



**KINGS CANYON UNIFIED SCHOOL DISTRICT
EDUCATIONAL SUPPORT CENTER**

PAYROLL CONTACT INFORMATION:
(559) 305-7020
payroll@kcusd.com

**2021-2022
CERTIFICATED RATES
EFFECTIVE 10/1/2021-9/30/2022**

Plan Options	PPO Plans						HMO Plans				
	Plan 1A	Plan 3A	Plan 4A	Plan 9D	Wellness C	Bronze	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 8	Kaiser Wellness
Blue Cross or Kaiser	\$1,665.00	\$1,544.00	\$1,485.00	\$1,036.00	\$1,376.00	\$776.00	\$1,683.00	\$1,535.00	\$1,339.00	\$1,230.00	\$1,376.00
Delta Dental Incentive	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16	\$144.16
Life Insurance \$150k	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$150.90	\$15.90	\$15.90	\$15.90	\$15.90
Vision Service Plan	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26
Total Monthly Plan Cost	\$1,845.32	\$1,724.32	\$1,665.32	\$1,216.32	\$1,556.32	\$956.32	\$1,998.32	\$1,715.32	\$1,519.32	\$1,410.32	\$1,556.32
Total Annual Plan Cost	\$22,143.84	\$20,691.84	\$19,983.84	\$14,595.84	\$18,675.84	\$11,475.84	\$23,979.84	\$20,583.84	\$18,231.84	\$16,923.84	\$18,675.84
10 Month Cost	\$2,214.38	\$2,069.18	\$1,998.38	\$1,459.58	\$1,867.58	\$1,147.58	\$2,397.98	\$2,058.38	\$1,823.18	\$1,692.38	\$1,867.58
District Contribution*	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74
Employee 10 Month Cost**	\$704.64	\$559.44	\$488.64	\$0.00	\$357.84	\$0.00	\$888.24	\$548.64	\$313.44	\$182.64	\$357.84

*KCUSD annual district contribution is: \$15,097.41

**October 2021 -September 2022 excludes July and August

\$13,946.00	\$962.05	\$189.36
Prior Cap	1%	Life Ins

\$15,097.41

Reminder: Please remember to contact payroll for all qualifying events including newly eligible dependents.

Also, if you want to change to a **Kaiser plan**, you must fill out a **SEPARATE APPLICATION**.



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**2021-2022
CERTIFICATED RATES
EFFECTIVE 10/1/2021-9/30/2022**

Plan Options	PPO Plans						HMO Plans				
	Plan 1	Plan 3	Plan 4	Plan 9	Wellness	Bronze	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 8	Kaiser Wellness
Blue Cross or Kaiser	\$1,665.00	\$1,544.00	\$1,485.00	\$1,036.00	\$1,376.00	\$776.00	\$1,683.00	\$1,535.00	\$1,339.00	\$1,230.00	\$1,376.00
Delta Dental Limited	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42	\$62.42
Life Insurance \$150K	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90	\$15.90
Vision Service Plan	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26	\$20.26
Total Monthly Plan Cost	\$1,763.58	\$1,642.58	\$1,583.58	\$1,134.58	\$1,474.58	\$874.58	\$1,781.58	\$1,633.58	\$1,437.58	\$1,328.58	\$1,474.58
Total Annual Plan Cost	\$21,162.96	\$19,710.96	\$19,002.96	\$13,614.96	\$17,694.96	\$10,494.96	\$21,378.96	\$19,602.96	\$17,250.96	\$15,942.96	\$17,694.96
10 Month Cost	\$2,116.30	\$1,971.10	\$1,900.30	\$1,361.50	\$1,769.50	\$1,049.50	\$2,137.90	\$1,960.30	\$1,725.10	\$1,594.30	\$1,769.50
District Contribution*	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74	-\$1,509.74
Employee 10 Month Cost**	\$606.56	\$461.36	\$390.56	\$0.00	\$259.76	\$0.00	\$628.16	\$450.56	\$215.36	\$84.56	\$259.76

*KCUSD annual district contribution is: \$15,097.41

**October 2021 -September 2022 excludes July and August

Reminder: Please remember to contact payroll for all qualifying events including newly eligible dependents.

Also, if you want to change to a **Kaiser plan**, you must fill out a **SEPARATE APPLICATION**.

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

Kings Canyon Joint Unified SD - CERTIFICATED

October 1, 2021 - September 30, 2022

BENEFIT	PPO 1A	PPO 3A	PPO 4A	PPO 9D
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$1,000 Family: \$2,000
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* 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: \$5,000 Family: \$10,000
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 - \$35 Copay Specialty Physician - \$35 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%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	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.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	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.)	Paid at 80%* ⁽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%* 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	Paid at 80%* 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%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	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	Paid at 80%* 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%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$35 Copay
Home Health Care	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	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO 1A		PPO 3A		PPO 4A		PPO 9D	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.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⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail⁽⁴⁾ \$10 Generic \$40 Pref \$100 Non-Pref (30-Day Supply) (\$150 Brand Deductible)	Mail Order⁽⁴⁾ \$25 Generic \$100 Pref \$250 Non-Pref (80-Day Supply) (\$150 Brand Deductible)

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 and Consumer Medical visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are 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

Kings Canyon Joint Unified SD - CERTIFICATED

October 1, 2021 - September 30, 2022

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 - After deductible is met, \$50 copay then paid at 90%*	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	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 - After deductible is met, \$250 copay then paid at 90%*	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 deductible is met, copay then paid at 90%*	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 - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.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
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⁾

BENEFIT	PPO Wellness		PPO Bronze	
Prescription Drugs	Retail⁽⁴⁾	Mail Order⁽⁴⁾	Retail⁽⁴⁾	Mail Order⁽⁴⁾
	\$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	\$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	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 and Consumer Medical visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are 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 HMO Health Plans with Kaiser Permanente
Kings Canyon Joint Unified SD - CERTIFICATED**

October 1, 2021 - September 30, 2022

BENEFIT	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 8	Kaiser Wellness
Calendar Year Deductible	\$0	\$0	\$0	Individual: \$1,000 Family: \$2,000	\$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: \$3,000 Family: \$6,000	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 - \$25 Copay Specialty Physician - \$25 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay No Deductible	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay, No Deductible	\$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:\$25 Copay	Radiation Therapy:Paid at 100%*, after deductible is met Chemotherapy:Paid at 100%*, No deductible	Radiation Therapy:Paid at 100%* Chemotherapy:\$40 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$150 Per Trip If Medically Necessary No deductible	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay No Deductible	\$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	\$25 Copay Referral by Plan Physician	\$20 Copay, No Deductible Referral by Plan Physician	\$40 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$20 Copay	\$25 Copay	Paid at 80%* after deductible is met	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	Paid at 80%* after deductible is met	\$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	Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (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

BENEFIT	Kaiser 1		Kaiser 3		Kaiser 6		Kaiser 8		Kaiser Wellness	
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⁾	
Prescription Drugs	Retail \$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)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	Retail \$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)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$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)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	Retail \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	Mail Order \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)

Kaiser Permanent 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.

Delta Dental PPO Incentive Plan Summary of Benefits
Effective October 1, 2021 to September 30, 2022

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	Unlimited	Unlimited
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 4 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 : \$2000 Annual Max	Paid at: 70% *	Paid at: 70% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$1,250 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	Second Year	Third Year	Fourth Year
70%	80%	90%	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.



**California's
Valued Trust**

Healthcare Benefits for the Education Community

**Kings Canyon Joint Unified
Certificated**

Delta Dental PPO 70/30 Plan Summary of Benefits

Effective October 1, 2021 to September 30, 2022

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	\$25 per person / \$75 per family per calendar year
Calendar Year Maximum Benefit	\$1,000	\$1,000
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 100% *	Paid at: 70% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 80% *	Paid at: 60% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Endodontics (root canals)	Paid at: 80% *	Paid at: 60% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 60% *	Paid at: 50% *
Prosthodontics Bridges Dentures Implants	Paid at: 60% *	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)

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<i>Most potential savings with Delta Dental PPO dentists</i>	<i>Some savings with Delta Dental Premier dentists</i>	<i>No savings with non-Delta Dental dentists</i>
➤ Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment. ➤ You'll usually pay less when you visit a Delta Dental PPO dentist. ➤ When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.	➤ Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees. ➤ Premier dentists will not bill you above their contracted fees, so you still receive some cost protections not available with a non-Delta Dental dentist.	➤ Non-Delta Dental 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.

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A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM CALIFORNIA'S VALUED
TRUST - PLAN C \$15.00 COPAY AND VSP.



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 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE  NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://vsp.com/offers).

UP
TO **40%**

SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

2021-2022

Kings Canyon Joint Unified - Certificated & Trustees

PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$15.00 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	\$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	- Single vision, lined bifocal, and lined trifocal lenses - Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	- 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)	\$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
EXTRA SAVINGS	Glasses and Sunglasses - 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. Retinal Screening - No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction - 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.

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