



# KINGS CANYON UNIFIED SCHOOL DISTRICT EDUCATIONAL SUPPORT CENTER

**2023-2024  
CERTIFICATED RETIREE RATES  
EFFECTIVE 10/1/2023-9/30/2024**

## BUSINESS SERVICES CONTACT INFORMATION:

(559) 305-7021

insurance@kcusd.com

Medical UNDER 65 rates		Plan 1	Plan 3	Plan 4	Plan 9	Bronze	Wellness	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 8
J	Retiree Under 65	<input type="checkbox"/> \$960.00	<input type="checkbox"/> \$890.00	<input type="checkbox"/> \$856.00	<input type="checkbox"/> \$597.00	<input type="checkbox"/> \$446.00	<input type="checkbox"/> \$793.00	<input type="checkbox"/> \$1,317.00	<input type="checkbox"/> \$1,240.00	<input type="checkbox"/> \$1,089.00	<input type="checkbox"/> \$977.00
JU	Retiree + Spouse BOTH under 65	<input type="checkbox"/> \$1,652.00	<input type="checkbox"/> \$1,531.00	<input type="checkbox"/> \$1,473.00	<input type="checkbox"/> \$1,027.00	<input type="checkbox"/> \$768.00	<input type="checkbox"/> \$1,363.00	<input type="checkbox"/> \$2,262.00	<input type="checkbox"/> \$2,131.00	<input type="checkbox"/> \$1,871.00	<input type="checkbox"/> \$1,681.00
JUU	Retiree + family ALL under 65	<input type="checkbox"/> \$2,084.00	<input type="checkbox"/> \$1,931.00	<input type="checkbox"/> \$1,859.00	<input type="checkbox"/> \$1,296.00	<input type="checkbox"/> \$968.00	<input type="checkbox"/> \$1,721.00	<input type="checkbox"/> \$2,854.00	<input type="checkbox"/> \$2,687.00	<input type="checkbox"/> \$2,359.00	<input type="checkbox"/> \$2,119.00
JM	Retiree (under 65) + spouse (Over 65)	<input type="checkbox"/> \$1,517.00	<input type="checkbox"/> \$1,421.00	<input type="checkbox"/> \$1,376.00	<input type="checkbox"/> \$951.00	N/A	N/A	<input type="checkbox"/> \$1,641.00	<input type="checkbox"/> \$1,508.00	<input type="checkbox"/> \$1,340.00	<input type="checkbox"/> \$1,228.00

Medical OVER 65 rates		Plan 1	Plan 3	Plan 4	Plan 9	Bronze	Wellness	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 8
VI	Retiree Over 65	<input type="checkbox"/> \$557.00	<input type="checkbox"/> \$531.00	<input type="checkbox"/> \$520.00	<input type="checkbox"/> \$354.00	N/A	N/A	<input type="checkbox"/> \$324.00	<input type="checkbox"/> \$268.00	<input type="checkbox"/> \$251.00	<input type="checkbox"/> \$251.00
VIM	Retiree + Spouse BOTH over 65	<input type="checkbox"/> \$1,068.00	<input type="checkbox"/> \$1,012.00	<input type="checkbox"/> \$989.00	<input type="checkbox"/> \$672.00	N/A	N/A	<input type="checkbox"/> \$648.00	<input type="checkbox"/> \$536.00	<input type="checkbox"/> \$502.00	<input type="checkbox"/> \$502.00
VIMU	Retiree (Over 65) + family (Spouse over 65 and Dependent under 65)	<input type="checkbox"/> \$1,902.00	<input type="checkbox"/> \$1,782.00	<input type="checkbox"/> \$1,726.00	<input type="checkbox"/> \$1,191.00	N/A	N/A	<input type="checkbox"/> \$1,965.00	<input type="checkbox"/> \$1,776.00	<input type="checkbox"/> \$1,590.00	<input type="checkbox"/> \$1,478.00
VU	Retiree (Over 65) + spouse (Under 65)	<input type="checkbox"/> \$1,517.00	<input type="checkbox"/> \$1,421.00	<input type="checkbox"/> \$1,376.00	<input type="checkbox"/> \$951.00	N/A	N/A	<input type="checkbox"/> \$1,641.00	<input type="checkbox"/> \$1,508.00	<input type="checkbox"/> \$1,340.00	<input type="checkbox"/> \$1,228.00

### Dental

Retiree only	<input type="checkbox"/>	\$70.15
Retiree + spouse	<input type="checkbox"/>	\$129.62
Retiree + family	<input type="checkbox"/>	\$199.08

Medical  
Dental  
Vision  
Total

\$0.00
\$0.00
\$0.00

### Vision

Retiree only	<input type="checkbox"/>	\$12.38
Retiree + spouse	<input type="checkbox"/>	\$22.99
Retiree + family	<input type="checkbox"/>	\$35.41

District contribution -

Retiree payment

\$0.00

CHANGE DUE TO:

Effective Date

Employee's Name (Print)

Employee's Signature

Date Signed

Submit changes on MyCVT online by:

**5pm, Friday, July 22, 2023. NO EXCEPTIONS!**

New Rates and plan changes become effective: October 1, 2023

An invoice for your new monthly premium will be mailed to you.

**Reminder: Please remember to contact payroll for all qualifying events.**

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

Payments, if any are due to the Business Office by the 1st of each month.  
Please mail payments to Attn: Business Office  
1502 I St. Reedley Ca 93654

Please mark below IF you would like KCUSD pre-addressed envelopes.

☐ Yes, I would like KCUSD addressed envelopes for my monthly payments.

Certificated Retiree OE

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

**Kings Canyon Joint Unified SD - CERTIFICATED**

**October 1, 2023 - September 30, 2024**

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx A	PPO 9, Rx D
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$1,000 Family: \$2,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$5,000 <sup>(2)</sup> Family: \$10,000 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialty Physician</b> - \$35 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$50 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$75 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$250 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 100%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
<b>Urgent Care</b>	\$10 Copay	\$20 Copay	\$20 Copay	\$35 Copay
<b>Home Health Care</b>	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 1, Rx A		PPO 3, Rx A		PPO 4, Rx A		PPO 9, Rx D	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
<b>Medical Decision Support</b>	Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$10 Generic \$40 Pref \$100 Non-Pref (30-Day Supply) (\$150 Brand Deductible)	<b>Mail Order<sup>(4)</sup></b> \$25 Generic \$100 Pref \$250 Non-Pref (90-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 Alight visits are excluded (2) Pharmacy copayments 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](http://www.cvtrust.org/plan-documents).

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

**Kings Canyon Joint Unified SD - CERTIFICATED**

**October 1, 2023 - September 30, 2024**

BENEFIT	PPO Wellness, Rx C	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (Includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,750 Family: \$3,500	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialty Physician</b> - Subject to deductible then \$70 copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	Paid at 70%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%*( <sup>(1)</sup> ) after deductible is met (Copay, if applicable.)	Paid at 70%*( <sup>(1)</sup> ) after deductible is met
<b>Chiropractic</b>	Paid at 90%*( <sup>(1)</sup> ) after deductible is met (Copay, if applicable.)	Paid at 70%*( <sup>(1)</sup> ) after deductible is met
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (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)
<b>Urgent Care</b>	\$20 Copay	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	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
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>
<b>Medical Decision Support</b>	Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>

BENEFIT	PPO Wellness, Rx C		PPO Bronze	
Prescription Drugs	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail</b>	<b>Mail Order</b>
	\$7 Generic	\$15 Generic	Subject to deductible, then	Subject to deductible, then
	\$25 Pref	\$80 Pref	\$25 Generic Copay	\$50 Generic Copay
	\$40 Non-Pref (30-Day Supply)	\$90 Non-Pref (90-Day Supply)	\$50 Brand Copay (30-Day Supply)	\$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 Aflac visits are excluded (2) Pharmacy copayments 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](http://www.cvtrust.org/plan-documents).**

**CVT HMO Health Plans with Kaiser Permanente**  
**Kings Canyon Joint Unified SD - CERTIFICATED**  
**October 1, 2023 - September 30, 2024**

BENEFIT	HMO 1	HMO 3	HMO 6	HMO 8	HMO Wellness
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	Individual: \$1,000 Family: \$2,000	\$0
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	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
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$25 Copay <b>Specialty Physician</b> - \$25 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay No Deductible	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*
<b>Outpatient Laboratory</b>	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay, No Deductible	\$10 Copay
<b>Outpatient Radiology</b>	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	<b>Preventive X-rays, screenings, lab tests:</b> Paid at 100%*, No deductible <b>MRI, most CT, and PET scans:</b> Paid at 80%* up to max \$50 per procedure, No Deductible	Most services paid at 100%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible	Paid at 100%*
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay No Deductible	\$20 Copay
<b>Chiropractic</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Acupuncture</b>	\$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
<b>Outpatient Surgery</b>	\$10 Copay	\$20 Copay	\$25 Copay	Paid at 80%* after deductible is met	\$500 Per Procedure
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	\$250 Copay	Paid at 80%* after deductible is met	\$500 Copay Per Admission Unlimited days, semi-private room
<b>Hospital Emergency Room</b>	\$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)
<b>Urgent Care</b>	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay	\$20 Copay
<b>Home Health Care</b>	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (Limits)	Paid at 100%* (Limits)
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>
<b>Medical Decision Support</b>	N/A	N/A	N/A	N/A	N/A

BENEFIT	HMO 1		HMO 3		HMO 6		HMO 8		HMO Wellness	
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> \$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)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$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)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	<b>Retail</b> \$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)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$80 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	<b>Mail Order</b> \$10 Generic \$25 Brand (up to 30 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](http://www.cvtrust.org/plan-documents).



**Delta Dental PPO Incentive Plan Summary of Benefits**

Effective October 1, 2023 to September 30, 2024

<b>Benefits and Covered Services*</b>	<b>PPO Network **</b>	<b>Premier Network and Out of Network **</b>
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	Unlimited	Unlimited
<b>Diagnostic &amp; Preventive (D&amp;P) Services</b> Note: D & P does not count towards calendar year maximum Oral Examinations: 2 Annual Cleanings: 4 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Endodontics</b> (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Prosthodontics</b> Bridges Dentures Implants : \$2000 Annual Max	Paid at: 70% *	Paid at: 70% *
<b>Orthodontic Benefits</b> Adults & Dependent Children Lifetime Maximum: \$1,250 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	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](http://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](http://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](http://es.deltadentalins.com).

Create a free Online Services account at [deltadentalins.com](http://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](http://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

With VSP and CALIFORNIA'S VALUED TRUST - Plan C \$15 Copay, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

## 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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private  
practice  
doctors

Visionworks

## Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on [vsp.com](http://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.

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 California's  
Valued Trust  
Healthcare Benefits for the Education Community

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Extra  
\$20

to spend on  
Featured Brands†

bebe CALVIN KLEIN  
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and more

See all brands and offers  
at [vsp.com/offers](http://vsp.com/offers).

+

Up to  
40%

Savings on  
lens enhancements‡

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](http://vsp.com)



# Your VSP Vision Benefits Summary 2023-2024 Kings Canyon Joint Unified - Certificated & Trustees



PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$15 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"><li>\$170 featured frame brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li></ul>	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Tints/Light-reactive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 40% on other lens enhancements</li></ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every 12 months
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li><li>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.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to <a href="https://vsp.com">vsp.com</a> to find an in-network provider.			

\*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.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).

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