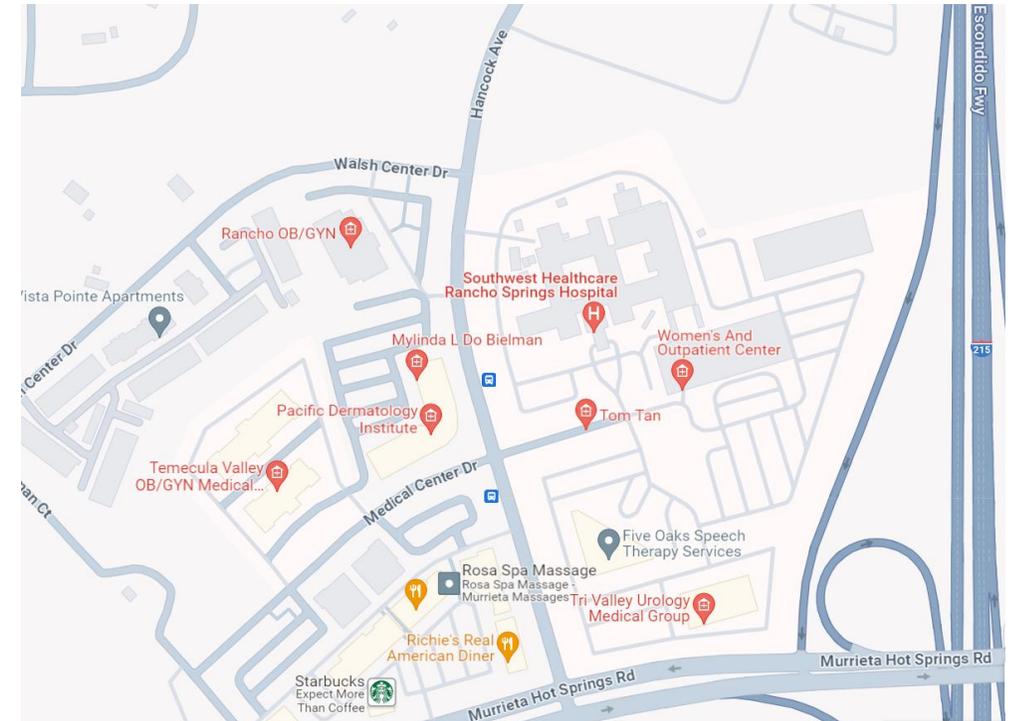
Anthem MVP

- Premiums:
 - \$0.00 x12 =\$0.00
 - Includes Dental, Vision and Life
- Services:
 - Prescriptions \$19/\$50/\$75
- Catastrophic event
 - Annual out of pocket maximum \$6,100.00 (Rx not included)

Total Out of Pocket Cost:	
Premiums	\$0.00
Services	\$6,100.00
Total	\$6,100.00

COMING EARLY 2024: REEP MEDICAL CLINIC THROUGH EVERSIDE HEALTH

Primary and preventive care	Labs
<ul style="list-style-type: none"> Acute illness visits & treatment* Basic vision screening (color & near vision) Biometric screening Blood pressure and vitals screening Chronic condition management* Comprehensive personal evaluation including routine checkups* Coordination with other providers (e.g., specialists, hospitals)* 	<ul style="list-style-type: none"> Basic metabolic panel Blood draws & sample collection Cholesterol Hemoglobin A1c Pregnancy test Screening for diabetes Strep throat test Urinalysis
<ul style="list-style-type: none"> Fitness & nutrition coaching* Health risk assessment* Hearing screening (audiometry) Lifestyle & risk-reduction coaching* Pediatric Visits* Pre-op evaluations & clearance Routine adult physicals Sports physicals Men's and Women's health 	
Procedures	Mental health
<ul style="list-style-type: none"> Asthma/pulmonary treatments Basic ENT procedures Basic wound care Dermatological procedures including mole removal Ingrown toenail removal Skin biopsy (lab not included) Skin cyst removal Skin tag & wart removal (cryo) Stitches Suture/Staple removal 	<ul style="list-style-type: none"> Anxiety assessment & treatment* Depression assessment & treatment* Integrated primary care and mental health
Medications and Immunizations	Diagnostic testing & vitals
<ul style="list-style-type: none"> Common vaccines available onsite Medications available on site 	<ul style="list-style-type: none"> Blood pressure & vitals EKG Peak flow testing Spirometry



KAISER MVP TIERED RATE COMPARISON

Don has worked for MVUSD for 17 years and works 8 hours per day. He currently covers himself and his wife and they are in their early 50s.

- Kids have aged off the plan
- Both get their annual physicals and screenings but are relatively healthy

Kaiser HMO 25

- Premiums:
 - \$725.14 x12 =\$8,701.68
 - Includes Dental, Vision and Life
- Services:
 - Prescriptions \$15/\$35
- Catastrophic event for Spouse Only
 - Annual out of pocket maximum \$1,500.00

Total Out of Pocket Cost:	
Premiums	\$8,701.68
Services	\$1,500.00
Total	\$10,201.68

Kaiser MVP

- Premiums:
 - \$253.22 x12 =\$3,037.44
 - Includes Dental, Vision and Life
- Services:
 - Prescriptions \$15/\$35 after \$250 per member Rx deductible
- Catastrophic event for Spouse Only
 - Annual out of pocket maximum \$6,000

Total Out of Pocket Cost:	
Premiums	\$3,037.44
Services	\$6,000.00
Total	\$9,037.44

COMPLETE CARE

- 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



To Enroll:

Switch to coverage
through a spouse's
or parent's
employer OR

Enroll Spouse
and/or children in
other qualified
medical coverage

COMPLETE CARE

Keep MVUSD Coverage:

- Enroll eligible dependents into Complete Care
- Employee then transitions to a tiered rate plan at MVUSD
- Spouse and/or children eligible for reimbursement for out-of-pocket costs

Decline MVUSD Coverage:

- Transition medical coverage to other group coverage
- Reimbursement for employee and eligible dependents for out-of-pocket costs
- Classified PT employees: unable to maintain ancillary benefits; would opt out of all MVUSD coverage

TENTATIVE OPEN ENROLLMENT SCHEDULE

H&W Open Enrollment

- **April 29th through May 17th**
- Open Enrollment Meetings:
 - May 1st and 16th (Virtual)
 - Benefits Fair May 8th at Shivela MPR from 1pm to 6pm
 - May 14th (at DSC?)
- Benefits will be holding webinars for targeted populations with plan options
 - WATCH YOUR EMAIL FOR DETAILS

Benefits Fair! May 8th Shivela MPR

- Meet with carriers, ask questions about your benefits, and make your Open Enrollment elections
- Kaiser Mobile Health Vehicle
- Food Truck Onsite

American Fidelity March 2024

- Re-election of FSA EVERY year
- Voluntary Benefits Will Rollover into New School Year
- Disability elections do not increase automatically with salary adjustments

QUESTIONS?

Email us!

Benefits@murrieta.k12.ca.us

Call us!

951-696-1600 ext 1015 or 1134

Link to Presentation

