SAN JOAQUIN COUNTY OFFICE OF EDUCATION
Troy A. Brown, Ed.D., County Superintendent of Schools

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www.sjcoe.org

Date: July 25, 2025

To: ALL SJCOE Represented Teachers

From: Jenny Barros, Coordinator, Payroll Services

Subject: **CVT 2025-2026 Open Enrollment – Changes Effective October 1, 2025**

The CVT Health & Welfare Open Enrollment period begins NOW and **ends on Wednesday, August 20, 2025, at 5:00 pm. Payroll Services will be hosting the annual Health Benefits Fair on Tuesday, August 5, 2025, from 3:00 pm-5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. CVT/Anthem, Kaiser, Delta Dental, VSP consultants, American Fidelity, Empower 457 plan representatives and various vendors will be present and available to answer your questions. Come by and have your questions answered, pick up giveaways from vendors and enter to win raffle prizes. Employees with CVT coverage are required to make plan changes via the **MyCVT Online Member Portal**. Additional information on the MyCVT Online Member Portal is below. Also, if you are making a plan change, you must complete a **SJCOE Plan Selection Form**, email SJCOEPayroll@sjcoe.net to request the electronic form.

Benefit Cap Increase - Effective July 1, 2025

- The benefit cap increased to $1,375.00 per month (pro-rated for SJCEA unit members working at least half-time but less than full-time per Master Agreement).

New PPO High-Deductible Health Plans (HDHP) Added

A High-Deductible Health Plan (HDHP) is a type of health plan characterized by higher deductibles and lower monthly premiums compared to traditional health plans.

- Key Features of a HDHP
  - High Deductible – You must pay more out-of-pocket before insurance starts covering services.
  - Lower Premiums – Monthly premiums are typically lower than traditional PPO plans.
  - Catastrophic Coverage – Once you hit the out-of-pocket maximum, the plan covers 100% of costs.
  - Many of the CVT value programs (MDLIVE, Simple Therapy, Carrum, etc.) are included at no cost once deductible has been met.
  - HSA Eligibility – Often paired with a Health Savings Account (HSA), allowing tax-free savings for medical expenses.
- Health Savings Account (HSA) Participation Requirements
  - Must be enrolled in a qualified HDHP Plan.
  - No secondary, non-HSA compatible coverage.
  - Not claimed as a dependent on another's tax return.
  - Not participating in a general-purpose Healthcare FSA or HRA.
  - Not using VA or Indian Health Service medical benefits.
  - Not enrolled in Medicare or TRICARE.
  - Calendar Year Contribution Limits
    - 2025 - $4,300 self-only, $8,550 family coverage
    - 2026 - $4,400 self-only, $8,750 family coverage
  - To open a HSA account you must meet with American Fidelity during the open enrollment period.

***CVT Health Benefit Updates 2025/2026**

- Medical Benefit Updates:
  - MDLive – PPO members have access to telehealth/virtual benefits for primary care, urgent care, behavioral health and dermatology.
  - Simple Therapy – PPO members have virtual access to a personalized and clinically appropriate care team of certified health coaches, physical therapists, and doctors to deliver customized musculoskeletal (MSK) care.
  - Joint (Hip/Knee) Replacements, Spinal Surgery & Bariatric Surgery – PPO members are required to use Blue Distinction + facilities for any inpatient or outpatient services.
  - Substance Use Treatment – PPO members are required to use Blue Distinction + facilities for treatment services.

  - GLP-1 Medication for Weight Loss – GLP-1's will only be covered for members who have a starting Body Mass Index (BMI) of 35 or greater (for PPO plans) or 40 or greater (for Kaiser plans). All PPO members using GLP-1 for weight loss will require a new authorization and will be limited to a 30-day supply.
- Vision (VSP) Updates:
  - VSP benefit now includes eyeconic.com, the VSP online eyewear store. Eyeconic connects your eyewear, your insurance coverage, and the VSP doctor network. You get the convenience of online shopping with the personal touch from a VSP network doctor.

Open Enrollment CVT Questions

Have an open enrollment question? The CVT team can assist with questions about plans, value added services and open enrollment support:
Sydnie Boyles, our dedicated CVT Member Services Representative, sydnieb@cvtrust.org (800) 288-9870
Tova Miracle, our dedicated CVT Account Manager, tovam@cvtrust.org (619-517-9600)

Opt-Out Option Plan

The purpose of offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for an employee enrolled in Opt-Out Plan). The Opt-Out Plan is premium in lieu of enrollment. Employees that choose the Opt-Out Plan will not have medical or prescription drug coverage. Employees enrolled in the Opt-Out Plan must also enroll in the dental and vision plans. Employees electing the Opt-Out Plan must also sign a *"Declination of Coverage for Full Time Employees form."* Email SJCOEPayroll@sjcoe.net to obtain the Declination of Coverage form. **Note: Employees must show proof of other insurance when electing the Opt-Out Option Plan each plan year.**

MyCVT Online Member Portal – www.mycvt.cvtrust.org

MyCVT is a web-based portal where you can make coverage changes, add/delete dependents or change your address. Please refer to the "*MyCVT User Guide*" included in this packet to make a change to your insurance. All changes must be made through the MyCVT portal. For assistance with this procedure if needed, please email SJCOEPayroll@sjcoe.net.

You will receive the complete 2025-2026 Open Enrollment Packet via email. You may access the packet electronically by visiting the following link: ***https://www.sjcoe.org***. (under *Careers* select *Benefits)*. **You must make plan changes via MyCVT by the deadline, Wednesday, August 20, 2025 (no exceptions).** Any changes made during the Open Enrollment period will be effective October 1, 2025, through September 30, 2026. If you are not making any changes to your medical, dental and/or vision coverage, no action is required. **If you participate in the Section 125 Plan medical/dependent care reimbursement you must meet with American Fidelity yearly to re-enroll and/or update premiums for voluntary plans (ie: Disability premium).**

CVT PPO Plans and Kaiser HMO Plans Rate Comparison:

PPO Plans – Anthem Blue Cross	**Group #**	**2024-25**	**2025-26**
Plan 3 100%	13929C	$2,276.00	$2,499.00
Plan 6 80% / 20%	13929F	$2,012.00	$2,209.00
Plan 10 Base Plan 80% / 20%	13929K	$1,403.00	$1,541.00
Bronze Plan	1853YA	$1,114.00	$1,223.00
Opt-Out Plan	OOHL-8P	$ 836.00	$ 917.00
High-Deductible Plan 1 90% / 10% – **New**	TBD	n/a	$1,502.00
High-Deductible Plan 2 80% / 20% – **New**	TBD	n/a	$1,341.00
HMO Plans – Kaiser			
Kaiser 1	0815-0022	$2,394.00	$2,672.00
Kaiser 5	0815-0054	$2,264.00	$2,527.00
Kaiser 7	0815-0070	$2,199.00	$2,454.00
Kaiser Wellness Active	0815-0086	$1,870.00	$2,087.00
Kaiser Bronze	0815-0144	$1,121.00	$1,251.00
Dental Plan			
Delta Dental Basic 1500 PPO Incentive Plan	7901-3460	$ 99.39	$ 104.36
Delta Dental (DPO) 70/30 Plan	7901-3461	$ 59.30	$ 62.26
Vision Plan			
Vision Service Plan-Plan C (VSP)	0000406A	$ 22.08	$ 23.19

ESTIMATE YOUR PAYROLL DEDUCTION/OVER-CAP ONLY (CAP AMOUNT PRO-RATED BASED ON FTE)
Insert the premium from your plan selection in the lines below.

Medical Plan	$_____
Dental Plan	$_____
Vision Plan	$_____
Total Premium	**$_____**
Less Insurance Benefit Cap	**$ - 1,375.00**
Over-the-Cap (OTC)	**$_____**
Multiply OTC by 12 (mths of coverage)	**$ x 12 = _____**
Divide by 11 (mths of pay)	**$ / 11 = _____**
***11 Month Payroll Deduction**	**$_____**

* Monthly Payroll Deduction amount from Salary.
If premium is less than cap, payroll deduction would be zero. To pre-tax your Payroll Deduction/Over-Cap amount, you need to enroll in Section 125 pre-tax processing.
See American Fidelity flyer for more details.

Dependents

In order for SJCOE to maintain and preserve the integrity of the health plans, it is the employee's responsibility to submit proof of eligibility for dependents (i.e., spouse/domestic partner, children, etc.). Federal healthcare legislation allows employees to provide healthcare coverage to their children up to age 26 regardless of financial dependence, student status, or marital status.

Who is an eligible dependent?

Spouse: The employee's legally wed spouse as defined by state law. A copy of the marriage certificate that is witnessed and signed immediately following the ceremony or Certificate of Marriage (legal document from the Hall of Records) and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form.

Domestic Partner: All couples regardless of age or sexual orientation are eligible. The employee must provide SJCOE with a certified copy of the Declaration of Domestic Partnership that was filed with California Secretary of State and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form.

Child/Child of Domestic Partner: A natural child or stepchild from birth to age 26; a legally adopted child or a child who is in the process of being adopted; a child for whom the member has legal and physical custody/guardianship to age 18. Proof of eligibility will be required when adding a new dependent for an existing employee and at the time of hire for a new employee.

*Additional information provided in the on-line packet by visiting the following link: https://www.sjcoe.org (under Careers select Benefits)

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from the website, please contact Payroll Services at SJCOEPayroll@sjcoe.net .

Attachments

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

San Joaquin COE - CERTIFICATED

October 1, 2025 - September 30, 2026

BENEFIT	PPO 3, Rx B	PPO 6, Rx B	PPO 10, Rx B
Calendar Year Deductible	Individual: $100 Family: $200	Individual: $250 Family: $500	Individual: $2,000 Family: $4,000
Coinsurance	Paid at 100%* after deductible is met	Paid at 80%* 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(2) Family: $2,500(2)	Individual: $2,000(2) Family: $4,000(2)	Individual: $6,350(2) Family: $12,700(2)
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 100%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 80%*	**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%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 100%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 80%*	**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%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* 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	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 100%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 80%*	**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%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$20 Copay	$20 Copay	Paid at 80%* after deductible is met
Home Health Care	Paid at 100%* 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	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**
Virtual Physical Therapy	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.

BENEFIT	PPO 3, Rx B		PPO 6, Rx B		PPO 10, Rx B	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	
Prescription Drugs	**Retail**(4,9) $7 Generic $15 Preferred $30 Non-Preferred (30-Day Supply)	**Mail Order**(4,9) $15 Generic $35 Preferred $70 Non-Preferred (90-Day Supply)	**Retail**(4,9) $7 Generic $15 Preferred $30 Non-Preferred (30-Day Supply)	**Mail Order**(4,9) $15 Generic $35 Preferred $70 Non-Preferred (90-Day Supply)	**Retail**(4,9) $7 Generic $15 Preferred $30 Non-Preferred (30-Day Supply)	**Mail Order**(4,9) $15 Generic $35 Preferred $70 Non-Preferred (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. Anthem BDC+ required procedures excluded from $250 outpatient surgery copay.

(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) The PrudentRx program is not applicable and 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) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be $0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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

San Joaquin COE - CERTIFICATED

October 1, 2025 - September 30, 2026

BENEFIT	HDHP 1	HDHP 2	Bronze
Calendar Year Deductible	Individual: $1,700 Family: $3,400 (No individual limit applies to family)	Individual: $2,600 Family: $5,200 (No individual limit applies to family)	Individual: $5,000 Family: $10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* 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: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Individual: $6,000 Family: $12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $6,000.	Individual: $7,000 Family: $14,000
Doctor Visits	**Primary Care Physician** - Paid at 90%* after deductible is met **Specialist Physician** - Paid at 90% after deductible is met	**Primary Care Physician** - Paid at 80%* after deductible is met **Specialist Physician** - Paid at 80% after deductible is met	**Primary Care Physician** - First 3 visits covered in full after $60 copay per visit; Remaining visits - Paid at 70%* after deductible is met **Specialist Physician** - Subject to deductible then 70% copay per visit
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*(1) after deductible is met	Paid at 80%*(1) after deductible is met	Paid at 70%*(1) after deductible is met (Copay, if applicable)
Chiropractic	Paid at 90%*(1) after deductible is met	Paid at 80%*(1) after deductible is met	Paid at 70%*(1) after deductible is met (Copay, if applicable)
Acupuncture	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met (Copay, if applicable). Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 80%* 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 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Subject to Deductible, then $250 Copay (copay waived if admitted as in-patient)
Urgent Care	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	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 80%* 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%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**
Virtual Physical Therapy	Paid at 100%, after deductible is met. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%, after deductible is met. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)

BENEFIT	HDHP 1		HDHP 2		Bronze	
Prescription Drugs	**Retail**(4,9) Subject to deductible, then $25 Generic Copay $50 Brand Copay (30 Day-Supply)	**Mail Order**(4,9) Subject to deductible, then $50 Generic Copay $100 Brand Copay (90 Day-Supply)	**Retail**(4,9) Subject to deductible, then $25 Generic Copay $50 Brand Copay (30 Day-Supply)	**Mail Order**(4,9) Subject to deductible, then $50 Generic Copay $100 Brand Copay (90 Day-Supply)	**Retail**(4,9) Subject to deductible, then $25 Generic Copay $50 Brand Copay (30-Day Supply)	**Mail Order**(4,9) Subject to deductible, then $50 Generic Copay $100 Brand Copay (90-Day Supply)

PPO Plans:

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be $0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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CVT HMO Health Plans with Kaiser Permanente

San Joaquin COE - CERTIFICATED

October 1, 2025 - September 30, 2026

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 7	Kaiser Wellness	Kaiser Bronze
Calendar Year Deductible	$0	$0	$0	$0	Individual: $4,500 Family: $9,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 60%*
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: $6,000 Family: $12,000
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $35 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $35 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - Paid at 60%* after deductible is met **Specialist Physician** - Paid at 60%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	$10 Copay	Most tests paid at 60%* after deductible is met
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	$10 copay*	Most services paid at 60%*, after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*	Paid at 60%*, deductible does not apply (Most DME is not covered)
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	$100 Per Trip If Medically Necessary	$100 Copay If Medically Necessary	Paid at 60%* after deductible is met
Physical Therapy	$10 Copay	$35 Copay	$35 Copay	$20 Copay	Paid at 60%* after deductible is met
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	$20 Copay Referral by Plan Physician	Paid at 60%* after deductible is met Referral by plan physician
Outpatient Surgery	$10 Copay	$35 Copay	$250 Copay	$500 Per Procedure	Paid at 60%* after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	$250 Copay	$500 Copay Per Admission Unlimited days, semi-private room	Paid at 60%* after deductible is met
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)	Paid at 60%* after deductible is met
Urgent Care	$10 Copay	$35 Copay	$35 Copay	$20 Copay	Paid at 60%* after deductible is met
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%*, deductible does not apply (Limits)
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.
Virtual Physical Therapy	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.

BENEFIT	Kaiser 1		Kaiser 5		Kaiser 7		Kaiser Wellness		Kaiser Bronze
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)
Prescription Drugs	**Retail** $5 Generic $10 Brand (Up to 30 Day Supply)	**Mail Order** $10 Generic $20 Brand (31-100 Day Supply)	**Retail** $10 Generic $20 Brand (Up to 30 Day Supply)	**Mail Order** $20 Generic $40 Brand (31-100 Day Supply)	**Retail** $10 Generic $30 Brand (Up to 30 Day Supply)	**Mail Order** $20 Generic $60 Brand (31-100 Day Supply)	**Retail** $10 Generic $25 Brand (Up to 30 Day Supply)	**Mail Order** $20 Generic $50 Brand (31-100 Day Supply)	**Generic** Paid at 70%* (Member's share not to exceed $50) 100-day supply Deductible does not apply **Brand** Paid at 60%*, after $250 deductible (Member's share not to exceed $100) 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 11 HSA - $5 Per Visit after deductible is met.

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.

California's Valued Trust
Healthcare Benefits for the Education Community

San Joaquin COE
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Delta Dental PPO Basic Incentive Plan Summary of Benefits

Effective October 1, 2025 to September 30, 2026

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	$1,900	$1,500
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. 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% *
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

San Joaquin COE
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Delta Dental DPO 70-30 Plan Summary of Benefits

Effective October 1, 2025 to September 30, 2026

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 (D&P) Services Note: D & P does not count towards calendar year maximum. 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)

*** 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.

Most potential savings with Delta Dental PPO dentists	***Some savings with Delta Dental Premier dentists***	***No savings with non-Delta Dental dentists***
➢ 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.

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.

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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



With VSP and California's Valued Trust (Plan C $10 Copay), your health comes first.

VSP® Vision Care provides you personalized eye care at VSP network locations with low or no out-of-pocket costs.

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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 more than $3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp PREMIER edge

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** 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.

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee. This protects you from the unexpected when you go to a Premier Edge location whether it's accidentally broken or damaged glasses, your prescription changes or if you don't love the glasses you chose. Visit **vsp.com/zerocopay** for details.

More Ways to Save

Extra

$20

to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

See all brands and offers at **vsp.com/offers**.

+

Up to

40%

Savings on lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

2025-2026

San Joaquin COE - Certificated

Provider Network:
VSP Signature
Frequency:
Exam every 12 months
Frame every 12 months
Lenses every 12 months

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BENEFIT	DESCRIPTION	PREMIERMAX COPAY WITH PREMIER EDGE PROVIDERS	COPAY WITH OTHER VSP NETWORK PROVIDERS
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Every 12 months	**$0**	$10 for exam and glasses
RETINAL SCREENING	• Images of the inside of the eye, used to screen for potential signs of eye disease • Every 12 months	**$0**	Up to $39
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. • Available as needed	$20 per exam	$20 per exam
PRESCRIPTION GLASSES			
FRAME[+]	• $220 Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $110 Walmart/Sam's Club/Costco frame allowance • Every 12 months	Combined with exam	Combined with exam
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months	Combined with exam	Combined with exam
LENS ENHANCEMENTS[+]	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Tints/Light-reactive lenses • Average savings of 40% on other lens enhancements • Every 12 months	$0 $80 – $90 $120 – $160 $0	$0 $80 – $90 $120 – $160 $0
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60	Up to $60
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.		

†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. Premier Edge is not available for some members in the state of Texas.

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**. Visionworks is a VSP-affiliated company.

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California's Valued Trust

Healthcare Benefits for the Education Community

CVT Benefits, Programs and Resources

As a member of California's Valued Trust (CVT), you and your eligible dependents have access to a variety of resources designed to improve your health and/or reduce your out-of-pocket health care costs. In the list below, you will find your health plans, as well as the additional resources and programs available to you. Website addresses and phone numbers are also provided, should you wish to get additional information.

My CVT Online Benefits Portal:
Log into MyCVT.cvtrust.org to enroll in your insurance, view benefit coverage, print an ID card (PPO), upload documentation for enrolling dependents, changes for open enrollment and qualifying events.

CVT Member Services:
Call **(800) 288-9870** or use the CHAT feature available at cvtrust.org.

PPO/EPO/HMO Enrollees

Aetna: PPO plan network for medical coverage.
Aetna.com, or call **(866) 307-6062**.

Anthem Blue Cross: Plan network for medical coverage including Anthem Health Guide support.
Anthem.com/ca, or call **(800) 234-4333**.

Download the Sydney Mobile app.

Blue Shield of California: Plan network for medical coverage including Blue Shield of California Concierge support.
Blueshieldca.com

- **Blue Shield PPO:** Call Connect Member Services at **(888) 499-5532**.
- **Blue Shield Trio HMO:** Call Shield Concierge Line: **(855) 747-5800**.
- **Blue Shield Access+ HMO:** Call Member Services at **(855) 256-9404**.

SimpleTherapy (Blue Shield): Blue Shield PPO members will access a network of providers for occupational therapy, physical therapy, chiropractic care, acupuncture and speech therapy.
SimpleTherapy.com, or call **(877) 519-8839**.

Teledoc: Telehealth benefits for Blue Shield of California HMO members include medical consultations with board-certified doctors, prescriptions for non-emergency conditions, urgent care for minor illnesses and injuries, chronic disease management and mental health support.

Teledochealth.com, or call **(800) 835-2362**.

Wellvolution: A health platform that offers a select collection of lifestyle programs, tools, and apps to qualified members at no extra cost.

These programs can help you lose weight, control type 2 diabetes, reduce your risk of developing type 2 diabetes, manage anxiety and depression, quit smoking, improve sleep, reduce stress, boost your resilience and more. Visit wellvolution.com to learn more.

CVS Caremark: Prescription plan coverage.

Caremark.com, or call **(888) 354-6390**.

CVS Transform Diabetes Care:
A personalized program that will help make it easier to keep your diabetes and other conditions in check so you can live well, stay motivated and achieve your best health.

Call CVS' dedicated Transform Diabetes Care team at **(800) 348-5238**.

CVS Weight Management Program:
If your doctor has prescribed medication specifically to help you lose weight, the CVS Weight Management Program is designed to help you achieve lasting results.

cvs.co/nutritionsupport, or call **(800) 207-2208**.

Kaiser Permanente Enrollees

Register for all resources to your healthcare and wellbeing resources as a Kaiser Permanente enrollee.

KP.org, or call **(800) 464-4000**.

SimpleTherapy (Kaiser Permanente): If you have a Kaiser Permanente plan that includes a chiropractic or acupuncture rider, this is for you.

cvtchiro.com, or call **(877) 519-8839**.

Additional CVT Benefits and Programs

Accordant: Making the management of your complex health conditions easier with added support – at no extra cost. Accordant nurses are available 24/7.

Accordant.com, or call **(800) 948-2497**.

Carelon Wellbeing Employee Assistance Program (EAP): Counseling, Legal, Financial, Work/Life Balance support.

Carelonwellbeing.com/cvt, or call **(877) 397-1032**.

Carrum Health: Surgical and oncology (cancer) centers of excellence focused on quality providers and surgeons.
Carrum.me/cvt, or call **(888) 855-7806**.

CredibleMind: A safe, evidence-based first stop where you can find solutions to a wide range of issues. It provides an upstream prevention tool that assists you wherever and however you like to learn. Visit cvt.crediblemind.com to learn more.

Delta Dental: Dental benefit overview, find a dental provider, estimate your cost and much more.
Deltadentalins.com, or call **(866) 499-3001**.

MDLIVE: Telehealth benefits for primary care, urgent care, behavioral health and dermatology at $0 copay. MDLIVE.com/cvt, or call **(888) 632-2738**.

Solera4me: Solera4me is a 16-week no-cost program that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.
Gosolera.com/cvt, or call **(844) 612-2949**.

TruHearing: TruHearing will significantly lower your out-of-pocket costs on hearing aids.
TruHearing.com, or call **(844) 222-3389**.

VSP: Vision benefits overview, find an optical provider, online frame store and much more.
VSP.com, or call **(800) 877-7195**.

California's Valued Trust
Healthcare Benefits for the Education Community

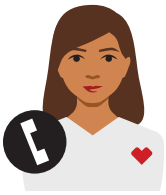
Accordant®
CVS specialty™ nurse care management

AccordantCare® Program

A personalized, no-cost program to help you manage your complex health condition — anytime day or night



The AccordantCare program gives you personalized support, by phone and online, from nurses who specialize in your complex condition. **It's available through your benefit plan at no extra cost.**



Our dedicated nurses can:

- ☑ Help manage your condition and treatment
- ☑ Monitor side effects, changes in health, mood or daily activities and more
- ☑ Provide health information you can trust
- ☑ Help navigate care and insurance
- ☑ Connect you to financial and local resources like support groups or ride programs
- ☑ Work with your case manager, doctors and others

We're here anytime you need us.

Nurses are available by phone, web or mobile app. Visit **Accordant.com** to sign into MyChart or download Health Optimizer. Securely message your care team, manage your care, schedule calls, track symptoms, and more.

How do I contact the program?
Call **1-800-948-2497**
Monday-Friday, 5 AM to 6 PM, PT

We specialize in these conditions.

- Amyotrophic Lateral Sclerosis (ALS)
- Chronic Kidney Disease
- CIDP (Chronic Inflammatory Demyelinating Polyradiculoneuropathy)
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Epilepsy (Seizures)
- Gaucher's Disease
- Hemophilia
- Hereditary Angioedema
- Human Immunodeficiency Virus (HIV)
- Inclusion Body Myositis (IBM)
- Juvenile Idiopathic Arthritis (JIA)
- Multiple Sclerosis
- Myasthenia Gravis
- Parkinson's disease
- Polymyositis
- Rheumatoid Arthritis
- Scleroderma
- Sickle Cell Disease
- Systemic Lupus Erythematosus (SLE or Lupus)
- Ulcerative Colitis

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To be covered by the Preferred Provider Organization (PPO), hip and knee replacements and certain inpatient spine surgeries MUST be performed at an Anthem Blue Cross Blue Distinction Center+.[1]

Blue Distinction Centers+

Hospitals and facilities recognized for quality in hip, knee, and spine care

When you need hip, knee, or spine care, you want to choose a hospital or facility that has earned special recognition in those areas.

What the Blue Distinction Center+ award means

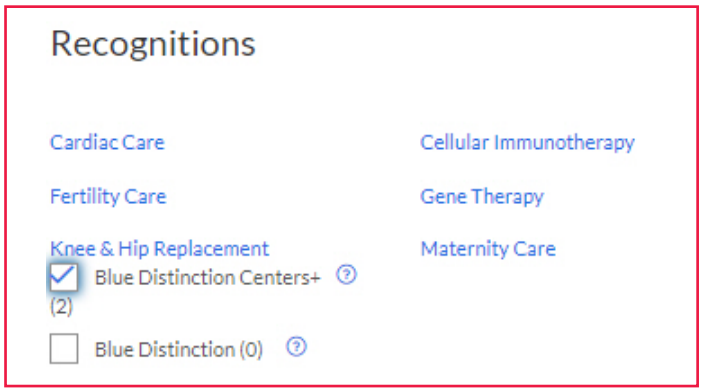
Only hospitals and facilities that consistently outperform their counterparts and meet high quality, safety, and efficiency standards can qualify for the Blue Distinction Center+ (BDC+) designation.

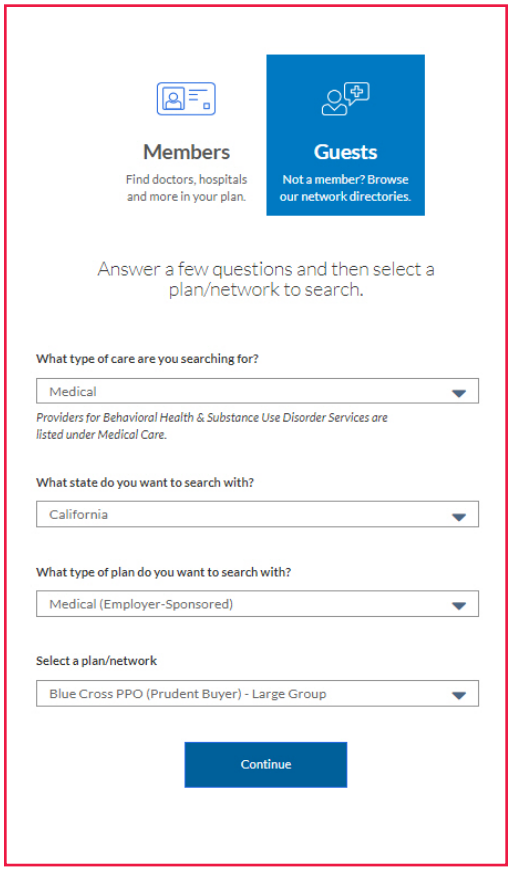
Finding a BDC+ hospital or facility

BDC+ hospitals and facilities deliver proven results, including reduced rates of patient complications and hospital readmissions compared to other providers.[2]

To find a BDC+ hospital or facility for knee, hip, or spine procedures:

1. Log in to **anthem.com/ca/find-care**.
2. Choose **Guests**.
3. Complete the questions from the drop-down menus and select **Continue**.
4. Search for care "by City or County or ZIP code." Under *By Care Provider*, pick **Hospitals & Facilities**.
5. Choose **Recognitions**.
6. Under *Blue Distinction*, select **Show More**.
7. Then, pick **Knee & Hip Replacement** or **Spine Surgery**. Be sure to check the box for *Blue Distinction Centers+*.





Anthem

California's Valued Trust
Healthcare Benefits for the Education Community

(continues on reverse)

Help finding a surgeon

If you need help locating a surgeon who practices at a BDC+ hospital or facility, you may want to ask your primary care doctor or orthopedic specialist. There is often an Orthopedic Program Director at each BDC+ hospital and facility who can also direct you to surgeons in the program or other program resources.

Travel assistance

If there is no BDC+ hospital or facility within 50 miles of where you live, a travel benefit is available to cover travel expenses for you and a companion. The benefit includes a concierge service that can coordinate your services with providers. It is managed through Health Base, which Anthem Customer Service can connect you to for assistance with travel arrangements, appointment scheduling, and medical record collection and transfer.

With the BDC+ designation, you can make important healthcare decisions with peace of mind. If you have any questions, please call Anthem Customer Service at 800-234-4333.

Anthem

California's Valued Trust
Healthcare Benefits for the Education Community

1 Due to COVID-19 surges, most California hospitals are delaying non-urgent surgeries due to bed capacity issues. CVT will temporarily waive the BDC+ requirement, and CVT members will no longer be subject to these requirements, until further notice.

2 BCBSA and registry data, BDC/BDC+ eligible facilities vs. relevant comparison group. Results based on most recent designation cycle for each specialty. Savings based on BDC+ total episode cost.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

66602CAMENABC BV Rev. 01/21

Welcome to Total Health, Total You

A personalized program that supports your overall health

Total Health, Total You was created to help you take care of your health, work on lifestyle changes, and connect with specialized health professionals — no matter where you are. Our dedicated, caring Health Guides are your single point of contact, helping you make the most of your benefits so you can feel confident about taking care of your health.

You can call or chat with Health Guides, who can:

- **Answer questions about your healthcare** and your health plan.
- **Help you take steps to improve your health**, so small issues do not become more serious.
- **Connect you to a team of high-quality health professionals**, such as nurses, social workers, dietitians, respiratory therapists, pharmacists, and exercise physiologists.

Using the **Sydney℠ Health** app, you can easily access your Total Health, Total You benefits, as well as other programs listed below, to help you achieve better overall health for you and your family.



24/7 NurseLine

Talk to a registered nurse for answers or advice on immediate care questions for you or your family. A nurse can also connect you to other well-being programs that are part of your plan.

Behavioral Health Resource

Extra support can make a big difference when facing issues such as anxiety, depression, eating disorders, or substance use. Our caring experts will work with you to find treatment programs and arrange confidential counseling and support services that meet your individual and family needs.

Case Management

After an illness or hospitalization, you can receive personalized support and care coordination from a team of medical professionals who can help you make decisions about your care, set up appointments, understand costs, and go through the healing process.

Emotional Well-being Resources

Digital tools can help you identify thoughts and behavior patterns that affect your emotional well-being. Through online programs and personalized coaching, you'll learn effective ways to manage stress, anxiety, depression, substance use, and sleep issues.

Inclusive Care

Our Health Guides can help you find medical doctors and behavioral healthcare professionals who are familiar with and sensitive to your needs. They can also help you locate community programs and other resources for support.

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Anthem

California's Valued Trust
Healthcare Benefits for the Education Community

Managing specific conditions with Total Health, Total You

Autism Spectrum Disorder Program

Receive support for a covered family member with an autism spectrum disorder. A licensed behavior analyst can help you navigate the healthcare system and address unique family challenges. We focus on the whole family and work with all of you to understand and access available care.

Building Healthy Families

Your family can have expert support from preconception through the stages of pregnancy, childbirth, and early childhood. The program also features an extensive content library covering topics to support your family.

Anthem Health Guide

Health guides can connect you to a team of professionals ready to help you navigate and understand the healthcare system and your plan benefits so you have support throughout your health journey.

Sydney Health app

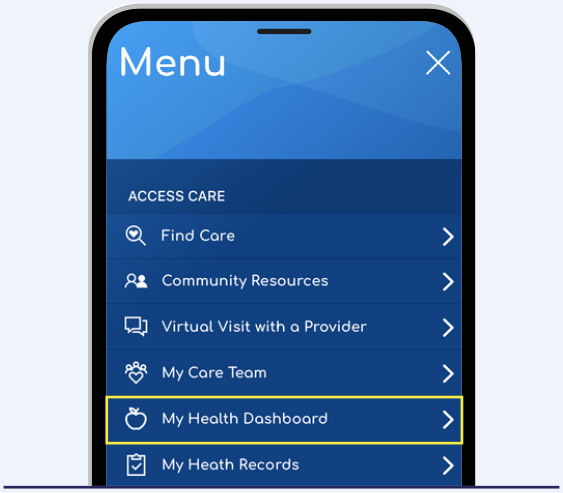
The Sydney Health mobile app works with you by guiding you to better overall health — and for you by bringing your benefits and health information together. In one convenient place, you can find care, view your benefits, plan and track your health goals, use personalized tools, and compare health costs.

If you have any questions, please call Anthem Member Services at **800-234-4333**.



Start using Total Health, Total You today

Download the Sydney Health app to start using your Total Health, Total You benefits. From your home screen, select **My Health Dashboard** and then **Programs**. If you have questions, please call the number on the back of your health plan ID card to speak to an Anthem Health Guide.



sydney℠

GET IT ON Google Play

Download on the App Store

Anthem

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Healthcare Benefits for the Education Community

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

carrumhealth

This benefit is provided by

California's Valued Trust

Better care begins here.



Carrum Health helps eligible employees and dependents get the highest-quality healthcare experience possible, for less.*

Whether you need cancer care or a range of surgical procedures, Carrum Health works with the top cancer specialists and surgeons in the country—those who have better outcomes and outstanding bedside manner. And when you receive care through Carrum Health, most, if not all, costs are covered.*

Covered procedures include hip, knee, shoulder, spine, heart, hysterectomies, weight loss surgeries, cancer care, and more.

Those eligible for the Carrum Health benefit include employees, dependents (18+), and pre-65 retirees enrolled in a CVT sponsored PPO or EPO plan.

Better care

The surgeons and cancer specialists in our program achieve better outcomes and have exceptional bedside manner.

No surprise bills

When you receive care through Carrum, your company often covers most, if not all, of the medical costs.*

Dedicated support

Our team helps with all the planning and paperwork, so you can focus on your health.

Ready to get started?

Visit: carrum.me/cvt, or
Call: 888-855-7806

*With the exception of second opinions, individuals enrolled in high-deductible plans (PPO HDHP or an EPO HSA) must first meet the federal minimum deductible, but copays and coinsurance will be waived. Second opinions are provided at no cost to members and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income.

The information contained in this document is for informational purposes only. No material is intended to be a substitute for professional medical advice, diagnosis or treatment.



CredibleMind

California's Valued Trust

The One Stop Shop For Mental Wellbeing Resources.

CredibleMind is the free online platform that brings together expert rated and vetted videos, podcasts, apps, online programs, books and articles all in one easy to use place.

Confidential, anonymous, and available 24/7, with CredibleMind you can learn new skills, understand your own mental health, take a mental health assessment and browse our library of thousands of mental wellbeing resources.

Scan Me

Get started today by signing up and taking a mental health assessment.

By signing up, you will have access to: past assessment results to track improvement over time, your favorite resources, and handpicked CredibleMind resources right to your email!

No matter what you are going through, CredibleMind has resources to help with science-backed evidence you can trust.

Some assessments you'll find on CredibleMind are:

- **Is it Job Stress or Burnout?**
- **Are You Mindful or Is Your Mind Full?**
- **How Strong Is Your Resilience Network**
- **What's Your Meditation Style?**
- **What's your Mental Health Profile?**
- **Dive into Your Personality Big 5!**

© 2023 CredibleMind, Inc

Visit cvt.crediblemind.com

Condition Alerts

Providing a More Complete Picture of Plan Member Health

By combining pharmacy, medical and lab data, we can effectively **monitor your entire member population** to help identify gaps in care for more than **100 conditions.**

We use an industry-leading clinical rules engine to reveal therapy gaps that could be missed using prescription data alone. Opportunities are prioritized by severity and then communicated to members and physicians along with specific actions they can take to help improve health outcomes:

- **Medical exams or preventive screenings**
- **Lab tests**
- **Potentially inappropriate or ineffective therapies**
- **Additional medication therapy**

Our detailed reporting provides number of interventions, success rates, and savings achieved, helping support effective choices for health management goals.

CVS Health uses and shares data as allowed by applicable law, our agreements and our information firewall.
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Are you ready to live a healthier life?

California's Valued Trust
Healthcare Benefits for the Education Community

Weight loss is a journey. The CVS Weight Management™ program is here to help you every step of the way.

The program provides the customized support you need for lasting results. The program will help you reach your health goals through:



One-on-one support from a team of clinicians, including providers and registered dietitians



A nutrition plan personalized just for you, tailored to meet your individual needs



Connected body weight scale and other devices, as applicable, to support and track your progress



Health Optimizer™ app with helpful guides, recipes, goal setting and much more

Your team of clinicians is ready to help you achieve and maintain a healthy body weight. Let us give you the tools and resources you need for success.

Please note: This program is only available to those members of California's Valued Trust currently taking weight management medication(s). Participation is required in order for these medications to be covered by the California's Valued Trust prescription benefit plan.

We'll be in touch soon with more details on your next steps.

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DELTA DENTAL®

You've got options



With a Delta Dental PPO™ or Delta Dental PPO Plus Premier™ plan, you can visit the dentist of your choice.

You want to visit a dentist you know and trust. Most of the time, your dentist is a part of our network, one of the nation's largest. But what if they're not? We've got you covered either way. With a Delta Dental PPO™ or Delta Dental PPO Plus Premier™ plan, you're free to visit any licensed dentist, including those outside our network.

But for cost savings and convenience, a Delta Dental dentist is always your best choice.

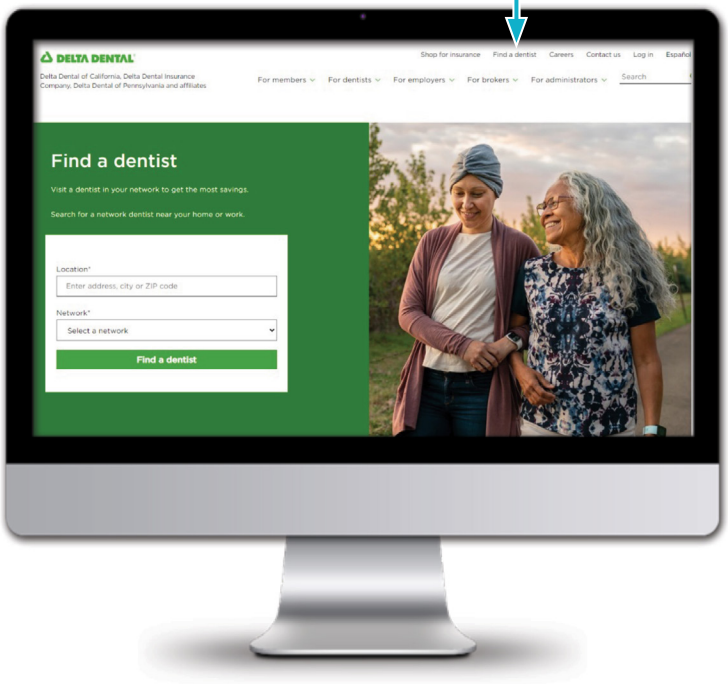
	In-network dentist	Out-of-network dentist
Benefits	Some plans are designed so you pay less out of pocket when you visit a Delta Dental provider.	Some plans increase your out-of-pocket costs when you go out-of-network. Check your benefit booklet to make sure you understand your benefits.
Discounted fees	In-network dentists agree to charge discounted rates for their services.	Out-of-network dentists have not agreed to the discounted rates.
No prepayment required	You'll pay only your portion of the bill, and Delta Dental will pay our share directly to your dentist.	Delta Dental will reimburse you for the service according to your benefits, but the dentist is likely to charge you up front for the full cost of the service.
Protection from balance billing	In-network dentists won't charge you more than your expected share of the bill.	Out-of-network dentists may charge you for the difference between what the plan pays and their usual rate.
No unbundling	In-network dentists agree not to charge separately for services that are part of a treatment, like tooth preparation or local anesthetic.	Out-of-network dentists may charge for these services separately, making your overall costs higher.
Quality assurance	All Delta Dental dentists go through a rigorous credentialing process to ensure they are properly licensed and trained and carry the required levels of liability insurance for their area of practice.	We can't verify that out-of-network dentists are properly licensed, credentialed or provide quality care.
Claim submission	In-network dentists file claims on your behalf.	You will likely have to file your own claims.
Patient advocacy	We can advocate on behalf of our members, ensuring they receive the best treatment and care.	Delta Dental can't advocate on behalf of our members.

Want to find an in-network dentist?

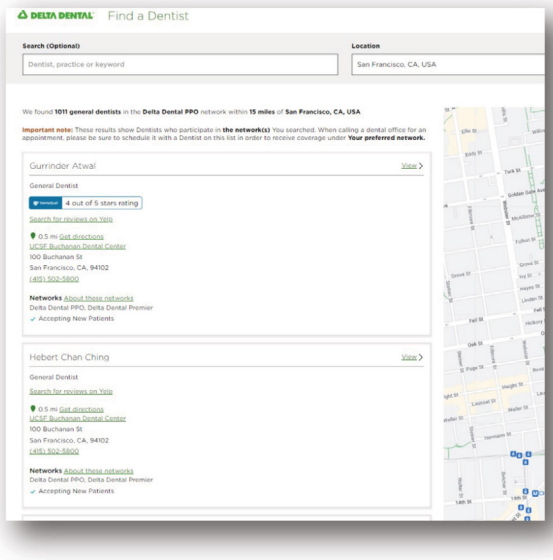
That's easy! Visit **deltadentalins.com** and search in your area with our Find a Dentist tool. We continuously evaluate and recruit dentists into our network to make sure we're meeting the needs of our members.

Have a claim to file?

If you recently visited an out-of-network dentist, you'll likely have to submit a claim. Claim forms are available when you log in to your account at **deltadentalins.com**. If you haven't registered, creating an account is easy.



Members can search for a new dentist right from the home page of our website. They can also use the Cost Estimator tool to see their projected cost for a dentist visit or procedure.



Questions?

If you have any questions about your coverage or how to find a dentist, please log in to your account at **deltadentalins.com** to learn more. You can also contact us at **deltadentalins.com/about/contact**.

Delta Dental PPO and Delta Dental Premier are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In TX, Delta Dental PPO provides a dental provider organization (DPO) plan.

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EF62 #16727 (rev. 5/23)



Caring for the whole you

Mental health and addiction care services

Mental health care goes hand-in-hand with all the care we provide.

Primary care

Talk to your primary care doctor about any mental health or substance use concerns anytime. Your doctor can assess your needs and connect you with the right care.

Specialty care

Visit **kp.org/mentalhealthservices** for information on available options and how to make an appointment with a Kaiser Permanente mental health care professional – no referral needed. This includes dedicated help for those struggling with alcohol or drugs. If you or someone you love needs support, talk to your doctor or visit **kp.org/addiction**.

Self-care and wellness resources

You have access to many tools including self-care apps that can help with stress, anxiety, and sleep – available at no cost. You can also try wellness coaching, join a health class,[1] and take online self-assessments. Visit **kp.org/wellnessresources** to learn more.

Connected care

Your entire Kaiser Permanente care team is connected to each other, and to you, through your electronic health record. So, it's easy for our doctors to consult with one another about your care. Your team may include many health professionals to support you, including:

- Primary care doctors
- Psychiatrists
- Therapists
- Addiction medicine specialists

Common conditions

We provide assessment and treatment for a variety of mental, emotional, and substance use issues, including but not limited to:

- Anxiety and stress
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorders
- Bipolar disorder
- Depression
- Eating disorders
- Obsessive-compulsive disorder (OCD)
- Personality disorders
- Postpartum depression
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Sleep problems
- Substance use disorders

(continued on back)

(continued from front)

Support and resources

You can count on us to help guide you throughout your journey with a wide range of treatment. These include but aren't limited to:

- Classes and support groups[1]
- Digital wellness resources
- Healthy lifestyle programs
- Integration with primary care
- Intensive outpatient services
- Inpatient services
- Outpatient services
- Preventive care
- Recovery and social support
- Self-care apps
- Wellness coaching

Self-care at your fingertips

It's common to struggle with everyday life sometimes. These no-cost self-care apps can help you with stress, sleep, depression, and more.[2,3]

Calm is the number one app for sleep, meditation, and relaxation.[4]

Headspace Care provides 1-on-1 emotional support coaching by text and self-care activities to help with many common challenges.[5]

Many ways to get care

You can connect with a mental health or substance use professional when and where it works for you.

- **24/7 advice:** Speak to licensed care professionals who can help connect you with a clinician, schedule appointments, and offer immediate care guidance
- **Video visit:** Face-to-face care from a clinician on your smartphone or computer[6]
- **E-visit:** Online questionnaire to provide a personalized care plan[7]
- **Phone appointment:** High-quality care over the phone – just like an in-person visit[6]
- **Email:** Message your Kaiser Permanente doctor's office with nonurgent health questions anytime
- **In-person:** Meet with a clinician for personalized care

No matter how you reach out, you can get connected to the right care.

To understand your care options and connect to the support you need, visit **kp.org/mentalhealthservices**.

For emergency care

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.[8]

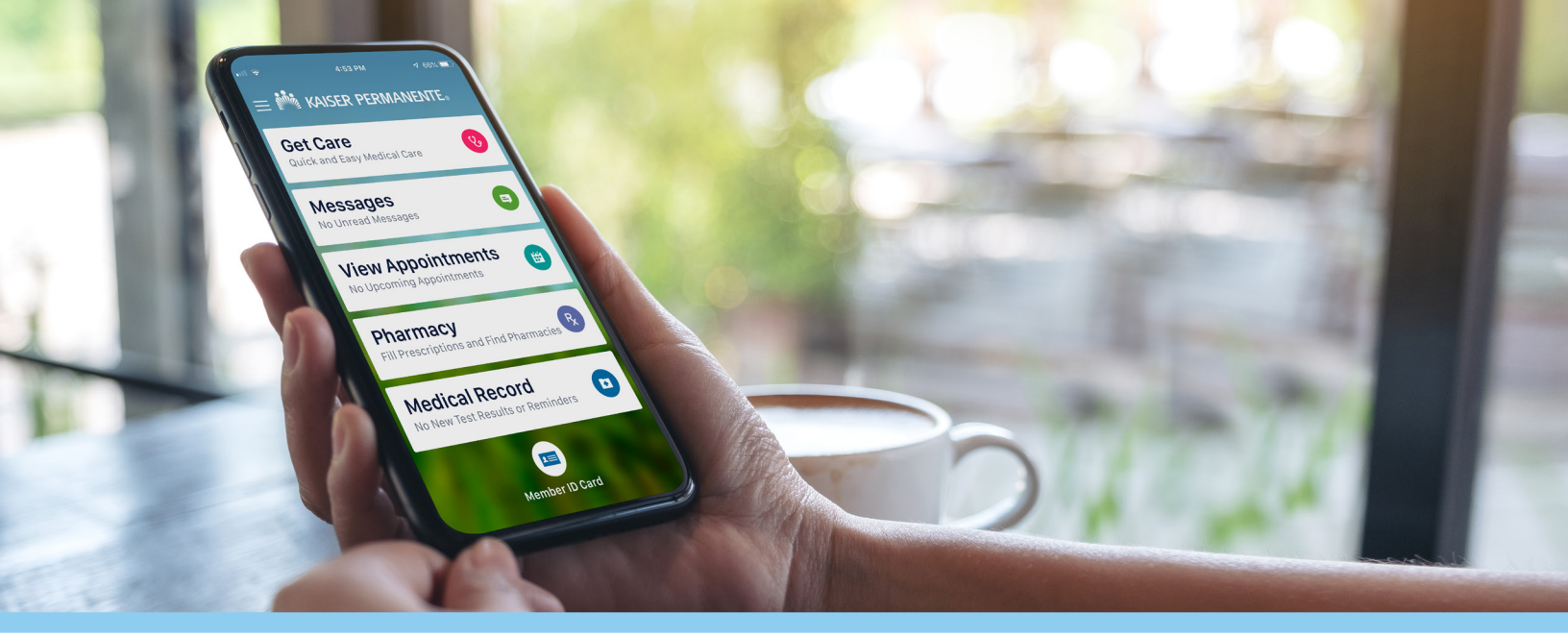
1. Some classes may require a fee. **2.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. **3.** Calm can be used by members 13 and over. The Headspace Care app and services are not available to any members under 18 years old. **4.** Calm is the number one app for sleep, meditation, and relaxation. Learn more at calm.com/blog/about. **5.** Eligible Kaiser Permanente members can text with a coach using the Headspace Care app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace Care app for the remainder of the year at no cost. **6.** When appropriate and available. **7.** Mental health e-visits are not currently available in Colorado. **8.** If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

Kaiser Foundation Health Plan, Inc., 1950 Franklin St., Oakland, CA 94612. Kaiser Foundation Health Plan, Inc., 393 E. Walnut St., Pasadena, CA 91188. Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813. Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232. Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247. Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 2101 E. Jefferson St., Rockville, MD 20852. Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 2715 Naches Ave. SW, Renton, WA 98057.

Learn more at **kp.org/mentalhealth**

KAISER PERMANENTE®

1335504011 April 2024



Manage your health 24/7

Stay connected wherever you go

With our Kaiser Permanente app, keeping up with your care is quick, easy, and secure.

- Schedule or cancel routine appointments
- Email your doctor's office with nonurgent questions
- Refill most prescriptions
- Check most lab results
- Access a digital version of your member ID card
- View and pay bills
- Manage care for your family*

También disponible en español

Create your account

Start using these convenient features by downloading our app for your mobile device. To register, you'll need your health/medical record number, which you can find on your ID card.

Download on the App Store | GET IT ON Google Play

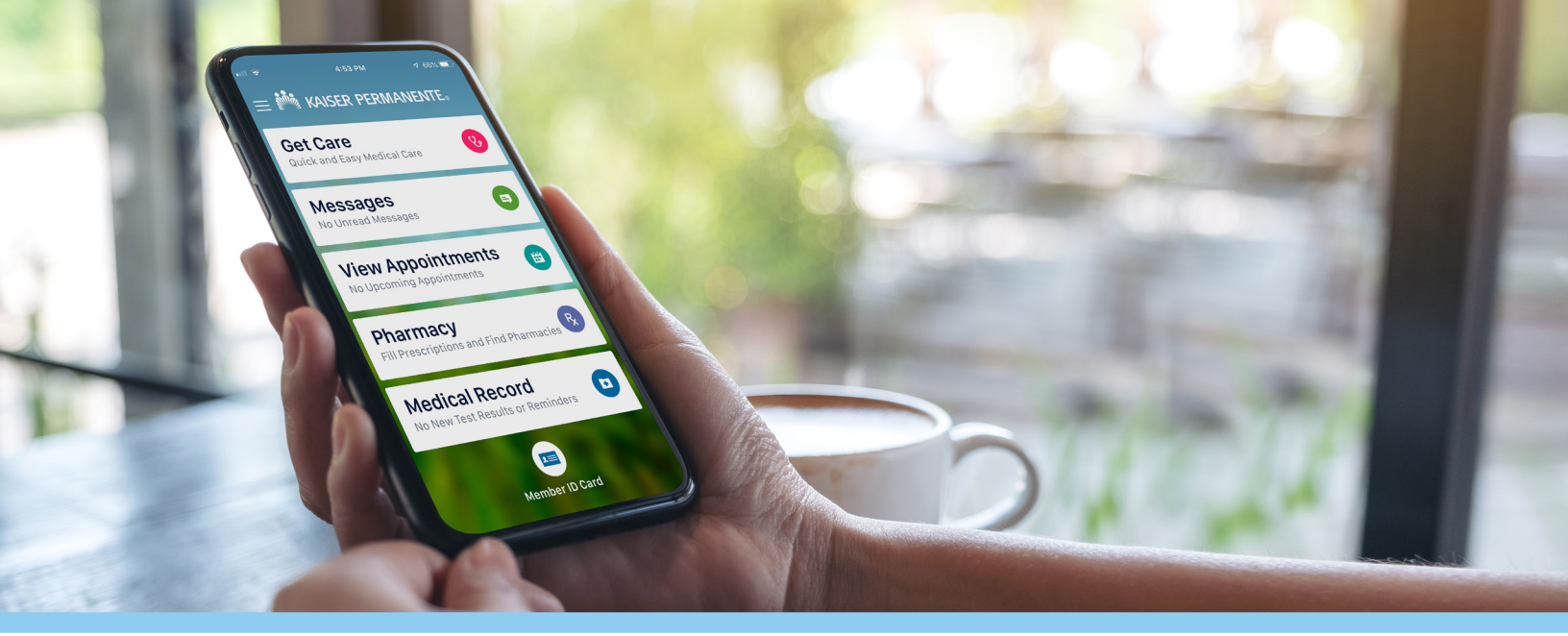
*Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.

These features are available when you get care from Kaiser Permanente facilities. Some app functions will only appear in English.

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KAISER PERMANENTE®



Controle su salud las 24 horas del día, los 7 días de la semana

Manténgase conectado dondequiera que vaya

Gracias a la aplicación de Kaiser Permanente, puede mantenerse al tanto de su salud de manera rápida, fácil y segura.

- Programe o cancele citas de rutina.
- Envíe correos electrónicos al consultorio de su médico con preguntas que no sean urgentes.
- Resurta la mayoría de los medicamentos recetados.
- Consulte los resultados de la mayoría de las pruebas de laboratorio.
- Obtenga acceso a una versión digital de su tarjeta de identificación de miembro.
- Consulte y pague sus facturas.
- Administre la atención de su familia*.

También disponible en inglés.

Cree su cuenta

Descargue nuestra aplicación en su dispositivo móvil y comience a usar estas prácticas funciones. Para registrarse, necesitará su número de historia clínica, que puede encontrar en su tarjeta de identificación.

Download on the App Store | GET IT ON Google Play

*Las funciones en línea cambian cuando los niños cumplen 12 años. Los adolescentes tienen derecho a contar con protección de privacidad adicional conforme a las leyes del estado. Cuando su hijo cumpla 12 años, usted podrá seguir administrando su atención, pero con un acceso modificado a ciertas funciones.

Estas funciones están disponibles cuando recibe atención en los centros de atención de Kaiser Permanente. Algunas funciones de la aplicación solo aparecerán en inglés.

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KAISER PERMANENTE®

Your costs during preventive care visits

Preventive care visits can help you stay healthy. Depending on your plan, most of these visits are covered at no cost. But if you have symptoms of a health condition, you may need diagnostic or treatment services. If that happens, you may get a bill for those additional services.

Preventive care

The purpose of a preventive care visit is to help keep you healthy and uncover possible health problems early.

Examples

- Blood pressure screening for all adults
- Colorectal cancer screening for adults over 50
- Type 2 diabetes screening for adults with high blood pressure
- Immunizations for children from birth to 18 years

What you'll pay

For most members, preventive care visits are covered at no cost.

Learn more

For a full list of preventive care services, visit **kp.org/prevention**.

Diagnostic or treatment services

Any care or service that's used to diagnose or treat a health problem is not considered preventive. These services are given in response to symptoms of a health condition.

Examples

- Some prescription drugs, which may be used to treat or manage a condition you already have
- Lab tests or X-rays
- Procedures, like removing a mole or getting stitches

What you'll pay

Diagnostic or treatment services may result in a bill – which may include a copay, coinsurance, or deductible.

Learn more

For questions about a medical bill, visit **kp.org/mybenefits** or call **1-800-464-4000,** 24/7 (closed holidays) or **711** (TTY). We also offer payment plans and financial assistance for members who qualify.

Learn more at **kp.org/prevention**

KAISER PERMANENTE®

525495827 September 2020

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Service Contact Center 24 hours a day, 7 days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation**.** We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language at no cost to you. You may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000** (TTY **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage or Certificate of Insurance* or speak with a Member Services representative for the dispute-resolution options that apply to you.

You may submit a grievance in the following ways:

- **By phone:** Call member services at **1-800-464-4000** (TTY **711**) 24 hours a day, 7 days a week (except closed holidays).
- **By mail:** Call us at **1-800-464-4000** (TTY **711**) and ask to have a form sent to you.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)
- **Online:** Use the online form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at:

Northern California
Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California
Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

California's Valued Trust
Healthcare Benefits for the Education Community

MDLIVE

fast, hassle-free health care. anytime. anywhere.



Your benefits include reliable 24/7 health care by phone or video. Our national network of board-certified doctors provides personalized care for hundreds of medical and mental health needs. No surprise costs. No hassle. Just create an account to enroll.

URGENT CARE

On-demand care for illness and injuries.

- Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.
- Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

MENTAL HEALTH

Talk therapy and psychiatry from the privacy of home.[1]

- Licensed therapists and board-certified psychiatrists.
- Schedule your appointment in as little as five days with after-hours and flexible sessions available.

PRIMARY CARE—COMING IN OCTOBER 2025

Wellness screenings, routine care, and specialist referrals.

- Annual checkups, preventive, and ongoing care for common conditions like diabetes, asthma, and heart disease.
- See the same doctor for each appointment and receive referrals, prescriptions, lab work, and diagnostic tests.

DERMATOLOGY

Fast, customized care for skin, hair, and nail conditions.

- Access to the largest national network of board-certified dermatologists.
- Customized diagnosis, treatment plan, and prescriptions, often in less than 24 hours.

USING MDLIVE IS AS EASY AS 1-2-3:

STEP 1: CREATE YOUR SECURE ACCOUNT.

STEP 2: REQUEST AN APPOINTMENT.

Have an urgent care appointment right away, or schedule a time that works for you.

STEP 3: FEEL BETTER FASTER.

Get a diagnosis, treatment plan, and prescriptions, when appropriate, sent right to your preferred pharmacy.[2]

Your copay is

$00 per appointment for All CVT Plans except HDHP/HSA plans, which are subject to a deductible.

Create your account today.

mdlive.com/cvt | 888.632.2738

[1]Telehealth therapy visits are available for ages 10 and up. [2]Prescriptions are available at the physician's discretion when medically necessary.

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California's Valued Trust
Healthcare Benefits for the Education Community

MDLIVE®

virtual vs. in-person primary care.

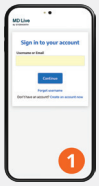
how to know which option to choose.



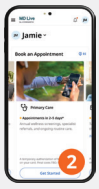
When you need support managing a chronic condition or a new health concern, choosing between virtual and in-person care can be confusing if you don't know your options. MDLIVE Primary Care offers convenient access to board-certified doctors with wellness screenings, routine care, and support for ongoing health needs. See how MDLIVE and in-person doctors compare so you can choose the option that fits your needs.

	MDLIVE doctor	in-person doctor
Available 7 days a week, after-hours, evenings, and holidays	✓	✗
Always taking new patients	✓	✗
Fast, flexible appointments	✓	✗
Labwork[1]	✓	✓
Prescriptions[2]	✓	✓
Referrals, including imaging scans	✓ (in-network)	✓ (may or may not be in-network)
Dedicated care plan for specific conditions	✓	✗
Access to health coaching app with reminders, alerts, and digital engagement	✓	✗
Immunizations	✗	✓
Sport and school physicals	✗	✓
Message with a doctor	✓	✓
Remote monitoring	✓	✗

get started in 3 quick steps:



STEP 1: Create your account or log in.



STEP 2: Schedule your first primary care visit and complete recommended labs.



STEP 3: Start your journey with a doctor who understands your health history and goals.

Have trusted, personalized care that fits your life. Schedule your visit today.

COMING IN OCTOBER 2025

Create your account

Get the app

mdlive.com/cvt

888.632.2738

[1]Limited to LabCorp and Quest labs contracted with MDLIVE for virtual primary care. Labwork is required for wellness visits and must be completed and in the system at least 72 hours ahead of scheduled visit; this is not the case for routine visits. | [2]Prescriptions are available at the physician's discretion when medically necessary.

Visit mdlive.com/what-we-treat for a list of what MDLIVE cannot treat or prescribe.

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Quest®

California's Valued Trust
Healthcare Benefits for the Education Community

Transform your health

Schedule your screening today.

At an on-site event

On-site events make it easy and convenient to complete your screening.

Schedule an appointment at My.QuestForHealth.com

- Use **Registration Key**: **CVT2025**
- In the **Wellness Screening** section, under **On-site Event**, select **Make an Appointment**
- You will receive an email when your results are ready to view online

At a Patient Service Center (PSC)

Quest Diagnostics has nearly 2,000 PSC locations nationwide.

Schedule an appointment at My.QuestForHealth.com

- Use **Registration Key**: **CVT2025**
- In the **Wellness Screening** section, under **Patient Service Center**, select **Schedule a Screening**
- If you schedule as a walk-in, you may be required to make an appointment upon check-in
- You will receive an email when your results are ready to view online

With self-collection

Complete your screening at your convenience with self-collection materials. Option only available if you live outside of a 20 mile radius from a Patient Service Center (PSC).

Request Quest Activate self-collection materials* at My.QuestForHealth.com

- Use **Registration Key**: **CVT2025**
- In the **Wellness Screening** section, under **Self-Collection**, select **Order Materials**
- Activate your materials at **QuestActivate.com** and complete the self-collection
- Return your specimen to Quest the same day you complete it
- Return your materials by **12/31/2025**
- You will receive an email when your results are ready to view online

*Note: Self-collection materials cannot be shipped to the state of NY or military bases located in the US

Take charge of your health.

QuestDiagnostics.com

Quest Diagnostics Incorporated and its subsidiaries (Quest) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1.844.698.1022. ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.698.1022. 注意：如果您使用繁體中文 (Chinese)：您可以免費獲得語言援助服務. 請致電 1.844.698.1022.

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California's Valued Trust
Healthcare Benefits for the Education Community

SimpleTherapy®

SimpleTherapy: Relief for Muscles, Joints, and More Made Simple.

As a CVT member with Kaiser Permanente, you have access to a full range of physical medicine services—all through SimpleTherapy.

From pain relief to recovery and movement support, we've got you covered, statewide.

Covered serivces include:

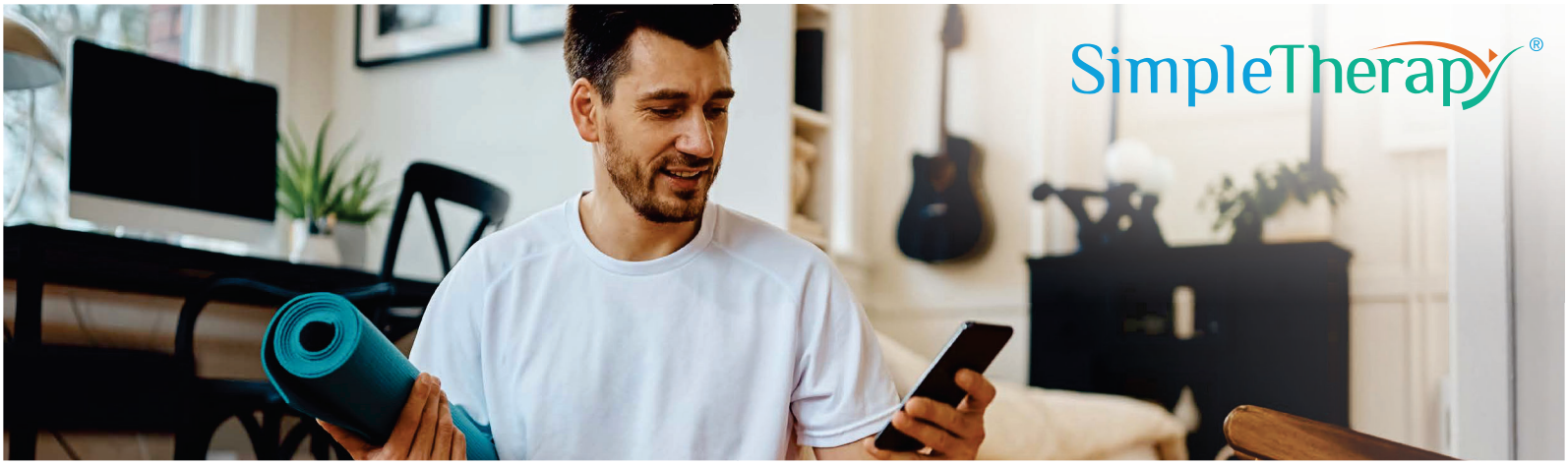
- Chiropractic Care
- Acupuncture
- Virtual Physical Therapy

Our friendly Member Services team is here to help you navigate your benefits and find the care you need—fast. Visit **simpletherapy.com/go/cvtk** to:

- View your benefit details
- Search for a provider near you

SimpleTherapy® does not offer medical advice, diagnosis, or treatment, and is not a replacement for a physical therapist or doctor. Please consult with our physical therapist or doctor if you have any questions about incorporating the SimpleTherapy sessions into your health and well-being program.

Your information is confidential. We will not share it with your employer.



Why SimpleTherapy?

Investing in your health is one of the best decisions you can make. SimpleTherapy makes it easy to get on the path to feeling better and improving your overall well-being. Our virtual physical therapy program provides the tools you need to turn your health into wealth.

Here's what we can help you with:

- Chronic and acute pain
- Specific injuries and conditions
- Preventive health
- Mental health
- Ergonomics and workplace safety

Convenient and Accessible

Traditional methods of managing pain and injuries can be stressful, time-consuming, and costly. SimpleTherapy removes these barriers with 15-minute personalized sessions that you can access anytime, anywhere. It's never been easier to stick to your care plan and achieve your health goals.

Expert Care Team

Our program is your first line of defense against pain. SimpleTherapy's clinical team includes physical therapists, pelvic health specialists, orthopedic surgeons, chiropractors, health coaches, and more. These experts are available virtually to help you tackle both new and ongoing health concerns.

Key Benefits

- Unlimited access
- Flexible scheduling
- No equipment required
- Advanced movement analysis
- Self-guided sessions
- Ability to address multiple concerns simultaneously

Coming Soon!

SimpleTherapy launches October 1, 2025

This is a FREE benefit for all CVT members and covered dependents age 13 and older who are enrolled in an EPO or PPO medical plan. HSA & HDHP plans are subject to the deductible

California's Valued Trust
Healthcare Benefits for the Education Community

SimpleTherapy® does not offer medical advice, diagnosis, or treatment, and is not a replacement for a physical therapist or doctor. Please consult with your physical therapist or doctor if you have any questions about incorporating the SimpleTherapy sessions into your health and well-being program. Your information is confidential. We will not share it with your employer.

California's Valued Trust
Healthcare Benefits for the Education Community

Solera

Take the path to a healthier you.

Join a wellness program through California's Valued Trust and the cost is covered.



Get started at:

www.GoSolera.com/CVT

Scan this QR code using your smartphone camera

California's Valued Trust is pleased to offer a wellness program for qualified members. It's a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.

Get the tools and support to succeed:

- A **personalized plan** tailored to your tastes, lifestyle and food budget.
- **Top-rated apps** to make following the plan a breeze.
- On demand support from **health coaches** and others in the same program.
- Digital tools like a **Fitbit® activity tracker*** and wireless scale.

See the programs chosen by our experts:

WeightWatchers
betr
habitnu
ciba health
digbi health
Transform

Questions? Call us at 844-612-2949, Monday through Friday from 6 a.m. to 6 p.m. PT.

Solera Health and are independent companies that offer health and wellness programs, products and services to members of your health plan.

eight atchers, Betr, Habitnu, Ciba Health, Digbi Health, and Transform are independent companies that offer health and wellness programs, products and services to members of your health plan.

*Fitbit activity tracker is for members who complete program participation requirements. Requirements vary, check with your program for details. Applies to certain Fitbit® models. Limited to 1 per person. Solera Health reserves the right to substitute an alternate activity tracker. Wireless scales are available only for members in online only programs (excludes WeightWatchers).

DIABETES PREVENTION PROGRAM - FREQUENTLY ASKED QUESTIONS

What is Solera Health?

Solera Health is a vendor that California's Valued Trust has partnered with to help administer the Diabetes Prevention Program (DPP). Solera will help identify qualified employees and enroll them in a DPP that best fits their needs.

What is the Diabetes Prevention Program?

Also known as the DPP, the Diabetes Prevention Program helps participants lose weight, adopt healthy habits and significantly decrease their risk of developing type 2 diabetes. The program meets weekly for 16 weeks and then monthly for the balance of a year. The program teaches participants to make lasting changes by eating healthier, increasing physical activity and managing the challenges that come with lifestyle change.

How effective is the DPP in reducing the risk of type 2 diabetes?

The DPP has been proven by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to decrease the risk of developing type 2 diabetes by 58 percent for those who lose 5 – 7 percent of their body weight through changes in diet and exercise. The NIH and CDC are independent organizations that offer health information that you may find helpful.

What's included in the program?

There are many versions of the lifestyle change program, but most include the following components:

- 16 weekly lessons, followed by monthly sessions for the rest of the year
- Lifestyle health coach to help set goals and keep participants on track
- Small group for support and encouragement
- Helpful tools, like wireless scales and fitness trackers

Who is eligible for the program?

The DPP is a preventive benefit for California's Valued Trust employees and dependents on the medical plan.

How do employees find out if they qualify?

Employees who are identified as having prediabetes or who score as high risk for developing type 2 diabetes can qualify for the program. Employees should visit solera4me.com/cvt and take a one-minute quiz to see if they qualify.

If they're qualified, how do employees enroll?

Employees should visit gosolera.com/cvt to learn more about the program and to enroll online, or they can call 844-612-2949 to enroll over the phone. Once enrolled, participants will receive a welcome email from Solera with instructions on how to complete the registration process with their matched DPP provider. Participants must complete the registration process with their DPP provider to begin the program.

Is there a cost to employees or dependents for participating?

This program is free for all qualified employees and dependents on the medical plan. You may receive an Explanation of Benefits (EOB) for this benefit. No action is necessary if you receive an EOB.

When will I receive my Fitbit®?

After you have been actively participating for the first four weeks of the program, you will receive an email from Solera with a unique code to redeem your Fitbit*. Please be sure to talk to your coach about what it means to "actively participate." For technical questions about how to use your Fitbit, contact Fitbit support at help.fitbit.com/cwsupport.

When should I expect to receive my scale?

If you selected a digital option, you will receive a wireless scale as part of the program. The scale will be shipped once enrollment is complete, typically within five to seven days.

Who should I contact if I have questions about the program?

Call Solera at 844-612-2949 if you have questions.

©Solera Health Inc. All rights reserved.

*For participants who complete four weeks of activity meeting Diabetes Prevention Program guidelines. Applies to select Fitbit models; limited to one per person.

Browse with Benefits

Your vision and wellness come first with VSP. Now, your benefit includes eyeconic.com, the VSP online eyewear store.



Eyeconic® seamlessly connects your eyewear, your insurance coverage, and the VSP® doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP network doctor.

vsp | eyeconic
a vsp vision company

Online shopping with benefits

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.*
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.
- 20% off any out-of-pocket expenses on eyewear after your frame allowance is applied.

It's easy to use your VSP benefit

1. **Create an account on vsp.com**. Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits on Eyeconic.
2. **Find a VSP network doctor near you**. The decision is yours—choose a conveniently located VSP network doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love**. You can connect to your VSP benefits, upload your prescription at checkout, and order your glasses following your WellVision Exam®.

Already used your benefits for the year?

As a VSP member, you still receive 20% savings on glasses and sunglasses on Eyeconic.

Experience eyeconic.com®, a convenient retail option.

*Terms and conditions apply. Visit **eyeconic.com/faqs** for more details.

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**.

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Classification: Public

Tax Deferred Solutions SINCE 1978

Effective 01/01/2025

WHAT IS THE DIFFERENCE BETWEEN 403(b) and 457(b) PLANS?

403(b) and 457(b) – How Do They Compare?		
FEATURES	**403(b)**	**457(b)**
Type of plan	Voluntary Defined Contribution Plan	Voluntary Defined Contribution Plan
Elective deferral limits*	$23,500; or 100% of compensation *(whichever is less)*	$23,500; or 100% of compensation *(whichever is less)*
Age 50-59 and 64+ catch-up	$7,500	$7,500
Age 60-63 SUPER catch-up	$11,250	$11,250
'Special catch-up provisions' *(please consult a financial services professional)*	Yes; 15 year catch up $3,000 Requires calculation for eligibility determination (Employee may not qualify)	Yes; Final 3 year catch up $23,500 Requires calculation for eligibility determination (Employee may not qualify)
Roth *(after-tax)* Contributions	Yes, if adopted by Plan Sponsor	Yes, if adopted by Plan Sponsor
Loans**	Yes; up to 50% of account balance and no more than $50,000 per calendar year	Yes; 1 loan at a time, up to 50% of account balance and no more than $50,000 per calendar year
Required Minimum Distribution rules apply	Yes	Yes
Rollovers from other qualified plan	Yes	Yes***
Rollovers from 403(b) plan	Yes	Yes***
Rollovers from governmental 457(b) plan	Yes	Yes
Eligible Distribution w/out IRS penalty	Age 55 with severance from employment; or Age 59 ½ if still in service	Any age with severance from employment; or 70 ½ if still in service****
Hardship Withdrawal Requirements*	Safe Harbor Rules: • Eviction/foreclosure • Medical • Purchase primary residence • Post-secondary education • Burial/funeral • Repair of casualty damage to principal residence	Unforeseeable Emergency: • Illness or accident of participant, spouse or dependent • Loss of property due to casualty • Other extraordinary events beyond participant control

This chart reflects what is permissible by the Internal Revenue Service as well as within plans administered by TDS. Please note that all plans may differ and each listed option may not be allowable in your Employer's 403(b) or 457(b) Plan.

**The limits on contributions to a 457(b) plan are not combined with the limits allowed to be contributed to the same employee's 403(b) account. The pre-tax and ROTH 403(b) limits are aggregated with pre-tgx and ROTH 401(k) limits.*

***Some investment providers may not permit for all options such as loans or hardship withdrawals. Contact your investment provider for details on your account's loan/hardship availability. Contact TDS for obtaining transaction authorization at (866) 446-1072.*

**** Vendor must confirm ability to track funds separately in accordance with IRS requirements.*

*****Age 59.5 is available when the provision is selected by the employer / plan.*

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SJCOE
EDUCATE · INNOVATE · INSPIRE

457(b) Retirement Savings / Deferred Compensation

Saving for the future is more important than ever. We're living longer these days – which could mean spending 20 or more years in retirement. That's why one of the most valuable benefits your employer provides is your workplace retirement plan in addition to your pension.

Enrolling in the 457b is easy:

1. Complete the one page "**Quick Enrollment Form**" on page #2.
   Investments and Beneficiaries can be selected at ***empowermyretirement.com***
   once your enrollment form is processed.

2. Fax or mail the one page to SJCOE payroll at **(209) 468-9147** .
   All employees, regardless of district, must submit the page to SJCOE Payroll.
   Their address is 2922 Transworld Drive, Stockton, CA 95206.

3. *Once your enrollment is processed, you will be contacted to start salary reductions.*
   Salary reductions will not begin without confirmation.
   Salary reductions can be requested at ***tdsplans.org***

The 457b plan has many benefits:

4. Your contributions are deducted automatically monthly, and can be adjusted at any time.

5. You may save on taxes. Your before-tax contributions may cost less than you think. You can also save after-tax via a Roth option.

6. Specific to 457(b) plans, there is no early withdrawal penalty for separated employees withdrawing their before-tax 457b balance prior to age 59 ½. Tax consequences may result from this withdrawal and you should speak to your tax advisor prior to requesting a withdrawal from the plan.

7. You may participate in both a 403(b) and 457(b) and contribute up to the max in each!

8. Details on the forty-three investment options and interest earning account are below:
   https://participant.empower-retirement.com/participant/#/investmentInformation/743404-01

Additional questions, including fund performance, expenses, important disclosures, or details:
Please Call **209-640-2898** or preferably email **dmccray@retirementplanadvisors.com** to talk with your local 457(b) retirement specialist, David McCray.

Securities offered through Registered Representatives of Cambridge Investment Research, Inc., a Broker/Dealer, Member FINRA/SIPC. Advisory services offered through Retirement Plan Advisors, LLC, a Registered Investment Adviser. Cambridge is a partial owner of Retirement Plan Advisors, LLC.

Complete this form to enroll in SJCOE's 457b plan.
Once this form is processed:
- Investments can be selected at empower.com
- Salary reductions are made via TDSplans.org

EMPOWER

Quick Enrollment
Governmental 457(b) Plan

San Joaquin County Office of Education Deferred Comp Plan 743404-01

Participant Information

Yes! I would like to enroll in the San Joaquin County Office of Education Deferred Comp Plan and voluntarily contribute:

❑ $_____ per pay period of my eligible compensation on a **Before Tax** basis.

❑ $_____ per pay period of my eligible compensation on a **Roth** basis.

Last Name | First Name | MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

❑ Married ❑ Unmarried

❑ Female ❑ Male ❑ Nonbinary ❑ Unspecified

( ) Home Phone

( ) Work Phone

( ) Mobile Phone

Mo Day Year — Date of Birth

Mo Day Year — Date of Hire (this date does not need to be precise)

School District

Return this form to SJCOE Payroll.
Fax: (209) 468-9147
or
Address: 2922 Transworld Drive, Stockton, CA 95206

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund(s), General Account, without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund(s), I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at empowermyretirement.com or by calling the Voice Response System at 1-866-816-4400. *A personal identification number (PIN) that gives you access to your account via the Web or phone will be mailed to you soon after your application is processed. You are responsible for keeping the assigned PIN confidential. Please contact us if you suspect unauthorized use.*

My Account: I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days from the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of the notification forward and not on a retroactive basis.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

X _____ Participant Signature _____ Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant send to Plan Administrator:

As Plan Administrator, I authorize the enrollment of the above-named participant and the payroll deduction as indicated on this form. I understand that QDIA protection may not be available to the Plan Sponsor if the QDIA conditions have not been satisfied.

X _____ Plan Administrator Signature signed by SJCOE Payroll _____ Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

_____ Print Full Name

Return this form to SJCOE Payroll.
Fax: 209-468-9147 or Address: 2922 Transworld Drive, Stockton, CA 95206

San Joaquin County Office of Education



TAKE TIME TO REVIEW YOUR BENEFITS

Your benefits review is the best opportunity of the year to make changes to your benefits package and ensure your coverage continues to meet your needs. An American Fidelity account manager can help you review your coverage and find a plan that works best for you and your family.

Your enrollment dates:

Benefits Enrollment
August 5 - September 30

Schedule your appointment today:

https://enroll.americanfidelity.com/E8757D52

Has your information changed?

New address or bigger family? A lot can change in a year and it's important to verify all of your information is up to date during your benefits review.

Available Benefits:

Accident Insurance
americanfidelity.com/accident

Cancer Insurance
americanfidelity.com/cancer

Disability Insurance
americanfidelity.com/disability

Life Insurance
americanfidelity.com/life

Hospital Indemnity Insurance
americanfidelity.com/hospital-indemnity

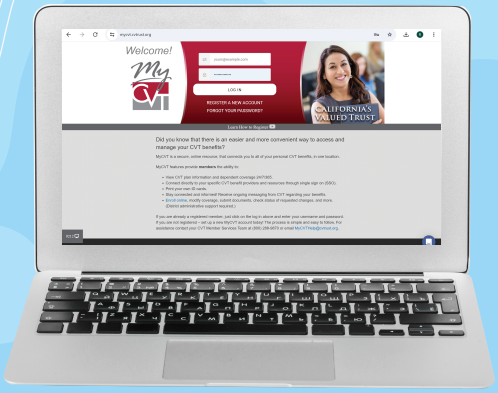
Flexible Spending Accounts
americanfidelity.com/fsa

Limitations, exclusions and waiting periods may apply.

Tangee Franco
Executive Account Partner
CA License #0B04772
Northern California Branch Office
9355 E. Stockton Blvd., Suite 110
Elk Grove, CA 95624
800-365-8306 · 866-679-1797
tangee.franco@americanfidelity.com

AMERICAN FIDELITY
a different opinion

americanfidelity.com



California's Valued Trust
Your Health, Our Commitment.

40th ANNIVERSARY

MyCVT User Guide

Quick start guide to apply for your insurance coverage

MyCVT is a web-based site where you can enroll as a member of California's Valued Trust (CVT), choose a plan from several options that have been selected by your district or unit, and make changes to your plan such as adding dependents or a change of address.

1 Here's how to get started

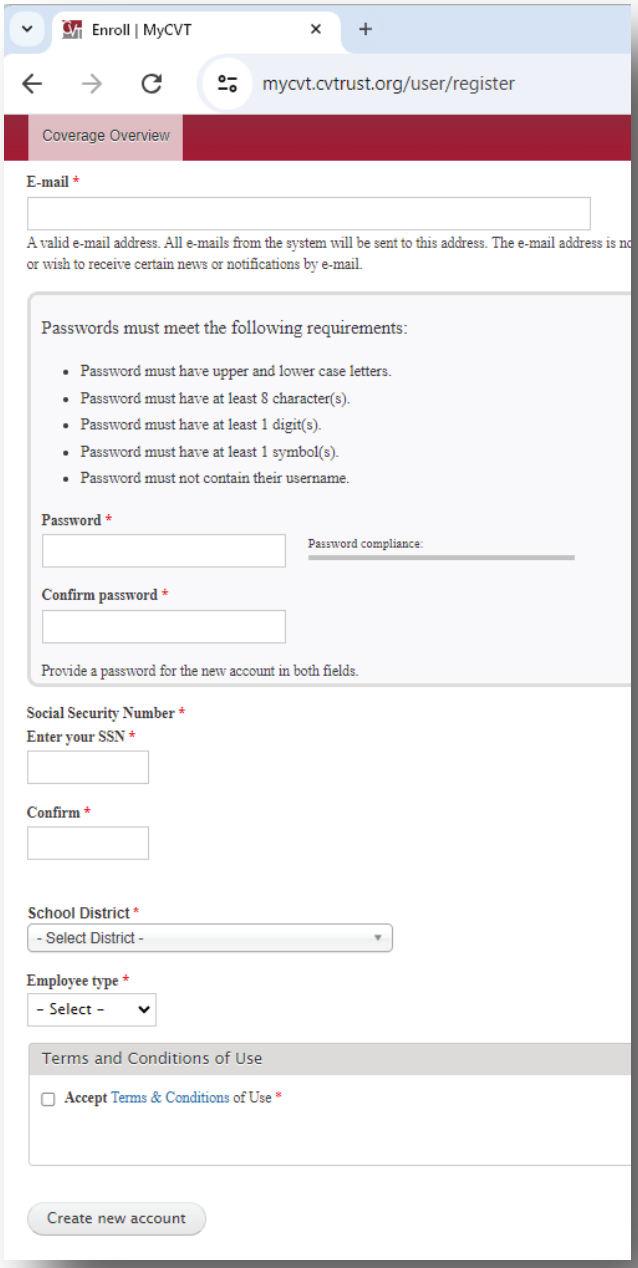
- To access the site directly from your browser, type: **mycvt.cvtrust.org**.
- You may also access the portal from **cvtrust.org**. Click on the MyCVT logo in the upper, right-hand corner of the page to open up the main portal page.
- You will need the following information to create your account:
  - Email address
  - Social Security number (do not use dashes in the form)
  - School district name and classification (Certificated, Classified, etc.). If you do not know your classification, contact your district office.
  - Password (eight-digits minimum, including 1 uppercase, 1 lowercase, 1 number, and 1 symbol)
  - Date of Birth
  - HMO plans require primary care provider ID and medical group number.

2 Creating your account

- From the MyCVT portal page, select "REGISTER A NEW ACCOUNT" Complete the requested information.
- Search for your district name, then select it from the drop down list, and choose your employee type. Now click Submit.
- Verify your date of birth.
- A registration link will be sent to the email address you used to register your account.
- Click on the link in the email to complete the registration process.

3 Open Enrollment

1. Login to your MyCVT account at **mycvt.cvtrust.org**.
2. On the dashboard, In the banner at the top, will be a "Begin Open Enrollment" button, Click that to continue



California's Valued Trust
Your Health, Our Commitment.

40th ANNIVERSARY

4 Personal and Employment information

1. Enter your personal contact information.
2. Enter your employment information by searching for your school district, selecting it from the drop down list and choosing your employee type.
3. Enter the correct benefit effective date, (provided by district office) retirement status, and full or part time employment status.

5 Dependent information

1. Enroll any dependents by clicking on the "Add Dependent" button. Or, click "Skip this step" to continue to plan selection.
2. If adding a dependent, enter all the required dependent information and click "Save" after each dependent has been added.
   - If you need to change any information, the forms can be opened again and edited by clicking the blue link of the dependent's name you want to update on the "Dependent Information" page. Always save every edit. Click the "Remove" button next to any dependent you wish to remove from coverage.
3. Click on **"I'm ready for plan selection"** to continue.

6 Plan Selection

1. The plan benefits selection will include those bargained plans available to your unit.
2. Click "Compare Plans" next to the coverage types to see a grid of drop down menus that contain the plans available to you. If you are unsure about which plans to choose, consult your district office for a summary of plans and the options/costs. You can also call CVT Member Services for assistance: **(800) 288-9870**.
3. If your district does not offer plans for a particular coverage type, the words "No plans available" will appear next to that coverage type.
4. The check boxes next to your dependents allows you to choose to have them covered or not covered by certain benefits.
5. Once you have completed selecting your plans for all of the available coverage types, click "I'm Ready to Review My Application" to continue.

7 Submit your electronic enrollment form

1. The **Review** page gives a summary of the plans selected and displays any dependents you have added. Click on the blue "Submit" button to submit your application.
2. Once your application has been submitted, any documents that are required will be listed. If you have the documents in a digital version available to upload, use the "Choose File" to select the file and "Upload" button to upload the documents. When the document has been successfully uploaded, that document section will appear as green.
3. If you do not have the documents available at that time, you can login at a later time to upload them.
4. Print your enrollment form for your records by clicking the "Print your enrollment" button located on the bottom portion of the page.
5. Your submitted application is now ready to be reviewed and approved by your district and CVT.



Questions

If you have any questions about how to create your account, help is only a phone call away. Contact CVT Member Services at (800) 288-9870.

WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

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For plan information please visit the following link: https://mycvt.cvtrust.org