

Classified CSEA Employee Benefits
CVT Premium Plan Rates
Effective 10-01-2020 through 09-30-2021

Benefit Plan	Premium Rate (Monthly)		
	Employee Only	Employee + One	Employee + Family
Kaiser 1	\$1,048.00	\$1,802.00	\$2,273.00
Kaiser 3	\$1,021.00	\$1,756.00	\$2,214.00
Kaiser 5	\$993.00	\$1,707.00	\$2,153.00
Kaiser 6	\$1,015.00	\$1,744.00	\$2,200.00
Kaiser Wellness	\$816.00	\$1,402.00	\$1,769.00
Blue Cross PPO 1	\$1,117.00	\$1,921.00	\$2,424.00
Blue Cross PPO 2	\$1,063.00	\$1,828.00	\$2,306.00
Blue Cross PPO 3	\$1,031.00	\$1,773.00	\$2,237.00
Blue Cross PPO 5	\$981.00	\$1,687.00	\$2,129.00
Blue Cross PPO Wellness	\$924.00	\$1,589.00	\$2,005.00
CVT Bronze Plan	\$514.00	\$884.00	\$1,115.00

CVT HMO Health Plans with Kaiser Permanente

Newark Unified SD - CLASSIFIED

October 1, 2020 - September 30, 2021

BENEFIT	Kaiser 1	Kaiser 3	Kaiser 5	Kaiser 6	Kaiser Wellness
Calendar Year Deductible	\$0	\$0	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay	Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay
Outpatient Radiology	Radiation Therapy:Paid at 100%* Chemotherapy:\$10 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$20 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$35 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$25 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$40 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$20 Copay	\$35 Copay	\$25 Copay	\$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$20 Copay	\$35 Copay	\$25 Copay	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$20 Copay	\$35 Copay	\$25 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225
Medical Decision Support	N/A	N/A	N/A	N/A	N/A
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	Kaiser 1		Kaiser 3		Kaiser 5		Kaiser 6		Kaiser Wellness	
Prescription Drugs	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
	\$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)		\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)		\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)		\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)		\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	
									\$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)	

Kaiser Permanente Plans:

*** For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Newark Unified SD - CLASSIFIED

October 1, 2020 - September 30, 2021

BENEFIT	PPO 1B	PPO 2B	PPO 3B	PPO 5B
Calendar Year Deductible	\$0	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$50 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$75 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$250 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO 1B		PPO 2B		PPO 3B		PPO 5B	
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$10 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾	Mail Order ⁽⁴⁾	Retail ⁽⁴⁾	Mail Order ⁽⁴⁾	Retail ⁽⁴⁾	Mail Order ⁽⁴⁾	Retail ⁽⁴⁾	Mail Order ⁽⁴⁾
	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic
	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred
	\$30 Non-Preferred	\$70 Non-Preferred	\$30 Non-Preferred	\$70 Non-Preferred	\$30 Non-Preferred	\$70 Non-Preferred	\$30 Non-Preferred	\$70 Non-Preferred
	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Newark Unified SD - CLASSIFIED

October 1, 2020 - September 30, 2021

BENEFIT	PPO Wellness	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,750 Family: \$3,500	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90% after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*(¹) after deductible is met (Copay, if applicable.)	Paid at 70%*(¹) after deductible is met
Chiropractic	Paid at 90%*(¹) after deductible is met (Copay, if applicable.)	Paid at 70%*(¹) after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance

BENEFIT	PPO Wellness		PPO Bronze	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.



**CALIFORNIA'S
VALUED TRUST**
Healthcare Benefits for the Education Community

Newark Unified SD
Classified

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2020 to September 30, 2021

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$2,200	\$2,000
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
Orthodontic Benefits Children Only Lifetime Maximum: \$700 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details

What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (deltadentalins.com), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year 70%	Second Year 80%	Third Year 90%	Fourth Year 100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: es.deltadentalins.com.

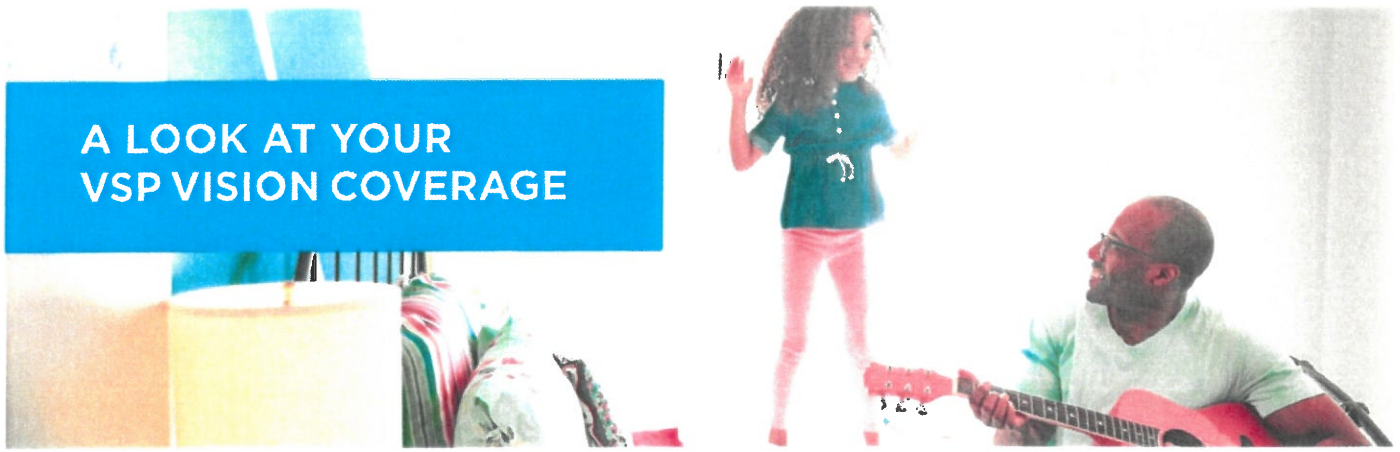
Create a free Online Services account at deltadentalins.com to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss mysmileway.com – a great resource for oral health-related tools and tips.

Mobile? Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.

A LOOK AT YOUR VSP VISION COVERAGE



**SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM CALIFORNIA'S VALUED
TRUST - PLAN C \$5 COPAY AND VSP.**



**CALIFORNIA'S
VALUED TRUST**

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.



Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%
TO SPEND ON
FEATURED FRAME BRANDS*
SAVINGS ON LENS
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE  NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.



Enroll today.

Contact us: 800.877.7195 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

2020-2021

Newark Unified SD - Classified



PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$5 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco* frame allowance 	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Tints/Photochromic adaptive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 			
EXTRA SAVINGS	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

©2020 Vision Service Plan. All rights reserved.

VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

EMPLOYEE ASSISTANCE PROGRAM

CONFIDENTIAL SUPPORT FOR WORK AND LIFE



Life is busy. When you need more resources to manage it all, our Employee Assistance Program (EAP) professionals can help. The EAP provides information, guidance and support to help you and your family reach your personal and professional goals, manage daily stresses and develop fulfilling relationships.

The EAP is here to help

You don't have to handle your concerns on your own. It's OK to ask for help. In fact, seeking help early enables you to take immediate control of your situation and can prevent small issues from turning into big problems. EAP counselors are available 24 hours a day, 7 days a week. Whether your concern is big or small, don't hesitate to call.

BENEFITS OF THE EAP INCLUDE:

COUNSELING SERVICES

Talk one-on-one with an experienced, licensed counselor for support with stress management, strengthening relationships, work/life balance, grief and loss, and more. You can access a counselor face-to-face, online, by video, or by phone.

Each covered member can get up to six counseling sessions per benefit year (with a maximum of two courses of treatment). Clinical assistance is available 24 hours a day/7 days a week. As with all EAP services, your conversation will be strictly confidential.

LEGAL SERVICES (Free 30-minute consultation and discounted rates)

- Divorce
- Landlord and tenant issues
- Real estate transactions
- Wills and power of attorney
- Civil lawsuits and contracts
- Identity theft recovery

FINANCIAL SERVICES (Free 30-minute consultation and discounted rates)

Talk to a financial coach for guidance on:

- Saving for college
- Debt consolidation
- Mortgage issues
- Estate planning
- General tax questions
- Retirement planning
- Family budgeting

WORK/LIFE SERVICES

- Work/life resource and referral services
- Child care services
- Elder care services

YOUR EMPLOYEE ASSISTANCE PROGRAM

**Call for confidential support or
information any time, day or night.**

1-877-397-1032

www.achievesolutions.net/cvt



CALIFORNIA'S
VALUED TRUST



beacon
health options



CALIFORNIA'S
VALUED TRUST
Healthcare Priority for the Educator's Community

1.877.397.1032 | www.achievesolutions.net/cvt



beacon
health options

We Help People live their lives to the fullest potential.



HOW CAN THE EAP HELP YOU?

Call the EAP for guidance and support managing work and life, including:

- Achieving personal goals
- Finding care for an aging relative
- Sorting through legal matters
- Resolving conflicts
- Improving health such as weight loss, stress management or quitting smoking
- Planning for a strong financial future
- Strengthening relationships
- Improving communication skills
- Planning for life events such as a marriage or birth of a child

ONLINE RESOURCES

Visit the Achieve Solutions website to access articles, videos, calculators and quizzes to help you improve your health and manage life events. You can also search for service providers in your area. The site is available in English and Spanish.

Topics include:

- Depression
- Strengthening marriage and relationships
- Stress management
- Anxiety
- Conflict management
- Weight management
- Communication

HOW THE EAP WORKS

- **Access is easy and there's no cost to you.** Go online or call the toll-free phone number on this brochure any time. Each member must call Beacon Health Options for authorization and referral before receiving services. Claims will not be paid without an authorization.
- **Staffed by professionals.** EAP professionals are highly trained and qualified. The information you receive is accurate, up to date and relevant to your particular circumstances.

- **Your call is private.**

Your personal information is kept confidential in accordance with federal and state laws.

Privacy is a priority

The EAP upholds strict confidentiality standards. Your personal information is kept confidential in accordance with federal and state laws. No one will know you have accessed the program services unless you specifically grant permission or express a concern that presents a legal obligation to release information (for example, if it is believed you are a danger to yourself or to others).

Call for confidential support or information any time, day or night.

1-877-397-1032

www.achievesolutions.net/cvt

This brochure is for informational purposes only and does not guarantee eligibility for program services. Beacon Health Options services do not replace regular medical care. In an emergency, seek help immediately.

YOUR EMPLOYEE ASSISTANCE PROGRAM

Resources, referral and support services for personal success:

- Fulfilling relationships
- Managing life events
- Achieving personal goals
- Legal services
- Healthy living
- Financial services
- Resilience
- Work/life services



CALIFORNIA'S
VALUED TRUST
Healthcare Provider for the Education Community

1.877.397.1032 | www.achievesolutions.net/cvt

