

# Salinas City ESD — CVT Transition FAQ

Effective Date: January 1, 2026

## Why CVT

### Why is our district considering a transition to CVT for health benefits?

CVT is a statewide, education industry-focused benefits trust. Districts join to access a larger, more stable risk pool, multiple plan options, strong provider networks, and member support resources and health programs.

### What distinguishes CVT from MCSIG?

CVT is a self-funded public-school trust in California representing more than 162,000 members and serving over 240 K–12 school districts, community colleges, and county offices of education. Governed by a board of trustees with equal representation from management and labor (CTA and CSEA), it ensures all interests are fairly considered.

Additionally, CVT rates are guaranteed for the term of the contract with no run-out or shortfall assessments.

### If Salinas City Elementary School District decides to leave MCSIG, when would our transition to CVT be effective?

January 1, 2026.

### Will I need to change doctors or providers?

The network will be Anthem Blue Cross for doctors, hospitals and facilities.

PPO, HDHP 1, 10 V, Bronze and HDHP 3 will be with the Anthem Prudent Buyer PPO. This is the largest and most comprehensive PPO network in California.

PPO Plan 9C will be with the Anthem PPO Select network that is narrower with participating providers.

Kaiser Permanente HMO plans will be exclusively within Kaiser's approved facilities and providers.

It is important to always confirm that your provider is in-network before scheduling care.

## **Enrollment**

### **Will I need to re-enroll to continue my health coverage?**

Yes. All employees will enroll in CVT's online enrollment system, MyCVT, to ensure coverage starts on January 1, 2026. Detailed instructions and deadlines will be provided by the district if a decision is made to move to CVT.

### **What documents do I need for enrollment?**

Social Security numbers and birth dates for enrollees and any covered dependents. If adding dependents, be prepared to provide supporting documentation that may include marriage certificate, domestic partner registration and birth certificates for children.

### **Can I enroll my dependents?**

Yes. Eligible dependents include spouse or a registered domestic partner and children up to age 26 (regardless of student or marital status). Appropriate documentation will be required to enroll.

## **Coverage & Plans**

### **What health plans will be available through CVT?**

Anthem PPO options: HDHP 1 (HSA-qualified), PPO 10 Rx V, PPO Bronze, HDHP 3 (HSA-qualified), and Anthem Select PPO 9 Rx C (narrow network).

Kaiser Permanente HMO options: KP Deductible HMO Plan 8, KP HMO Wellness Plan, and KP HSA-qualified Plan.

Each unit may choose up to four PPO plans and two Kaiser Permanente plans.

### **Will the CompleteCare plan be available with CVT?**

CVT does not offer the CompleteCare plan.

### **Are Stanford Health Care or Lucile Packard Children's Hospital in-network for CVT's Anthem PPO options?**

Yes except for PPO Plan 9C.

### **Does CVT operate its own health centers that only accept CVT members (like MCSIG's Marathon Health clinics)?**

While CVT does not operate its own health center, Anthem Health Guides can assist with aligning members to primary care within the Anthem network of providers.

**For services where a Family deductible applies, does the entire family deductible need to meet the deductible on the plan before the co-insurance applies?**

PPO 9 and PPO 10 both individual and family deductibles

An individual on a family plan moves to coinsurance once they meet their individual deductible; all members move to coinsurance once the family deductible is met

HDHP 1 and HDHP 3, there is a family deductible with no individual limit

Non-preventive benefits begin after the family deductible is met

**How does the coinsurance work for out-of-network benefits?**

Co-insurance is the percentage the member pays once the deductible is met and is the same % as in-network

CVT will pay the coinsurance of Maximum Allowed Amount for out-of-network services

**What is the annual out-of-pocket maximum for out-of-network services?**

Annual out-of-pocket is the maximum dollar amount a member will pay for covered services within the calendar year this includes copays, deductibles, and coinsurance for medical and Rx

Member is responsible for any amount above the maximum allowed amount for out-of-network services

- Refer to the specific plan the enrollee is considering

**Virtual Care**

**What Virtual Care is Available to CVT PPO members at NO COST?**

Live Health Online (virtual care) through Anthem

MDLive

Virtual Primary Care

Urgent Care

Behavioral Care

Dermatology

Simple Therapy Virtual PD Services

Carrum Surgical Benefit – this benefit is also available for our HDHP plans; however, we are not allowed to waive the deductible but once the deductible is met, all other cost is waived. This could be a lower cost option for over 100 surgeries and includes a travel benefit if they are referred to a Carrum provider outside of 60-mile radius from their home.

### **How does CVT handle elective surgeries?**

Blue Distinction + facilities are required for hip replacement, knee replacement, bariatric and spinal surgeries. Discuss options with your referring provider or contact Anthem Health Guides before scheduling these surgeries to avoid unexpected costs.

Additionally, Carrum Health is a voluntary program that waives cost share and pays a travel stipend for over 100 surgical procedures.

## **Pharmacy**

### **Will my prescription coverage change?**

Anthem PPO plans use CVS Caremark as the Pharmacy Benefit Manager (PBM). Copays vary by plan, for example, PPO 10 Rx V has \$0 generic/\$30 brand at retail (30-day) with a \$150 brand deductible.

Bronze and the HDHPs apply the medical deductible first, then prescription copays.

Members will need to obtain new prescriptions for any medication after January 1, 2025.

Kaiser Permanente uses their own pharmacy and cost share varies based on plan selected.

### **How are mail-order prescriptions handled with CVT?**

Anthem PPO plans, CVS Caremark mail order eligible medications provide a 90-day supply.

Kaiser Permanente offers mail order subject to plan benefits.

### **If we switch to CVT, who will handle specialty medications?**

Specialty medications for the PPO plans are managed by CVS Caremark's specialty network and with PrudentRx which provides \$0 cost for many medications. If the member does not enroll in a PrudentRx eligible medication, a 30% coinsurance will apply.

Kaiser Permanente specialty drugs are managed within their pharmacy system.

## **Open Enrollment Support & Employee Education**

### **How can I learn more about CVT before January 1, 2026?**

Review the plan summaries and rates from the district, visit [cvtrust.org](http://cvtrust.org), and attend district/CVT informational sessions during Open Enrollment.

## **General**

### **How does Coordination of Benefits (COB) work if I have dual coverage?**

Standard COB rules apply. Your plan as a subscriber is primary; the plan where you are a dependent is secondary. For children covered by two parents, the “birthday rule” determines which plan is primary. The primary plan pays first; the secondary plan may cover remaining eligible costs up to its limits. Show both ID cards at the time of service.

## **Cost & Contributions**

### **Will my premiums change under CVT?**

Premium amounts will depend on the plan selected and who you choose to cover on your plan.

### **How are payroll deductions handled?**

Deductions will be handled by district payroll based on plan and who you cover on your plan.