2026–2027

Benefit Plan Update

Serving those who serve our schools

California's Valued Trust

Healthcare Benefits for the Education Community

Executive Director Message

California's Valued Trust
Your Health, Our Commitment.

Dear Valued Partners,

As we share your upcoming renewal, we want to acknowledge what you are seeing across the market – healthcare costs continue to rise at a pace that is challenging for all of us.

We understand the impact this has on your budgets, your employees, and your communities. Please know we take this responsibility seriously and remain focused on doing everything we can to manage costs while providing access to high-quality care.

For more than 40 years, CVT has served public schools. As a not-for-profit trust, every decision we make is guided by what is in the best interest of our members. Our Board – representing both labor and management – works together to keep the program balanced, thoughtful, and focused on our participants.

The pressures driving this year's renewal are consistent across the healthcare landscape:

- Continued increases in hospital and provider costs, particularly inpatient services
- Rising prescription drug costs, including specialty medications, GLP-1 therapies for weight loss and diabetes, and increased use of brand drugs
- Increased utilization of services, including preventive care and behavioral health
- New technologies and treatments that improve outcomes but increase cost
- Ongoing workforce shortages resulting in higher labor costs across the healthcare system

While these factors are largely outside any single organization's control, how we respond is not.

CVT is actively managing these pressures by:

- Monitoring high-cost claims and strengthening care management
- Using data and analytics to identify trends and intervene early
- Promoting preventive care and early intervention
- Offering cost-saving programs such as SmartCare
- Supporting members with tools, guidance, and care navigation
- Expanding access to mental health and wellness resources

We know that behind every renewal are real people making difficult decisions. Our commitment is to be a trusted partner – transparent, disciplined, and focused on delivering the best possible value to you and your employees.

Thank you for your continued partnership and the trust you place in CVT.

Sincerely,

Valerie Cornuelle

Valerie Cornuelle

Who Is CVT and What Do We Do?

California's Valued Trust
Your Health, Our Commitment.

Your Trusted Partner for Healthcare Benefits

At California's Valued Trust (CVT), we specialize in providing comprehensive healthcare benefits tailored to the needs of school district employees. With decades of experience, CVT proudly serves more than 157,000 members across California's school districts, community colleges and county offices of education. CVT strives to be the best at providing financial stability and exceptional service as our differentiator.

Why Partner with CVT?

CVT is a jointly managed trust (JMT) where employers and unions work together to purchase healthcare benefits. Our board governance includes 12 members that equally represent management and labor including the California Teachers Association and California School Employees Association.

- **Financial Security** – Strong reserves ensure long-term stability
- **No Hidden Costs** – No broker commissions or added administrative fees
- **Flexibility** – Annual contracts with no long-term commitments

What We Offer:

Medical, Dental & Vision Plans
Customizable options from top providers

Wellness Programs
Tools and resources to promote healthy lifestyles

Prescription Drug Benefits
Cost-saving solutions with access to major pharmacy networks

MyCVT Online Portal
24/7 access to benefits, ID cards, and enrollment for employees and administrators

Employee Assistance Program (EAP)
Support for mental health, legal, and financial services

Dedicated Member Services Team
Personalized assistance for employees and administrators

What's Driving Healthcare Costs Today?

California's Valued Trust
Your Health, Our Commitment.

What's Helping Control Costs, and What's Pushing Them Higher?

Factors Driving Costs Higher	Factors Helping Control Costs
• Hospitals and providers **negotiating higher prices** • **More people** using healthcare services • **Aging population** and **more chronic conditions** • **New high-cost specialty medications** (cancer, autoimmune conditions), and GLP-1 medications for weight loss and diabetes (Wegovy, Zepbound)	• More care delivered in **lower-cost settings** (outpatient hospitals, ambulatory surgery centers, imaging centers, etc.) • **Biosimilar drugs are creating competition** for expensive medications. Think of biosimilars like generics, but for complex biologic drugs like Humira • Greater focus on **cost management and value-based care**

Healthcare Prices Have Risen Faster Than Most Other Prices

Everyday Goods & Services

If something cost
$100 in 2000

Today it costs about
$186

Healthcare

If something cost
$100 in 2000

Today it costs about
$221

Healthcare prices have risen **40%** faster than all other prices in the last 25 years

Source: KFF analysis of Bureau of Labor Statistics (BLS) Consumer Price Index (CPI) data

Plan Changes

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Over time, the plan has been paying a larger share of health care costs as prices continue to rise. To keep the plan strong and affordable for the future, we made some updates to our plan designs. These changes help protect your benefits and keep the plan sustainable for everyone.

PPO Health Plans

October 1, 2026 – September 30, 2027

The chart below outlines plan changes for the upcoming renewal year.
Red indicates change.

BENEFIT	Calendar Year Deductible	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Office Visit Copay	Hospital Emergency Room
PPO 1	$0	Individual: $1,500 Family: $3,000	Primary Care $10 Copay Specialist Physician $20 Copay	$200 Copay (Copay waived if admitted as inpatient) After copay, paid at 100%
PPO 2	$0	Individual: $1,500 Family: $3,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After copay, paid at 100%
PPO 3	Individual: $100 Family: $200	Individual: $2,500 Family: $5,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%
PPO 4	Individual: $150 Family: $300	Individual: $2,500 Family: $5,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%
PPO 5	Individual: $200 Family: $400	Individual: $2,500 Family: $5,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%
PPO 6	Individual: $250 Family: $500	Individual: $3,500 Family: $7,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 7	Individual: $300 Family: $600	Individual: $3,500 Family: $7,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 8	Individual: $500 Family: $1,000	Individual: $4,500 Family: $9,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 9	Individual: $1,000 Family: $2,000	Individual: $5,500 Family: $11,000	Primary Care $35 Copay Specialist Physician $70 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 10	Individual: $2,000 Family: $4,000	Individual: $6,500 Family: $13,000	Primary Care Paid at 80% after deductible met Specialist Physician Paid at 80% after deductible met	$200 Copay (Copay waived if admitted as inpatient)After deductible is met, copay then paid at 80%

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PPO HDHP 1	Individual: $1,700 Family: $3,400	Individual: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Primary Care Paid at 90% after deductible is met Specialist Physician Paid at 90% after deductible is met	Paid at 90% after deductible is met
PPO HDHP 2	Individual: $2,600 Family: $5,200	Individual: $6,000 Family: $12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $6,000.	Primary Care Paid at 80% after deductible is met Specialist Physician Paid at 80% after deductible is met	Paid at 80% after deductible is met
PPO HDHP 3	Individual: $6,500 Family: $13,000	Individual: $8,000 Family: $16,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $8,000.	Primary Care Subject to deductible then $60 copay per visit Specialist Physician Subject to deductible then $120 copay per visit	Paid at 70% after deductible is met
PPO BRONZE	Individual: $5,000 Family: $10,000	Individual: $7,000 Family: $14,000	Primary Care First three visits covered in full after $60 copay per visit; Remaining visits paid at 70% after deductible is met Specialist Physician Subject to deductible then $120 copay per visit	Subject to Deductible, then **$200 Copay** (copay waived if admitted as inpatient)
PPO WELLNESS	Individual: $500 Family: $1,000	Individual: $3,500 Family: $7,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%

EPO Health Plans

October 1, 2026 – September 30, 2027

The chart below outlines plan changes for the upcoming renewal year.
Red indicates change.

BENEFIT	Calendar Year Deductible	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Office Visit Copay	Hospital Emergency Room
EPO PREMIER	Individual: $100 Family: $200	Individual: $2,500 Family: $5,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%
EPO PRIME	Individual: $250 Family: $500	Individual: $3,500 Family: $7,000	Primary Care $10 Copay Specialist Physician $20 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%
EPO SAVER	Individual: $500 Family: $1,000	Individual: $4,500 Family: $9,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
EPO VALUE	Individual: $2,000 Family: $4,000	Individual: $6,500 Family: $13,000	Primary Care $45 Copay Specialist Physician $90 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
EPO HSA	Individual: $1,700 Family: $3,400	Individual: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Primary Care Paid at 80% after deductible is met Specialist Physician Paid at 80% after deductible is met	Paid at 80% after deductible is met

Call MDLIVE First – Save Time and Money NEW!

Not feeling well, but not sure what to do? Start with MDLIVE. It's an easy, low-cost way to get care fast – right from home.

Here's How It Helps You:

- **$0 cost to you** – MDLIVE visits are free.
- **Quick care** – Talk to a doctor by phone or video, anytime.
- **Avoid high ER costs** – Emergency room visits can be very expensive.

Call MDLIVE First for Non-Emergencies

If the MDLIVE doctor tells you to go to the emergency room, your ER copay will be reimbursed – as long as your visit to the emergency room occurs within 48 hours of the MDLIVE consultation. This means you can feel confident starting with MDLIVE. You get the right care, at the right time, without worrying about extra costs.

Simple Tip:

For non-emergencies, **call MDLIVE first.** It could save you hundreds of dollars.

SmartShopper: A New Way to Save On Healthcare While Earning Rewards AVAILABLE NOW!

Members can **save money and earn cash rewards** just for making smart healthcare choices! SmartShopper is now available – at no cost – for members enrolled in an **Anthem PPO and EPO plan.**

Here's How It Works:

- **Compare** prices for over 100 medical tests and procedures.
- **Choose** a high-value, in-network location.
- **Earn** a cash reward up to $1,000!

The **SmartShopper Care Concierge Team** Can Even Help You:

- Find reward-eligible locations
- Get prior authorizations
- Schedule your appointment

Anthem PPO and EPO

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Quest Diagnostics: Walk Into Your Doctor's Visit With Results In Hand During Your Annual Visit AVAILABLE NOW!

Through CVT's partnership with Quest Diagnostics, we offer a simpler path that can save members time and a possible copay – members can have their lab results completed BEFORE their doctor visit.

Here's How It Works:

- Members should complete their lab work at a Quest location before their doctor visit.
- This is one productive appointment with results ready to review.
- Members will earn a $25 Amazon gift card just for taking this proactive step.
- This simple change helps them avoid extra appointments and long waits. It's as simple as the member asking the doctor for a lab order and visiting Quest first.

How to Schedule a Screening*

- **Option 1:** If a member's district offers an onsite event, he/she should plan on signing up.
- **Option 2:** Members can visit **My.QuestForHealth.com** to book an appointment at a Quest location (Registration key: CVT2026).

Get Rewarded!

CVT will email the member a $25 Amazon gift card within 30 days of a completed screening.

**Eligible for employees and dependents age 18+ enrolled in a CVT medical plan, including under-65 retirees.*

Quest Diagnostics®

Anthem HMO and Blue Shield HMO

SB 729 will be effective 10/1/2026

SB 729 is a California mandate requiring large-group health insurance policies to cover diagnosis and treatment of infertility and fertility services, including three completed oocyte (egg) retrievals. This legislation expands access to fertility care.

As a reminder, effective October 1, 2025, all Kaiser Permanente plans were revised so that fertility services have the same cost share as services received for other covered medical conditions.

There are no changes to Kaiser Permanente benefits for 2026–2027. We encourage employees to visit **kp.org** for programs and resources.

Anthem

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Shop Smart. Care Smart. Introducing SmartCare by CVT.

Meet Your SmartCare Tools!

CVT has packaged these tools into the SmartCare program to help members make informed choices and save money through innovative, easy-to-use and convenience-focused programs.

If you have questions about any of these tools, call **CVT Member Services** at **(800) 288-9870**.

Anthem

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NEW

SmartShopper® Anthem

$25–$1,000 Gift Card per Shopped Procedure

Anthem PPO and EPO members can earn rewards for shopping for cost-effective, in-network care.

Who is eligible: Anthem PPO and EPO active and non-Medicare retirees

Learn more at:

(866) 488-5441

carrum health

$0 Member Cost Share!*

Centers of Excellence for:

- Outpatient Surgery
- Cancer Care
- Substance Use Disorder

Who is eligible: PPO and EPO members

**Individuals enrolled in high-deductible plans must first meet their deductible, but copays and coinsurance will be waived.*

Learn more at:

(888) 855-7806

SimpleTherapy

$0 Member Cost Share!

- Virtual physical therapy – no referral or prior authorization needed.
- Biometric screenings for subscribers, spouses/partners, over 18 age dependents.

Who is eligible: PPO and EPO members

Learn more at:

(800) 644-2478

MDLIVE®

$0 Member Cost Share!

- 24/7 Urgent Care
- Virtual Primary Care
- Behavioral Health
- Dermatology

Who is eligible: PPO and EPO members

Learn more at:

(888) 632-2738

Quest Diagnostics™

$25 Digital Reward Card

Biometric screenings for subscribers, spouses/partners, over 18 age dependents.

Who is eligible: All CVT members

Quest Password: CVT2026

Learn more at:

(855) 623-9355