

**BUCKEYE UNION SCHOOL DISTRICT  
MEMORANDUM**



DATE: August 6, 2025  
TO: Certificated Employees  
FROM: Aly Perkins, Administrative Assistant  
SUBJECT: Open Enrollment Period for CVT Medical/Dental/Vision Plans – **Deadline: September 12, 2025**

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The open enrollment period for making changes to your health benefits through California's Valued Trust (CVT) is from **August 6, 2025 through September 12, 2025**. Any changes made during this period will take effect on **October 1, 2025**. Please review this **2025–2026 Open Enrollment Benefit Information Packet** for details on available plans. **If you do not wish to make changes, your current coverage will continue, and no action is required.**

CVT offers several medical plan options, including Anthem Blue Cross PPO plans, Kaiser HMO plans, and four Anthem High Performance Network (BlueHPN) EPO plans. Please note that the BlueHPN EPO plans require use of in-network providers only, except in emergencies.

All plans are composite, meaning coverage for eligible family members is included in the posted rate. A cost comparison matrix is available on page 2 of the packet. **Please review this information carefully, as all rates will increase effective October 1, 2025. Updated premiums and payroll deductions will appear on the September 30, 2025 paycheck.** For a detailed summary of benefits for PPO, HMO, and EPO plans, see pages 5 through 12.

\*Note: Medical plan deductibles follow the calendar year, from January through December.

To enroll or make changes to your benefits, log in to MyCVT at [mycvt.cvtrust.org](http://mycvt.cvtrust.org). Step-by-step instructions are included on page 3 of the packet. About three-quarters of the way down the page, you will find a section titled "Existing Member Open Enrollment" that outlines how to make changes or keep your current coverage. Please review all information carefully before submitting.

**Questions?**

For questions about the district-paid cap or district-specific benefits, please contact:

**Dana Rizzuto, Payroll**  
Phone: 530-677-2261, x1024  
Email: [drizzuto@buckeyeusd.org](mailto:drizzuto@buckeyeusd.org)

OR

**Aly Perkins, Human Resources**  
Phone: 530-677-2261, x1001  
Email: [aperkins@buckeyeusd.org](mailto:aperkins@buckeyeusd.org)

For detailed health plan information, plan comparisons, or guidance on how your coverage may coordinate with your spouse's plan, please contact our CVT representatives:

**Pam Oliveto, CVT Account Manager**  
Phone: 559-437-2960 x139  
Email: [pamo@cvtrust.org](mailto:pamo@cvtrust.org)

OR

**Michelle Bugg, CVT Member Services**  
Phone: 800.288.9870 x117  
Email: [michelleb@cvtrust.org](mailto:michelleb@cvtrust.org)

Attachments: Cost Comparison Matrix (Page 2), My CVT Account Set Up Instructions (Pages 3-4), Rate Information: Blue Cross (Pages 5-8), Kaiser (Pages 9-10) and EPO (Pages 11-12) Comparison Sheets, Delta Dental (Pages 13-14) and Vision Service Plan (Pages 15-16) Information Sheets, EAP Brochure (Carelton) (Page 17), Anthem HPN Flyer (Page 18), and CVT Benefits Programs and Resources (Pages 19-21).

**2025-2026 Health Insurance Premium Costs  
For Certificated Employees**

**OPEN ENROLLMENT DEADLINE:  
September 12, 2025**

Listed below are the various plan options and monthly premiums for the 2025-26 year.

The costs are based on full time positions and any rate changes for the year will be effective as of October 1, 2025. Caps and rates are based on 11 month deductions.

**California's Valued Trust - Rate Comparison**

|                                           |            | Blue Cross PPO |               |                 |               |                  |               |                 |               |                  |               |            |               |                |               |
|-------------------------------------------|------------|----------------|---------------|-----------------|---------------|------------------|---------------|-----------------|---------------|------------------|---------------|------------|---------------|----------------|---------------|
| District Paid Cap                         |            | Plan 1A 100%   |               | Plan 4B 90%/10% |               | Wellness 90%/10% |               | Plan 6C 80%/20% |               | Plan 10B 80%/20% |               | HDHP 1     |               | Bronze 70%/30% |               |
|                                           |            | Cost           | Employee Pays | Cost            | Employee Pays | Cost             | Employee Pays |                 | Employee Pays |                  | Employee Pays | Cost       | Employee Pays | Cost           | Employee Pays |
| Medical/EAP                               | \$1,008.69 | \$3,338.18     | \$2,329.49    | \$2,946.55      | \$1,937.86    | \$2,749.09       | \$1,740.40    | \$2,681.45      | \$1,672.76    | \$1,892.73       | \$884.04      | \$1,843.64 | \$834.95      | \$1,502.18     | \$493.49      |
| Dental                                    | \$132.43   | \$163.78       | \$31.35       | \$163.78        | \$31.35       | \$163.78         | \$31.35       | \$163.78        | \$31.35       | \$163.78         | \$31.35       | \$163.78   | \$31.35       | \$163.78       | \$31.35       |
| Vision                                    | \$21.22    | \$25.30        | \$4.08        | \$25.30         | \$4.08        | \$25.30          | \$4.08        | \$25.30         | \$4.08        | \$25.30          | \$4.08        | \$25.30    | \$4.08        | \$25.30        | \$4.08        |
| Life Ins                                  | \$8.81     | \$8.81         | \$0.00        | \$8.81          | \$0.00        | \$8.81           | \$0.00        | \$8.81          | \$0.00        | \$8.81           | \$0.00        | \$8.81     | \$0.00        | \$8.81         | \$0.00        |
|                                           | \$1,171.15 |                |               |                 |               |                  |               |                 |               |                  |               |            |               |                |               |
| Total (deducted each month for 11 months) |            | \$2,364.92     |               | \$1,973.29      |               | \$1,775.83       |               | \$1,708.19      |               | \$919.47         |               | \$870.38   |               | \$528.92       |               |

|                                           |            | Kaiser HMO |               |            |               |            |               |                 |               |               |               |
|-------------------------------------------|------------|------------|---------------|------------|---------------|------------|---------------|-----------------|---------------|---------------|---------------|
| District Paid Cap                         |            | Kaiser 1   |               | Kaiser 4   |               | Kaiser 8   |               | Kaiser Wellness |               | Kaiser Bronze |               |
|                                           |            | Cost       | Employee Pays | Cost       | Employee Pays | Cost       | Employee Pays | Cost            | Employee Pays | Cost          | Employee Pays |
| Medical/EAP                               | \$1,008.69 | \$3,222.55 | \$2,213.86    | \$3,075.27 | \$2,066.58    | \$2,655.27 | \$1,646.58    | \$2,518.91      | \$1,510.22    | \$1,510.91    | \$502.22      |
| Dental                                    | \$132.43   | \$163.78   | \$31.35       | \$163.78   | \$31.35       | \$163.78   | \$31.35       | \$163.78        | \$31.35       | \$163.78      | \$31.35       |
| Vision                                    | \$21.22    | \$25.30    | \$4.08        | \$25.30    | \$4.08        | \$25.30    | \$4.08        | \$25.30         | \$4.08        | \$25.30       | \$4.08        |
| Life Ins                                  | \$8.81     | \$8.81     | \$0.00        | \$8.81     | \$0.00        | \$8.81     | \$0.00        | \$8.81          | \$0.00        | \$8.81        | \$0.00        |
|                                           | \$1,171.15 |            |               |            |               |            |               |                 |               |               |               |
| Total (deducted each month for 11 months) |            | \$2,249.29 |               | \$2,102.01 |               | \$1,682.01 |               | \$1,545.65      |               | \$537.65      |               |

|                                           |            | Anthem BlueHPN EPO |               |                 |               |                 |               |                 |               |
|-------------------------------------------|------------|--------------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| District Paid Cap                         |            | EPO Premier, Rx A  |               | EPO Saver, Rx A |               | EPO Saver, Rx B |               | EPO Value, Rx D |               |
|                                           |            | Cost               | Employee Pays | Cost            | Employee Pays | Cost            | Employee Pays | Cost            | Employee Pays |
| Medical/EAP                               | \$1,008.69 | \$2,480.73         | \$1,472.04    | \$2,301.82      | \$1,293.13    | \$2,286.55      | \$1,277.86    | \$1,698.55      | \$689.86      |
| Dental                                    | \$132.43   | \$163.78           | \$31.35       | \$163.78        | \$31.35       | \$163.78        | \$31.35       | \$163.78        | \$31.35       |
| Vision                                    | \$21.22    | \$25.30            | \$4.08        | \$25.30         | \$4.08        | \$25.30         | \$4.08        | \$25.30         | \$4.08        |
| Life Ins                                  | \$8.81     | \$8.81             | \$0.00        | \$8.81          | \$0.00        | \$8.81          | \$0.00        | \$8.81          | \$0.00        |
|                                           | \$1,171.15 |                    |               |                 |               |                 |               |                 |               |
| Total (deducted each month for 11 months) |            | \$1,507.47         |               | \$1,328.56      |               | \$1,313.29      |               | \$725.29        |               |

**Note: Medical Plan rates include the Employee Assistance Program at no cost.**

**Note: Any cost to the employee through a payroll deduction is eligible to be paid on a pre-tax basis. There is also a plan for reimbursement of out-of-pocket costs on a pre-tax basis. An application is required and available from American Fidelity Assurance Company. Please contact our representative: Tangee Franco at 916-405-8163 for more information.**



CALIFORNIA'S  
VALUED TRUST

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(800) 288-9870

[www.cvtrust.org](http://www.cvtrust.org)

## MyCVT Online Member Open Enrollment

### Quick steps to apply for 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.

Before you can enroll online, you must first create your account.

#### Getting started

1. To access the site directly from your browser, type: [mycvt.cvtrust.org](http://mycvt.cvtrust.org).
2. You may also access the portal from [cvtrust.org](http://cvtrust.org). Click on the MyCVT logo in the upper, right-hand corner of the page to open up the main portal page.
3. You will need the following information to create your account:
  - Unique email address (you cannot use a shared or group email)
  - Social Security number (do not use dashes in the form)
  - Your district name and classification
  - Password (eight-digits minimum)
  - Date of Birth

#### Creating your account

1. From the MyCVT portal page, select "REGISTER A NEW ACCOUNT" Complete the requested information and submit.
2. **Search for your district name, then select it from the drop down list**, and choose your employee type.
3. Verify your date of birth.
4. A registration link will be sent to the unique email you submitted.
5. **Click on the link in the email** to complete the registration process.

#### Existing member open enrollment

1. Login to your MyCVT account at [mycvt.cvtrust.org](http://mycvt.cvtrust.org).
2. A message box (example below) will appear during open enrollment letting you know what the open enrollment timeframe is as well as the numbers of days left for open enrollment. Click on the "Begin Open Enrollment" option in the open enrollment notification message if you wish to make any changes to your current coverage.
3. If you wish to keep your current coverage, click the "Keep Your Existing Coverage" option.



#### Open Enrollment is here!

Open Enrollment is the one time during the year that you have the opportunity to review your current coverage and either keep it or select new coverage. You can also enroll or remove dependents without a qualifying event. To ensure you choose the best plan, we have resources for you.

30th

County USD Ends September

[Begin Open Enrollment](#)

[Keep Your Existing Coverage](#)

July, 2018

### **Keep current coverage**

1. If you selected to keep your current coverage, confirm your choice by clicking the “Keep Coverage” button and no other steps need to be taken.

### **View or modify your coverage and dependent information**

1. When viewing or modifying your current coverage, you will first verify your personal information, then click “Next” to continue to your dependent page.
2. You can add or remove dependents. Add dependents by clicking on the blue “Add Dependent” button. Click the “Terminate” button next to any dependent you wish to remove from coverage.
3. If adding a dependent, enter all the required dependent information and click “Save” after each dependent has been added.
4. 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.
5. Click on “I’m ready for plan selection” to view or modify your coverage
6. The next step is to select your plans from the plan choice page. The plan selection will include those bargained benefits available to your unit.
7. Click “Compare Plans” next to the coverage types (Health, Dental, Vision, Life) to see a grid of drop down menus that contain the plans available to you. You can compare up to four different plans by clicking the drop down menus and selecting the plans you want to compare. Once you have decided which plan you are going to choose, click the blue “Select this plan” button above the drop down menu to select that plan for that coverage. 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.
8. If your district does not offer plans for a particular coverage type, the words “No plans available” will appear next to that coverage type.
9. Once you have completed selecting your plans for all of the available coverage types, click “I’m Ready to Review My Application” to continue.

### **Submit your completed enrollment**

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. There will be a count of documents required in the submitted enrollment section when you login.
4. You can 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 and documents will be reviewed by your district and then submitted to CVT for review and approval.

### **Questions**

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

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

## Buckeye Union SD - CERTIFICATED

October 1, 2025 - September 30, 2026

| BENEFIT                                                                                                                      | PPO 1, Rx A                                                                                 | PPO 4, Rx B                                                                                                                            | PPO 6, Rx C                                                                                                                            | PPO 10, Rx B                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | \$0                                                                                         | Individual: \$100<br>Family: \$200                                                                                                     | Individual: \$250<br>Family: \$500                                                                                                     | Individual: \$2,000<br>Family: \$4,000                                                                                                 |
| <b>Coinsurance</b>                                                                                                           | Paid at 100%*                                                                               | Paid at 90%* after deductible is met                                                                                                   | Paid at 80%* after deductible is met                                                                                                   | Paid at 80%* after deductible is met                                                                                                   |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,250 <sup>(2)</sup><br>Family: \$2,500 <sup>(2)</sup>                        | Individual: \$1,250 <sup>(2)</sup><br>Family: \$2,500 <sup>(2)</sup>                                                                   | Individual: \$2,000 <sup>(2)</sup><br>Family: \$4,000 <sup>(2)</sup>                                                                   | Individual: \$6,350 <sup>(2)</sup><br>Family: \$12,700 <sup>(2)</sup>                                                                  |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$10 Copay<br><b>Specialist Physician</b> - \$10 Copay      | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$20 Copay                                                 | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$20 Copay                                                 | Paid at 80%* after deductible is met                                                                                                   |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%*                                                                               | Paid at 100%*                                                                                                                          | Paid at 100%*                                                                                                                          | Paid at 100%*                                                                                                                          |
| <b>Outpatient Laboratory</b>                                                                                                 | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$50 copay, then paid at 100%*     | <b>Non-Hospital</b> - Paid at 90%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*  | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*  | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*  |
| <b>Outpatient Radiology</b>                                                                                                  | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$75 copay, then paid at 100%*     | <b>Non-Hospital</b> - Paid at 90%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*  | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*  | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*  |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 100%*                                                                               | Paid at 90%* after deductible is met                                                                                                   | Paid at 80%* after deductible is met                                                                                                   | Paid at 80%* after deductible is met                                                                                                   |
| <b>Ambulance - Ground / Air</b>                                                                                              | Paid at 100%* of covered charges                                                            | Paid at 90%* after deductible is met                                                                                                   | Paid at 80%* after deductible is met                                                                                                   | Paid at 80%* after deductible is met                                                                                                   |
| <b>Physical Therapy</b>                                                                                                      | Paid at 100%* <sup>(1)</sup><br>(Copay, if applicable.)                                     | Paid at 90%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         | Paid at 80%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         | Paid at 80%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         |
| <b>Chiropractic</b>                                                                                                          | Paid at 100%* <sup>(1)</sup><br>(Copay, if applicable.)                                     | Paid at 90%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         | Paid at 80%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         | Paid at 80%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         |
| <b>Acupuncture</b>                                                                                                           | Paid at 100%*<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year           | Paid at 90%* after deductible is met<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year                               | Paid at 80%* after deductible is met<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year                               | Paid at 80%* after deductible is met<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year                               |
| <b>Outpatient Surgery</b>                                                                                                    | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$250 copay, then paid at 100%*    | <b>Non-Hospital</b> - Paid at 90%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%* | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%* | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%* |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 100%*<br>Unlimited days, Semi-private room                                          | Paid at 90%* after deductible is met;<br>Unlimited days, Semi-private room                                                             | Paid at 80%* after deductible is met;<br>Unlimited days, Semi-private room                                                             | Paid at 80%* after deductible is met;<br>Unlimited days, Semi-private room                                                             |
| <b>Hospital Emergency Room</b>                                                                                               | <b>\$150 Copay</b><br>(Copay waived if admitted as inpatient)<br>After copay, paid at 100%* | <b>\$150 Copay</b><br>(Copay waived if admitted as inpatient)<br>After deductible is met, copay then paid at 90%*                      | <b>\$150 Copay</b><br>(Copay waived if admitted as inpatient)<br>After deductible is met, copay then paid at 80%*                      | <b>\$150 Copay</b><br>(Copay waived if admitted as inpatient)<br>After deductible is met, copay then paid at 80%*                      |
| <b>Urgent Care</b>                                                                                                           | \$10 Copay                                                                                  | \$20 Copay                                                                                                                             | \$20 Copay                                                                                                                             | Paid at 80%* after deductible is met                                                                                                   |
| <b>Home Health Care</b>                                                                                                      | Paid at 100%*<br>Limited to 100 visits per calendar year                                    | Paid at 90%* after deductible is met;<br>Limited to 100 visits per calendar year                                                       | Paid at 80%* after deductible is met<br>Limited to 100 visits per calendar year                                                        | Paid at 80%* after deductible is met;<br>Limited to 100 visits per calendar year                                                       |

| BENEFIT                                                  | PPO 1, Rx A                                                                                                                                                                             |                                                                                     | PPO 4, Rx B                                                                                                                                                                             |                                                                                                               | PPO 6, Rx C                                                                                                                                                                             |                                                                                                     | PPO 10, Rx B                                                                                                                                                                            |                                                                                                               |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Telehealth</b>                                        | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                                                                     | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                                                                                               | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                                                                                     | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                                                                                               |
| <b>Virtual Physical Therapy</b>                          | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           |                                                                                     | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           |                                                                                                               | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           |                                                                                                     | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           |                                                                                                               |
| <b>Employee Assistance Program (EAP) through Carelon</b> | Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                                 |                                                                                     | Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                                 |                                                                                                               | Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                                 |                                                                                                     | Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                                 |                                                                                                               |
| <b>Prescription Drugs</b>                                | <b>Retail</b> <sup>(4,9)</sup><br>\$5 Generic<br>\$22 Brand<br>(30-Day Supply)                                                                                                          | <b>Mail Order</b> <sup>(4,9)</sup><br>\$10 Generic<br>\$44 Brand<br>(90-Day Supply) | <b>Retail</b> <sup>(4,9)</sup><br>\$7 Generic<br>\$15 Preferred<br>\$30 Non-Preferred<br>(30-Day Supply)                                                                                | <b>Mail Order</b> <sup>(4,9)</sup><br>\$15 Generic<br>\$35 Preferred<br>\$70 Non-Preferred<br>(90-Day Supply) | <b>Retail</b> <sup>(4,9)</sup><br>\$7 Generic<br>\$25 Pref<br>\$40 Non-Pref<br>(30-Day Supply)                                                                                          | <b>Mail Order</b> <sup>(4,9)</sup><br>\$15 Generic<br>\$60 Pref<br>\$90 Non-Pref<br>(90-Day Supply) | <b>Retail</b> <sup>(4,9)</sup><br>\$7 Generic<br>\$15 Preferred<br>\$30 Non-Preferred<br>(30-Day Supply)                                                                                | <b>Mail Order</b> <sup>(4,9)</sup><br>\$15 Generic<br>\$35 Preferred<br>\$70 Non-Preferred<br>(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

## Buckeye Union SD - CERTIFICATED

October 1, 2025 - September 30, 2026

| BENEFIT                                                                                                                      | Wellness, Rx C                                                                                                                         | HDHP 1                                                                                                                                        | Bronze                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | Individual: \$500<br>Family: \$1,000                                                                                                   | Individual: \$1,700<br>Family: \$3,400<br>(No individual limit applies to family)                                                             | Individual: \$5,000<br>Family: \$10,000                                                                                                                                                                                            |
| <b>Coinsurance</b>                                                                                                           | Paid at 90%* after deductible is met                                                                                                   | Paid at 90%* after deductible is met                                                                                                          | Paid at 70%* after deductible is met                                                                                                                                                                                               |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,750<br>Family: \$3,500                                                                                                 | Individual: \$5,000<br>Family: \$10,000<br>Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000. | Individual: \$7,000<br>Family: \$14,000                                                                                                                                                                                            |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$40 Copay                                                 | <b>Primary Care Physician</b> - Paid at 90%* after deductible is met<br><b>Specialist Physician</b> - Paid at 90% after deductible is met     | <b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met<br><b>Specialist Physician</b> - Subject to deductible then 70% copay per visit |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%*                                                                                                                          | Paid at 100%*                                                                                                                                 | Paid at 100%*                                                                                                                                                                                                                      |
| <b>Outpatient Laboratory</b>                                                                                                 | <b>Non-Hospital</b> - Paid at 90%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*  | Paid at 90%* after deductible is met                                                                                                          | Paid at 70%* after deductible is met                                                                                                                                                                                               |
| <b>Outpatient Radiology</b>                                                                                                  | <b>Non-Hospital</b> - Paid at 90%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*  | Paid at 90%* after deductible is met                                                                                                          | Paid at 70%* after deductible is met                                                                                                                                                                                               |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 90%* after deductible is met                                                                                                   | Paid at 90%* after deductible is met                                                                                                          | Paid at 70%* after deductible is met                                                                                                                                                                                               |
| <b>Ambulance - Ground / Air</b>                                                                                              | Paid at 90%* after deductible is met                                                                                                   | Paid at 90%* after deductible is met                                                                                                          | Paid at 70%* after deductible is met                                                                                                                                                                                               |
| <b>Physical Therapy</b>                                                                                                      | Paid at 90%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         | Paid at 90%* <sup>(1)</sup> after deductible is met                                                                                           | Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)                                                                                                                                                         |
| <b>Chiropractic</b>                                                                                                          | Paid at 90%* <sup>(1)</sup> after deductible is met<br>(Copay, if applicable.)                                                         | Paid at 90%* <sup>(1)</sup> after deductible is met                                                                                           | Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)                                                                                                                                                         |
| <b>Acupuncture</b>                                                                                                           | Paid at 90%* after deductible is met<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year                               | Paid at 90%* after deductible is met.<br>Maximum of 12 visits per calendar year                                                               | Paid at 70%* after deductible is met (Copay, if applicable).<br>Maximum of 12 visits per calendar year                                                                                                                             |
| <b>Outpatient Surgery</b>                                                                                                    | <b>Non-Hospital</b> - Paid at 90%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%* | Paid at 90%* after deductible is met                                                                                                          | Paid at 70%* after deductible is met                                                                                                                                                                                               |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 90%* after deductible is met;<br>Unlimited days, Semi-private room                                                             | Paid at 90%* after deductible is met;<br>Unlimited days, Semi-private room                                                                    | Paid at 70%* after deductible is met;<br>Unlimited days, Semi-private room                                                                                                                                                         |
| <b>Hospital Emergency Room</b>                                                                                               | \$150 Copay;<br>(Copay waived if admitted as inpatient). After deductible is met, copay then paid at 90%*                              | Paid at 90%* after deductible is met                                                                                                          | Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)                                                                                                                                                   |
| <b>Urgent Care</b>                                                                                                           | \$20 Copay                                                                                                                             | Paid at 90%* after deductible is met                                                                                                          | Subject to deductible, then \$120 Copay                                                                                                                                                                                            |
| <b>Home Health Care</b>                                                                                                      | Paid at 90%* after deductible is met;<br>Limited to 100 visits per calendar year                                                       | Paid at 90%* after deductible is met;<br>Limited to 100 visits per calendar year                                                              | Paid at 70%* after deductible is met;<br>Limited to 100 visits per calendar year                                                                                                                                                   |

| BENEFIT                                                   | Wellness, Rx C                                                                                                                                                           |                                    | HDHP 1                                                                                                                                                                                           |                                    | Bronze                                                                                                                                                                   |                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Telehealth</b>                                         | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                    | MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                    | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |                                    |
| <b>Virtual Physical Therapy</b>                           | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                            |                                    | Paid at 100%, after deductible is met. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                           |                                    | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                            |                                    |
| <b>Employee Assistance Program (EAP) through Carelton</b> | Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                 |                                    | Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                                         |                                    | Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>                                                 |                                    |
| <b>Prescription Drugs</b>                                 | <b>Retail</b> <sup>(4,9)</sup>                                                                                                                                           | <b>Mail Order</b> <sup>(4,9)</sup> | <b>Retail</b> <sup>(4,9)</sup>                                                                                                                                                                   | <b>Mail Order</b> <sup>(4,9)</sup> | <b>Retail</b> <sup>(4,9)</sup>                                                                                                                                           | <b>Mail Order</b> <sup>(4,9)</sup> |
|                                                           | \$7 Generic                                                                                                                                                              | \$15 Generic                       | Subject to deductible, then                                                                                                                                                                      | Subject to deductible, then        | Subject to deductible, then                                                                                                                                              | Subject to deductible, then        |
|                                                           | \$25 Pref                                                                                                                                                                | \$60 Pref                          | \$25 Generic Copay                                                                                                                                                                               | \$50 Generic Copay                 | \$25 Generic Copay                                                                                                                                                       | \$50 Generic Copay                 |
|                                                           | \$40 Non-Pref                                                                                                                                                            | \$90 Non-Pref                      | \$50 Brand Copay                                                                                                                                                                                 | \$100 Brand Copay                  | \$50 Brand Copay                                                                                                                                                         | \$100 Brand Copay                  |
|                                                           | (30-Day Supply)                                                                                                                                                          | (90-Day Supply)                    | (30 Day-Supply)                                                                                                                                                                                  | (90 Day-Supply)                    | (30-Day Supply)                                                                                                                                                          | (90-Day Supply)                    |

**PPO Plans:**

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

## Buckeye Union SD - CERTIFICATED

October 1, 2025 - September 30, 2026

| BENEFIT                                                                                                                      | Kaiser 1                                                                               | Kaiser 4                                                                               | Kaiser 8                                                                                                                                          | Kaiser Wellness                                                                        | Kaiser Bronze                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | \$0                                                                                    | \$0                                                                                    | Individual: \$1,000<br>Family: \$2,000                                                                                                            | \$0                                                                                    | Individual: \$4,500<br>Family: \$9,000                                                                                                     |
| <b>Coinsurance</b>                                                                                                           | Paid at 100%*                                                                          | Paid at 100%*                                                                          | Paid at 100%*                                                                                                                                     | Paid at 100%*                                                                          | Paid at 60%*                                                                                                                               |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,500<br>Family: \$3,000                                                 | Individual: \$1,500<br>Family: \$3,000                                                 | Individual: \$3,000<br>Family: \$6,000                                                                                                            | Individual: \$1,500<br>Family: \$3,000                                                 | Individual: \$6,000<br>Family: \$12,000                                                                                                    |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$10 Copay<br><b>Specialist Physician</b> - \$10 Copay | <b>Primary Care Physician</b> - \$30 Copay<br><b>Specialist Physician</b> - \$30 Copay | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$20 Copay<br>No Deductible                                           | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$40 Copay | <b>Primary Care Physician</b> - Paid at 60%* after deductible is met<br><b>Specialist Physician</b> - Paid at 60%* after deductible is met |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%*                                                                          | Paid at 100%*                                                                          | Paid at 100%*<br>No Deductible                                                                                                                    | Paid at 100%*                                                                          | Paid at 100%*                                                                                                                              |
| <b>Outpatient Laboratory</b>                                                                                                 | Most tests paid at 100%*                                                               | Most tests paid at 100%*                                                               | \$10 Copay, No Deductible                                                                                                                         | \$10 Copay                                                                             | Most tests paid at 60%* after deductible is met                                                                                            |
| <b>Outpatient Radiology</b>                                                                                                  | Most services paid at 100%*                                                            | Most services paid at 100%*                                                            | X-rays, screenings, lab tests: \$10 copay, No deductible<br>MRI, most CT, and PET scans: Paid at 80%* up to max \$50 per procedure, No deductible | \$10 copay*                                                                            | Most services paid at 60%*, after deductible is met                                                                                        |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 100%*                                                                          | Paid at 100%*                                                                          | Paid at 80%*, No deductible                                                                                                                       | Paid at 100%*                                                                          | Paid at 60%*, deductible does not apply<br>(Most DME is not covered)                                                                       |
| <b>Ambulance - Ground / Air</b>                                                                                              | Paid at 100%*<br>If Medically Necessary                                                | Paid at 100%*<br>If Medically Necessary                                                | \$150 Per Trip<br>If Medically Necessary<br>No deductible                                                                                         | \$100 Copay<br>If Medically Necessary                                                  | Paid at 60%* after deductible is met                                                                                                       |
| <b>Physical Therapy</b>                                                                                                      | \$10 Copay                                                                             | \$30 Copay                                                                             | \$20 Copay<br>No Deductible                                                                                                                       | \$20 Copay                                                                             | Paid at 60%* after deductible is met                                                                                                       |
| <b>Chiropractic</b>                                                                                                          | Not Covered                                                                            | Not Covered                                                                            | Not Covered                                                                                                                                       | Not Covered                                                                            | Not Covered                                                                                                                                |
| <b>Acupuncture</b>                                                                                                           | \$10 Copay<br>Referral by Plan Physician                                               | \$30 Copay<br>Referral by Plan Physician                                               | \$20 Copay, No Deductible<br>Referral by Plan Physician                                                                                           | \$20 Copay<br>Referral by Plan Physician                                               | Paid at 60%* after deductible is met<br>Referral by plan physician                                                                         |
| <b>Outpatient Surgery</b>                                                                                                    | \$10 Copay                                                                             | \$30 Copay                                                                             | Paid at 80%* after deductible is met                                                                                                              | \$500 Per Procedure                                                                    | Paid at 60%* after deductible is met                                                                                                       |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 100%*                                                                          | Paid at 100%*                                                                          | Paid at 80%* after deductible is met                                                                                                              | \$500 Copay Per Admission<br>Unlimited days, semi-private room                         | Paid at 60%* after deductible is met                                                                                                       |
| <b>Hospital Emergency Room</b>                                                                                               | \$100 Copay<br>Copay waived if admitted as in-patient                                  | \$100 Copay<br>Copay waived if admitted as in-patient                                  | Paid at 80%* after deductible is met                                                                                                              | \$100 Copay<br>(Copay waived if admitted as in-patient)                                | Paid at 60%* after deductible is met                                                                                                       |
| <b>Urgent Care</b>                                                                                                           | \$10 Copay                                                                             | \$30 Copay                                                                             | \$20 Copay                                                                                                                                        | \$20 Copay                                                                             | Paid at 60%* after deductible is met                                                                                                       |
| <b>Home Health Care</b>                                                                                                      | Paid at 100%* (Limits)                                                                 | Paid at 100%* (Limits)                                                                 | Paid at 100%*<br>No Deductible<br>(Limits)                                                                                                        | Paid at 100%* (Limits)                                                                 | Paid at 100%*, deductible does not apply<br>(Limits)                                                                                       |

| BENEFIT                                                  | Kaiser 1                                                                                                                                                    |                                                                        | Kaiser 4                                                                                                                                                    |                                                                        | Kaiser 8                                                                                                                                                    |                                                                        | Kaiser Wellness                                                                                                                                             |                                                                        | Kaiser Bronze                                                                                                                                                                                                                          |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Telehealth</b>                                        | 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.                                                                                                           |
| <b>Virtual Physical Therapy</b>                          | 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.                                                                                                                                                                                                  |
| <b>Employee Assistance Program (EAP) through Carelon</b> | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup> |                                                                        | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup> |                                                                        | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup> |                                                                        | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup> |                                                                        | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>                                                                            |
| <b>Prescription Drugs</b>                                | <b>Retail</b><br>\$5 Generic<br>\$10 Brand<br>(Up to 30 Day Supply)                                                                                         | <b>Mail Order</b><br>\$10 Generic<br>\$20 Brand<br>(31-100 Day Supply) | <b>Retail</b><br>\$10 Generic<br>\$20 Brand<br>(Up to 30 Day Supply)                                                                                        | <b>Mail Order</b><br>\$20 Generic<br>\$40 Brand<br>(31-100 Day Supply) | <b>Retail</b><br>\$10 Generic<br>\$30 Brand<br>(Up to 30 Day Supply)                                                                                        | <b>Mail Order</b><br>\$20 Generic<br>\$60 Brand<br>(31-100 Day Supply) | <b>Retail</b><br>\$10 Generic<br>\$25 Brand<br>(Up to 30 Day Supply)                                                                                        | <b>Mail Order</b><br>\$20 Generic<br>\$50 Brand<br>(31-100 Day Supply) | <b>Generic</b><br>Paid at 70%*<br>(Member's share not to exceed \$50)<br>100-day supply<br>Deductible does not apply<br><b>Brand</b><br>Paid at 60%*, after \$250 deductible<br>(Member's share not to exceed \$100)<br>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](http://www.cvtrust.org/plan-documents).

# CVT EPO Health Plans with Anthem High Performance (BlueHPN) and CVS/caremark

## Buckeye Union SD - CERTIFICATED, CLASSIFIED, MANAGEMENT

October 1, 2025 - September 30, 2026

| BENEFIT                                                                                                                      | EPO Premier, Rx A                                                                                                                                                                       | EPO Saver, Rx A                                                                                                                                                                         | EPO Saver, Rx B                                                                                                                                                                         | EPO Value, Rx D                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | Individual: \$100<br>Family: \$200                                                                                                                                                      | Individual: \$500<br>Family: \$1,000                                                                                                                                                    | Individual: \$500<br>Family: \$1,000                                                                                                                                                    | Individual: \$2,000<br>Family: \$4,000                                                                                                                                                  |
| <b>Coinsurance</b>                                                                                                           | Paid at 100% after deductible is met                                                                                                                                                    | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,250<br>Family: \$2,500                                                                                                                                                  | Individual: \$3,250<br>Family: \$6,500                                                                                                                                                  | Individual: \$3,250<br>Family: \$6,500                                                                                                                                                  | Individual: \$6,350<br>Family: \$12,700                                                                                                                                                 |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$20 copay per visit; deductible waived<br><b>Specialist Physician</b> - \$20 copay per visit; deductible waived                                        | <b>Primary Care Physician</b> - \$30 copay per visit; deductible waived<br><b>Specialist Physician</b> - \$30 copay per visit; deductible waived                                        | <b>Primary Care Physician</b> - \$30 copay per visit; deductible waived<br><b>Specialist Physician</b> - \$30 copay per visit; deductible waived                                        | <b>Primary Care Physician</b> - \$45 copay per visit; deductible waived<br><b>Specialist Physician</b> - \$45 copay per visit; deductible waived                                        |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%                                                                                                                                                                            | Paid at 100%                                                                                                                                                                            | Paid at 100%                                                                                                                                                                            | Paid at 100%                                                                                                                                                                            |
| <b>Outpatient Laboratory</b>                                                                                                 | Paid at 100% after deductible is met                                                                                                                                                    | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     |
| <b>Outpatient Radiology</b>                                                                                                  | Paid at 100% after deductible is met                                                                                                                                                    | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 100% after deductible is met                                                                                                                                                    | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     |
| <b>Ambulance - Ground / Air</b>                                                                                              | Paid at 100% after deductible is met                                                                                                                                                    | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     |
| <b>Physical Therapy</b>                                                                                                      | \$20 copay per visit; deductible is waived                                                                                                                                              | \$30 copay per visit; deductible is waived                                                                                                                                              | \$30 copay per visit; deductible is waived                                                                                                                                              | \$45 copay per visit; deductible is waived                                                                                                                                              |
| <b>Chiropractic</b>                                                                                                          | \$10 copay per visit; deductible is waived<br>Limited to 30 visits per calendar year                                                                                                    | \$10 copay per visit; deductible is waived<br>Limited to 30 visits per calendar year                                                                                                    | \$10 copay per visit; deductible is waived<br>Limited to 30 visits per calendar year                                                                                                    | \$10 copay per visit; deductible is waived<br>Limited to 30 visits per calendar year                                                                                                    |
| <b>Acupuncture</b>                                                                                                           | \$20 copay per visit; deductible is waived                                                                                                                                              | \$30 copay per visit; deductible is waived                                                                                                                                              | \$30 copay per visit; deductible is waived                                                                                                                                              | \$45 copay per visit; deductible is waived                                                                                                                                              |
| <b>Outpatient Surgery</b>                                                                                                    | <b>Non-Hospital</b> - Paid at 100% after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%                                                  | <b>Non-Hospital</b> - Paid at 80% after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%                                                    | <b>Non-Hospital</b> - Paid at 80% after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%                                                    | <b>Non-Hospital</b> - Paid at 80% after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%                                                    |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 100% after deductible is met                                                                                                                                                    | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     | Paid at 80% after deductible is met                                                                                                                                                     |
| <b>Hospital Emergency Room</b>                                                                                               | <b>\$150 Emergency Copay;</b><br><b>\$250 Non-Emergency Copay</b><br>(Copay waived if admitted as in-patient)<br>After deductible is met, copay then paid at 100%                       | <b>\$150 Emergency Copay;</b><br><b>\$250 Non-Emergency Copay</b><br>(Copay waived if admitted as in-patient)<br>After deductible is met, copay then paid at 80%                        | <b>\$150 Emergency Copay;</b><br><b>\$250 Non-Emergency Copay</b><br>(Copay waived if admitted as in-patient)<br>After deductible is met, copay then paid at 80%                        | <b>\$150 Emergency Copay;</b><br><b>\$250 Non-Emergency Copay</b><br>(Copay waived if admitted as in-patient)<br>After deductible is met, copay then paid at 80%                        |
| <b>Urgent Care</b>                                                                                                           | \$20 copay per visit; deductible waived                                                                                                                                                 | \$30 copay per visit; deductible waived                                                                                                                                                 | \$30 copay per visit; deductible waived                                                                                                                                                 | \$45 copay per visit; deductible waived                                                                                                                                                 |
| <b>Home Health Care</b>                                                                                                      | 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                                                                                                            | Paid at 80% after deductible is met; Limited to 100 visits per calendar year                                                                                                            |
| <b>Telehealth</b>                                                                                                            | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b> |
| <b>Virtual Physical Therapy</b>                                                                                              | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           | Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .                                                                           |

| BENEFIT                                                  | EPO Premier, Rx A                                                                                                                                                  |                                                                                     | EPO Saver, Rx A                                                                                                                                                    |                                                                                     | EPO Saver, Rx B                                                                                                                                                    |                                                                                                               | EPO Value, Rx D                                                                                                                                                    |                                                                                                                                   |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Employee Assistance Program (EAP) through Carelon</b> | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup> |                                                                                     | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup> |                                                                                     | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup> |                                                                                                               | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup> |                                                                                                                                   |
| <b>Prescription Drugs</b>                                | <b>Retail</b> <sup>(4,9)</sup><br>\$5 Generic<br>\$22 Brand<br>(30-Day Supply)                                                                                     | <b>Mail Order</b> <sup>(4,9)</sup><br>\$10 Generic<br>\$44 Brand<br>(90-Day Supply) | <b>Retail</b> <sup>(4,9)</sup><br>\$5 Generic<br>\$22 Brand<br>(30-Day Supply)                                                                                     | <b>Mail Order</b> <sup>(4,9)</sup><br>\$10 Generic<br>\$44 Brand<br>(90-Day Supply) | <b>Retail</b> <sup>(4,9)</sup><br>\$7 Generic<br>\$15 Preferred<br>\$30 Non-Preferred<br>(30-Day Supply)                                                           | <b>Mail Order</b> <sup>(4,9)</sup><br>\$15 Generic<br>\$35 Preferred<br>\$70 Non-Preferred<br>(90-Day Supply) | <b>Retail</b> <sup>(4,9)</sup><br>\$10 Generic<br>\$40 Pref<br>\$100 Non-Pref<br>(30-Day Supply)<br>(\$150 Brand Deductible)                                       | <b>Mail Order</b> <sup>(4,9)</sup><br>\$25 Generic<br>\$100 Pref<br>\$250 Non-Pref<br>(90-Day Supply)<br>(\$150 Brand Deductible) |

**For Covered Expenses Only, using In-Network Providers Only:** To get benefits under this Plan, you must use In-Network Providers. Services from Non-Network Providers are not covered, except for Emergency or Urgent Care, Authorized Services, or when required by law. Please be sure to contact Anthem if you are not sure if Anthem has approved an Authorized Service. To find an in-network HPN provider, visit [www.Anthem.com/ca](http://www.Anthem.com/ca) and click on Find Care. **This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents)**

(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](http://www.cvtrust.org/glp1)

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

Effective October 1, 2025 to September 30, 2026

| <b>Benefits and Covered Services*</b>                                                                                                                                      | <b>PPO Network **</b>                                                | <b>Premier Network and Out of Network **</b>                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                                                                            | None                                                                 | None                                                                 |
| <b>Calendar Year Maximum Benefit</b>                                                                                                                                       | Unlimited                                                            | Unlimited                                                            |
| <b>Diagnostic &amp; Preventive (D&amp;P) Services</b><br>Note: D & P does not count towards calendar year maximum<br>Oral Examinations: 2<br>Annual Cleanings: 3<br>X-rays | Paid at: 70% - 100% *                                                | Paid at: 70% - 100% *                                                |
| <b>Basic Services</b><br>Fillings<br>Posterior Composite Restorations<br>Sealants<br>Nitrous Oxide                                                                         | Paid at: 70% - 100% *                                                | Paid at: 70% - 100% *                                                |
| <b>Periodontics</b> (gum treatment)<br>Covered Under Basic Services                                                                                                        | Paid at: 70% - 100% *                                                | Paid at: 70% - 100% *                                                |
| <b>Endodontics</b> (root canals)                                                                                                                                           | Paid at: 70% - 100% *                                                | Paid at: 70% - 100% *                                                |
| <b>Oral Surgery</b> (extraction)<br>Covered Under Basic Services                                                                                                           | Paid at: 70% - 100% *                                                | Paid at: 70% - 100% *                                                |
| <b>Major Services</b><br>Crowns, Inlays, Onlays &<br>Cast Restorations                                                                                                     | Paid at: 70% - 100% *                                                | Paid at: 70% - 100% *                                                |
| <b>Prosthodontics</b><br>Bridges<br>Dentures<br>Implants: \$2000 Annual Max                                                                                                | Paid at: 60% *                                                       | Paid at: 50% *                                                       |
| <b>Orthodontic Benefits</b><br>Adults & Dependent Children<br>Lifetime Maximum: \$3,000<br>12 Month Wait: No                                                               | Paid at: 50% *                                                       | Paid at: 50% *                                                       |
| <b>Dental Accident Benefits</b>                                                                                                                                            | Paid at: 100% *<br>(\$1,000 maximum per enrollee each calendar year) | Paid at: 100% *<br>(\$1,000 maximum per enrollee each calendar year) |

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

\*\* See back for additional details

## What are my Delta Dental Network options?

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

## How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), 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<br>as long as you visit the dentist each year. |             |            |             |

## What are my online resources?

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

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

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

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

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

# A Look at Your VSP Vision Coverage

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.**

## **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.



Preferred private practice and retail in-network choices



## **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  
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  
Buckeye Union School District - Certificated

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



| BENEFIT                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PREMIERMAX                                 | COPAY WITH OTHER VSP                       |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COPAY WITH PREMIER<br>EDGE PROVIDERS       | NETWORK PROVIDERS                          |
| COVERAGE WITH A VSP PROVIDER        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                            |
| WELLVISION<br>EXAM                  | <ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                                                                                                   | \$0                                        | \$10 for exam and glasses                  |
| RETINAL<br>SCREENING                | <ul style="list-style-type: none"><li>Images of the inside of the eye, used to screen for potential signs of eye disease</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                                                          | \$0                                        | Up to \$39                                 |
| ESSENTIAL<br>MEDICAL<br>EYE CARE    | <ul style="list-style-type: none"><li>Retinal imaging for members with diabetes covered-in-full</li><li>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.</li><li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li><li>Available as needed</li></ul> | \$20 per exam                              | \$20 per exam                              |
| PRESCRIPTION GLASSES                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                            |
| FRAME <sup>+</sup>                  | <ul style="list-style-type: none"><li>\$220 Featured Frame Brands allowance</li><li>\$200 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$110 Walmart/Sam’s Club/Costco frame allowance</li><li>Every 12 months</li></ul>                                                                                                                                                                                                           | Combined with exam                         | Combined with exam                         |
| LENSES                              | <ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                              | Combined with exam                         | Combined with exam                         |
| LENS<br>ENHANCEMENTS <sup>+</sup>   | <ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Tints/Light-reactive lenses</li><li>Average savings of 40% on other lens enhancements</li><li>Every 12 months</li></ul>                                                                                                                                                                                              | \$0<br>\$80 – \$90<br>\$120 – \$160<br>\$0 | \$0<br>\$80 – \$90<br>\$120 – \$160<br>\$0 |
| CONTACTS<br>(INSTEAD OF<br>GLASSES) | <ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                                       | Up to \$60                                 | Up to \$60                                 |
| ADDITIONAL<br>SAVINGS               | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <b>vsp.com/offers</b>.</li><li>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.</li></ul>            |                                            |                                            |
|                                     | <b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>                                                                                                                                                                                                 |                                            |                                            |
|                                     | <b>Exclusive Member Extras</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <b>vsp.com/offers</b>.</li><li>Save up to 60% on digital hearing aids with TruHearing. Visit <b>vsp.com/offers/special-offers/hearing-aids</b> for details.</li><li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li></ul>                                          |                                            |                                            |

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
<sup>‡</sup>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.  
<sup>\*</sup>Coverage with a retail chain may be different or not apply.



Carelon Wellbeing

## We're here for life's challenges

No problem is too big or too small. Receive no-cost confidential support today.

### Counseling

Schedule an appointment with a licensed counselor for online or in-person sessions during times that work for you, even evenings and weekends.

Sessions are strictly confidential.

### Legal services

Speak with a lawyer for up to 60 minutes of no-cost family law support, with a 35% discount on additional services. For other legal matters, 30-minute consultations are available at no cost, with a 25% discount on additional services.

### Work-life support

Get connected with resources and referral services related to child and elder care, education, growing families, consumer resources, home maintenance, and daily living.

### Financial services

Speak with a financial expert for a 60-minute, no-cost consultation. Receive support on debt and credit issues, mortgages, retirement, student loans, and tax planning. Tax preparation services are available at discounted rates.

Visit the Carelon Wellbeing website to access articles, videos, podcasts, and other tools that can help you and your loved ones with life's challenges.

**[achievesolutions.net/cvt](https://achievesolutions.net/cvt) | 877-397-1032**



# High-quality care at a great value

## Learn more about the Blue High Performance Network

When you join the Blue High Performance Network<sup>SM</sup> (BlueHPN<sup>SM</sup>) plan, you can be confident you've chosen a plan that offers access to excellent care through its curated network of providers. Every doctor, hospital, and specialist in the network is held to strict quality standards, so they're dedicated to improving your experience as a patient and helping you manage costs.

### Benefits of the BlueHPN



Access to a carefully vetted national network of doctors, hospitals, and specialists



Covered urgent and emergency care everywhere, even outside the country

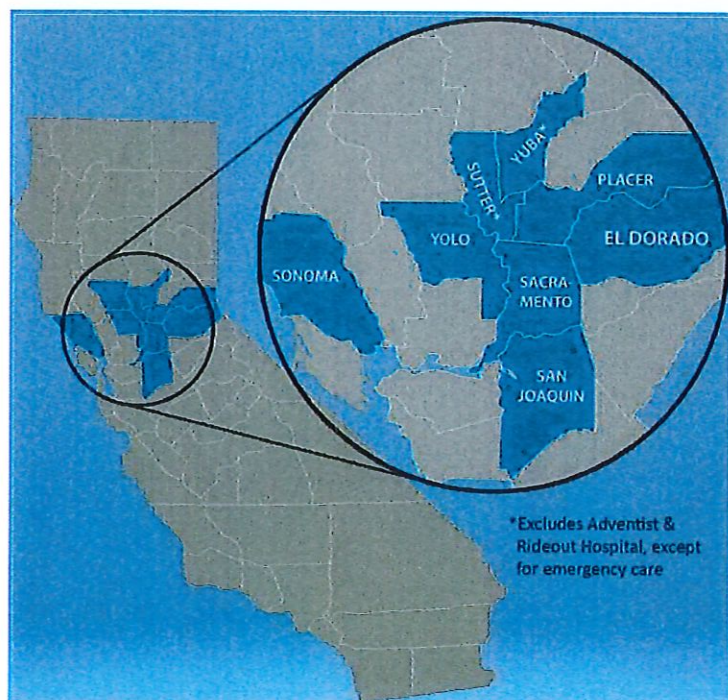


High-quality care at a great value, since every doctor in the BlueHPN is committed to fair pricing

### Who should consider the BlueHPN

#### The BlueHPN might be right for you if:

- ✓ You're open to receiving care from in-network doctors and healthcare providers only since there is no out-of-network coverage.
- ✓ You live or travel mostly within the 60+ major U.S. cities in the BlueHPN network.



### Find a BlueHPN doctor

To see if your current doctor is part of the BlueHPN or to look for BlueHPN doctors:

1. Go to [anthem.com/ca](https://anthem.com/ca) and select **Find Care**. Then, choose **Members**.
2. Under *Search your medical plan without logging in*, enter **907** and select **Search**.
3. Search for doctors by name, specialty, or location. Choose a doctor from the list to see details, including gender, languages spoken, training, and contact information. Take note of the effective date they join the network, if it applies.

Remember that some doctors may have multiple locations but not all their locations may be in the BlueHPN. Check before your appointment to make sure that your doctor and location are in your plan's network.



## 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](https://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](https://cvtrust.org).

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## PPO/EPO/HMO Enrollees



**Anthem Blue Cross:** Plan network for medical coverage including Anthem Health Guide support.

[Anthem.com/ca](https://Anthem.com/ca), or call **(800) 234-4333**.



Download the  
Sydney Mobile app.



**CVS Caremark:** Prescription plan coverage.

[Caremark.com](https://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](https://cvs.co/nutritionsupport), or call **(800) 207-2208**.

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## Kaiser Permanente Enrollees

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



[KP.org](https://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.

[SimpleTherapy.com](https://SimpleTherapy.com), or call **(800) 644-2478**.

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## 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](https://Accordant.com), or call **(800) 948-2497**.

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

[Caronwellbeing.com/cvt](https://Caronwellbeing.com/cvt), or call **(877) 397-1032**.

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**Carrum Health:** Surgical and oncology (cancer) centers of excellence focused on quality providers and surgeons.

[Carrum.me/cvt](https://Carrum.me/cvt), or call **(888) 855-7806**.

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**CredibleMind:** A safe, evidence-based first stop where you can find solutions to a wide range of mental health and emotional wellbeing issues. It provides an upstream prevention tool that assists you wherever and however you like to learn. Visit [cvt.crediblemind.com](https://cvt.crediblemind.com) to learn more.

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**Delta Dental:** Dental benefit overview, find a dental provider, estimate your cost and much more.

[Deltadentalins.com](https://Deltadentalins.com), or call **(866) 499-3001**.

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**MDLIVE:** Telehealth benefits for urgent care, behavioral health and dermatology at \$0 copay.

[MDLIVE.com/cvt](https://MDLIVE.com/cvt), or call **(888) 632-2738**.

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**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](https://Gosolera.com/cvt), or call **(844) 612-2949**.

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**TruHearing:** TruHearing will significantly lower your out-of-pocket costs on hearing aids.

[TruHearing.com](https://TruHearing.com), or call **(844) 222-3389**.

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**VSP:** Vision benefits overview, find an optical provider, online frame store and much more.

[VSP.com](https://VSP.com), or call **(800) 877-7195**.



**Ready to learn more?**

Call CVT Member Services at **(800) 288-9870** or visit [carrum.me/CVT](https://carrum.me/CVT).

Rev. 5/1/25