



October 2026 - September 2027

Employee Benefits Guide



Welcome!

Lawndale Elementary School District is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

This guide contains a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Human Resources at hresstaff@lawndalesd.net.



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Our benefits are effective October 1 through September 30

Eligibility & Enrollment

Who May Enroll

Regular, full-time employees working at least 30 hours per week and their eligible dependents may participate in LESD benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Your spouse/domestic partner and children can be enrolled in our Medical, Dental, Vision, and Voluntary Life/AD&D plans.

Required Information for Dependents

At enrollment you are required to enter the Social Security Number for all covered dependents. The law requires the District to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

You must also provide copies of marriage certificates, domestic partner registrations, and birth certificates (as applicable) when enrolling dependents. [Click here](#) for CVT eligibility document.

When You May Enroll

- If you are hired prior to the 15th of the month, benefits are effective the first day of the following month. If you are hired on or after the 15th day of the month, benefits are effective the first day of the second month.
- Each year, during open enrollment
- Within 31 days of a qualifying event as defined by the IRS

Opt-out options

1. Opt-out due to other current coverage
2. Opt-out due to current enrollment of Tricare, Medi-Cal, subsidized Covered California, VA or CHAMPVA coverage

Employees are able to opt out of CVT medical coverage if they provide proof of the following current coverage, Tricare, Medi-Cal, subsidized Covered California, VA or CHAMPVA coverage. Employees can enroll via MyCVT on the opt out plan. **Verification of other coverage is required. Documents are to be uploaded through MyCVT at the time of the election.** [Click here](#) to see what is required in your proof coverage document.

Note:

- If a **new hire** fails to submit verification of other coverage they will be auto enrolled in the Anthem PPO plan.
- If a **current employee** fails to submit verification of other coverage they will remain enrolled in their current plan.



Eligibility & Enrollment

Changes to Enrollment

Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following October 1st effective date.

Qualifying Event

Once you make your benefit elections, you cannot add or drop your benefits throughout the year unless you experience a qualifying event as defined by the IRS.

Due to regulations, copies of marriage certificates, domestic partnership registrations, and birth certificate are required to add eligible dependents. **You can NOT remove dependents at anytime unless you have a qualifying event.**

Qualifying events include, but are not limited to:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or death of a child or spouse
- Qualified Medical Child Support Order (QMCSO)
- Change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 31 days to update your coverage. Please contact Human Resources immediately following a qualifying event to complete the appropriate election forms as needed.

Waive Coverage

Cash-in-lieu

Employees may voluntarily "opt-out" of District-provided medical insurance coverage. A cash stipend is paid to employees who irrevocably waive coverage for the full insurance year of which they are eligible. The voluntary cash-in-lieu option will not be granted until evidence of minimum essential medical coverage through your spouse or registered domestic partner's employer is received.

Visit <https://www.lawndalesd.net/departments/human-resources/benefits> for more information.

Current waiver

If you currently have a waiver, you will be classified as a grandfathered opt-out and will receive direct communication from CVT requesting proof of your coverage. If you fall under this category, you should **not** enroll in MyCVT or complete the laserfiche form.



Eligibility & Enrollment

Our Plan Structure

Effective October 2026, we offer three medical plans. The plans include two HMOs and one PPO. All three plans are under the California Value Trust (CVT) benefits pool. In addition to the medical offerings, the District has two dental plans and two vision plans under the Alliance of Schools for Cooperative Insurance Programs (ASCIP) trust health benefits pool.

The District has a long-standing contribution structure, known as the “cap,” that was developed collaboratively by bargaining unit leadership and District management. Under this structure, single coverage employees are paid for first. The funds that remain after single employees are covered is divided equally for two-party and family coverage (as shown below). Dental and Vision are paid for by the District from a separate fund.

Visualizing The “Cap”

The health benefits “cap” consists of about 332 employees. These employees are funded from LCFF base funds and includes certain classified staff (i.e. office managers, custodians, et al.), certificated staff (i.e. classroom teachers, nurses, et al.), management staff (i.e. principals, assistant superintendents, et al.), and confidential employees (assistant superintendent secretaries, et al.).



Employees that are outside of the health benefits “cap” include about 179 positions which are funded through LCFF supplemental/concentration on funds, categorical, grant, or SELPA funds. These include positions such as RAP, computer technicians, foodservices, ELIRTs, LAS’s, social workers, assistant principals, and SELPA regionalized and itinerant positions. The District and employee contributions for these employees match the contribution for those within the “cap.” Please note, this graphic is for informational use only to depict “the cap” and reflects available data as of 6/2026. The cost of waivers, singles, two-party and family are approximate.



Benefit Rates

Classified & Certificated

Effective October 1, 2026 through September 30, 2027

		Monthly Rate—10thly				Monthly Rate—12thly			
		Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical Insurance									
Kaiser Permanente - Plan 8	HMO	\$0.00	\$770.38	\$485.62	\$1,111.19	\$0.00	\$641.99	\$404.69	\$926.00
Kaiser Permanente	HMO	\$0.00	\$1,007.98	\$681.22	\$1,397.99	\$0.00	\$839.99	\$567.69	\$1,165.00
Blue Shield	HMO	\$0.00	\$1,839.79	\$1,364.59	\$2,406.19	\$0.00	\$1,533.16	\$1,137.16	\$2,005.16
Anthem Blue Cross	PPO	\$0.00	\$1,902.19	\$1,411.39	\$2,484.19	\$0.00	\$1,585.16	\$1,176.16	\$2,070.16
Dental Insurance									
Delta Dental	PPO	\$0.00	\$57.92	\$72.41	\$127.43	\$0.00	\$48.27	\$60.34	\$106.19
DeltaCare	HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Insurance									
VSP Standard	PPO	\$0.00	\$16.28	\$17.90	\$37.45	\$0.00	\$13.57	\$14.92	\$31.21
VSP Premium	PPO	\$0.00	\$24.64	\$27.10	\$56.65	\$0.00	\$20.53	\$22.58	\$47.21
Life Insurance									
Basic Life, AD&D		No Cost	-	-		No Cost	-	-	
Accident		No Cost	-	-		No Cost	-	-	
Dependent Life		-	-	-	\$0.58	-	-	-	\$0.48
Voluntary Life		See brochure				See brochure			
Voluntary AD&D		See brochure				See brochure			
Disability Insurance									
The Hartford		No Cost	-	-	-	No Cost	-	-	-
Cash-in-lieu (waiver)									
Medical, Dental, Vision		\$110.00	-	-	-	\$91.67	-	-	-
Medical Only		\$100.00	-	-	-	\$83.33	-	-	-

When will rates be reflected?

Certificated:

Certificated 12 month employees: New rates will be reflected on the 10/1 paycheck.

Classified:

Classified 12 month employees: New rates will be reflected on the 10/10 paycheck.

Classified **hourly** employees for 10 and 11 month: New rates will be reflected on the 9/25 paycheck.

Classified **salary** employees for 10 and 11 month: New rates will reflect on the 10/10 paycheck.

LESD offers three medical plans to choose from through CVT.

Kaiser Permanente HMO

- With the Kaiser Permanente Health Maintenance Organization (HMO) plan, you must access all care and services through Kaiser facilities and providers.
- Care and services accessed outside of Kaiser are not covered, except in the case of an emergency.
- Chiropractic and acupuncture services are provided through SimpleTherapy.

Blue Shield Access + HMO

- With the Blue Shield Health Maintenance Organization (HMO) plans, you must choose a primary care physician (PCP) or medical group within the network (Signature Value).
- All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization.
- You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Anthem Blue Cross PPO

- The Anthem PPO plan allows you to direct your own care.
- If you receive care from a physician who is a member of the network, a greater percentage of the cost will be paid by the insurance plan.
- You are not limited to the physicians within the network, but your costs will be greater when you access care from out-of-network providers.
- You may self-refer to specialists.

Using Out-of-Network Providers

If you obtain services from an out-of-network provider, your coinsurance percentage is based on Reasonable and Customary (R&C) Fees as determined by Anthem Blue Cross. Any out-of-network charges above allowed coinsurance amounts are called **balance billing**. If incurred, balance billing charges are your responsibility and do not apply to the annual Out-of-Pocket Maximum. For more detailed information, please refer to the plan documents.

To Find Medical Network Providers

- Kaiser Permanente HMO: **800-464-4000** | kp.org
- Blue Shield HMOs: Access+ **855-256-9404** | www.blueshieldca.com
- Anthem Blue Cross PPO: **800-825-5541** | <https://www.anthem.com/ca/find-care/>

Quick Video: Understanding Medical Plan Terms

Learn more about how the medical plans work: info.baldwin.com/terms/.



Medical Benefits

Medical Plan Highlights: HMOs

	Kaiser HMO Plan 8 — NEW	Kaiser HMO	Blue Shield HMO
	In-Network Only	In-Network Only	In-Network Only
Network Name	Kaiser Permanente	Kaiser Permanente	Access+
Access to Providers	Managed by your PCP	Managed by your PCP	Managed by your PCP
Cost Factors			
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Calendar Year Deductible			
– Individual	\$1,000	\$0	\$0
– Family	\$2,000	\$0	\$0
Out-of-Pocket Maximum ¹			
– Individual	\$3,000	\$1,500	\$1,000
– Family	\$6,000	\$3,000	\$2,000
Health Services	You Pay	You Pay	You Pay
Office Visit Copay	No charge	No charge	No charge
– Preventive Care	\$20 copay	\$20 copay	\$10 copay
– Primary Care Physician	\$20 copay	\$20 copay	\$30 (Access+) / \$10 (Other)
– Specialist	\$20 copay	\$20 copay	\$10 Copay
– Urgent Care	No charge	No charge	No charge
– Virtual Visits			
Inpatient Hospitalization	Ded, 20%	No charge	No charge
Outpatient Surgery	Ded, 20%	\$20 copay	No charge
Lab and X-Ray			
– Diagnostic	\$10	No charge	No charge
– Complex (MRI/PET)	Paid at 80% up to max \$50 per procedure	No charge	No charge
Emergency Facility (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Chiropractic	\$10 copay ² Up to 40 visits/year combined with Acupuncture	\$10 copay ² Up to 40 visits/year combined with Acupuncture	\$10 copay ³ Max 30 visits/year
Acupuncture	\$10 copay ² Up to 40 visits/year combined with Chiropractic	\$10 copay ² Up to 40 visits/year combined with Chiropractic	Not Covered
Retail Pharmacy	Up to 30-Day Supply	Up to 30-Day Supply	Up to 30-Day Supply
Generic Drugs	\$10 copay	\$10 copay	\$7 Copay
Brand-Name Drugs	\$30 copay	\$20 copay	\$15 Copay
Mail Order	Up to 100-Day Supply	Up to 100-Day Supply	Up to 90-Day Supply
Generic Drugs	\$20 copay	\$20 copay	\$15 Copay
Brand-Name Drugs	\$60 copay	\$40 copay	\$35 Copay
Specialty Drugs: Retail Pharmacy Only	Up to 30-Day Supply	Up to 30-Day Supply	Up to 30-Day Supply
Specialty Drugs	\$30 copay	\$20 copay	Follows tier structure above

1. The annual out-of-pocket maximum applies to copays, coinsurance, and deductibles only, and does not include out-of-network balance billing charges. Refer to plan documents for more detailed information.
2. Kaiser Chiropractic and Acupuncture Benefits through SimpleTherapy (Formerly PhysMetrics). Go to <https://go.simpletherapy.com/cvbk> to view your benefit information search for a provider or call 877-519-8839
3. Blue Shield HMO Access + chiropractic services (through ASH): Members should log in to their carrier's website or mobile app to locate providers, which will direct them to the appropriate network based on the specialty needed.
4. For Specialty Drug Coverage—contact CVS Caremark. Start Rx Delivery by Mail at [Caremark.com/RxDelivery](https://caremark.com/RxDelivery)

These summaries is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents





Medical Benefits

Medical Plan Highlights: PPO

	Anthem Blue Cross PPO 8C	
	In-Network	Out-of-Network
Network Name	Prudent Buyer	N/A
Access to Providers	Managed by you	
Cost Factors		
Lifetime Maximum Benefit	Unlimited	
Calendar Year Deductible – Individual – Family	\$500 \$1,000	\$500 \$1,000
Out-of-Pocket Maximum ¹ – Individual – Family	\$3,250 \$6,500	\$3,250 \$6,500
Health Services	You Pay	
Office Visit Copay – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Virtual Visits	No charge \$30 copay \$30 copay \$30 copay MDLIVE No charge	No charge \$30 copay \$30 copay \$30 copay MDLIVE No charge
Inpatient Hospitalization	Deductible, 20%	Deductible, 20%
Outpatient Surgery – Hospital – Freestanding Facility	Deductible, 20%, \$250 Copay Deductible, 20%	Deductible, 20%, \$250 Copay Deductible, 20%
Lab and X-Ray – Diagnostic – Complex (MRI/PET)	Deductible, 20% Deductible, imaging \$75 copay plus 20%	Deductible, 20% Deductible, 20%
Emergency Facility (Copay waived if admitted)	\$150 Copay	
Chiropractic	Deductible, 20% Unlimited (subject to medical necessity)	Deductible, 20% Max 13 visits/year
Acupuncture	Deductible, 20% Max 12 visits/year	Deductible, 20%
Retail Pharmacy	Up to 30-Day Supply	
Generic	\$7 copay	100% up front cost (paper claim may be submitted for partial reimbursement)
Preferred Brand	\$25 copay	
Non-Preferred Brand	\$40 copay	
Mail Order	Up to 90-Day Supply	
Generic	\$15 copay	100% up front cost (paper claim may be submitted for partial reimbursement)
Preferred Brand	\$60 copay	
Non-Preferred Brand	\$90 copay	
Mail Order: CVS Caremark	Up to 90-Day Supply	
Specialty Drugs	Follows tier structure above	100% up front cost; Not payable if not filled through Caremark’s separate specialty network

- 1 The annual out-of-pocket maximum applies to copays, coinsurance, and deductibles only, and does not include out-of-network balance billing charges. Refer to plan documents for more detailed information.
- 2 When using Non-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.
- 3 Anthem PPO chiropractic services (through ASH): Members should log in to their carrier's website or mobile app to locate providers, which will direct them to the appropriate network based on the specialty needed.

These summaries is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at

www.cvtrust.org/plan-documents





Virtual Visits

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to.

Virtual visits allow you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. LESD provides telemedicine coverage with all our medical plans.

Kaiser HMO Members

- Phone and video doctor visits are available by appointment
- Log in to your online Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call **800-464-4000**
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in
- There is no copay for phone or video visits

Blue Shield HMO Members

- Phone and video doctor visits are available through Blue Shield Teladoc
- Download the Blue Shield app (available at the App Store and Google Play)
- Once you register at www.blueshieldca.com/teladoc, log in to make a doctor appointment; follow the instructions shown on the app
- You can also reach Teladoc at **800-Teledoc (835-2362)**
- There is usually no charge for a Telemedicine visit

Anthem Blue Cross PPO Members

- Phone and video doctor visits are available through MDLIVE
- Download the MDLIVE Online app (available at the App Store and Google Play)
- Once you register, log in to make a doctor appointment; follow the instructions shown on the app
- You can also reach MDLIVE Online at MDLIVE.com/CVT or call **888-632-2738**

Telemedicine is Good For:	Telemedicine is Not Good For:
• Getting or renewing prescriptions • Colds, fever, and flu • Allergies • Sore throat • Headache • Stomach ache • And more!	• Anything that requires a hands-on exam • Anything requiring a test • Cancer or other complex conditions • Chronic conditions • Sprains, broken bones, or injuries requiring bandaging • Life-threatening emergencies



LESF Medical Plan In-Network Mental Health Benefits*

Our medical insurance provider is ready to help you get the support you need. With your plan's network of Behavioral Health providers (therapists, psychologists, psychiatrists), you can access your covered mental health benefits for short or long-term issues.

Learn More About Mental Health

This video can help give you a better understanding about mental health and resources for treating it: <https://flimp.live/Mental-Health-FAQ>

Mental Wellness Resources for Kaiser HMO Plan Members

Kaiser offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
 - The Daily Calm, exploring a fresh mindful theme each day
 - More than 100 guided meditations
 - Sleep Stories to soothe you into deeper and better sleep
 - Video lessons on mindful movement and gentle stretching
- **Headspace** is available to all Kaiser members at no cost for up to 90 days. The Headspace app offers immediate 1 on 1 support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Headspace, you can:
 - Text with a coach anytime, anywhere, 24/7
 - Discuss goals, share challenges, and create an action plan with your coach
 - Get personalized, interactive skill-building tools from a library of more than 200 activities
 - View recaps from each texting session, track progress, and work your coach to adjust you action plans





Mental Wellness Resources for Blue Shield HMO Plan Members

Telebehavioral Health

Blue Shield plan members have free access to Telebehavioral Health, an easy, secure way to speak with your clinician by using a browser on your smartphone, tablet, or computer. This benefit provides virtual access to a mental health or substance use disorder provider wherever you are. With Telebehavioral health:

- You don't have to wait weeks for an appointment
- Evening and weekends appointments are available
- Some clinicians can prescribe medications if needed
- Live video sessions are securely encrypted and confidential
- Providers can help with issues like stress, anxiety, grief, depression, panic attacks, and stress from coping from an illness.

To access your Telebehavioral benefit, visit www.blueshieldca.com or visit [this link](#) to learn more.

Anthem Employee Assistance Program for All LESD Health Plan Members

The Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with problems that may interfere with work or family responsibilities.

To access your EAP benefits, call [800-999-7222](tel:800-999-7222) or visit anthemEAP.com, click the EAP Member login button, and enter SISC.

EAP Services

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to six face-to-face counseling sessions per issue per year for you and your household members
- Access to quick and confidential help from legal and financial experts

Free EAP calls and visits can help with issues such as:

- | | | | | |
|---------------------------------|-------------------------------------|---------------|--------------------|------------------------------------|
| • Stress, anxiety or depression | • Grief and loss | • Senior care | • Legal assistance | • Financial services and referrals |
| • Relationship issues | • Childcare resources and referrals | • Pet care | • Identity theft | • And more! |

Learn to Live: Emotional Wellbeing Resources

The Anthem EAP provides free support to help you live your happiest, healthiest life. Digital tools built on the proven principles of Cognitive Behavioral Therapy are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

- **Personalized, one-on-one coaching:** Team up with an experienced coach who can provide support and encouragement by email, text, or phone.
- **Build a support team:** Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.
- **Practice mindfulness on the go:** Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.
- **Live and on-demand webinars:** Learn how to improve mental well-being with useful tips and advice from experts.



EASE Employee Assistance Plan

In addition to the Anthem Employee Assistance Program (EAP), you can access the EASE EAP. EASE provides mental health counseling and referrals for work-related issues and personal concerns, such as health, relationships, family/parenting, stress, grief and loss, emotional issues, use of substances, and balancing work and family life.

The Los Angeles County Office of Education provides this benefit at no cost. The EASE EAP is available to all employees and their immediate family members. These benefits can help you mitigate current challenges, add additional protective layers to support faster resilience, and provide additional support through times of crisis.

EASE Features

- Professional counselors who can help with life's challenges
- Long-term assistance is available by connecting you to specialists, self-care groups, and other community services
- Psycho-educational workshops on stress management, anger management, communication, grief, and loss
- Mobile crisis response support, crisis counseling, and debriefing
- All services are available to you and your immediate family members
- Referrals for work-related issues and personal concerns such as health, family/parenting, finances, and stress.

To access your EASE benefits, call **800-882-1341** or visit www.lacoe.edu/ease.





Healthy Extras for Kaiser Members

Your Kaiser HMO plan comes with healthy resources, many of which are free to Kaiser members. Other programs and courses are available at a special rate. These healthy extras can help you stay informed about healthier lifestyles — mind, body, and spirit.

Self Care Apps

Get help with anxiety, stress, sleep, mood and more with Kaiser's Calm, Headspace and myStrength self care apps. The Calm app lets you choose from hundreds of programs and activities including guided meditations, sleep stories, and mindful movement videos. With the Headspace app, receive 1-on-1 emotional support coaching and self-care activities to help work through many common challenges. Use the myStrength app to access personalized programs that will help you set mental health goals, learn coping skills, track your progress and make positive changes in your lifestyle. Visit www.kp.org/selfcare apps to get started.

Find Your Live Healthy

Receive comprehensive care to help you get to your healthy place. Connect with caregivers, find more ways to get care, and mental health support. Kaiser's My Healthy Place provides members with personalized care that's easy to get, industry leading quality, and many membership extras such as acupuncture, massage therapy, chiropractic care, reduced rates on gym memberships, healthy lifestyle programs, wellness coaching, and more. To learn more visit <http://kp.org/livehealthy>

Care Away From Home - Travel Coverage

As a Kaiser member, you're covered for care when you travel to a designated Kaiser service area within the US and anywhere around the world when you travel abroad. Get access to routine, urgent and emergency care as well as prescriptions and 24/7 virtual care. Visit <https://healthy.kaiserpermanente.org/southern-california/get-care/> traveling to learn more.

Mental Health Addiction Care

With Kaiser's Mental Health Addiction Care, get access to primary and specialty care specialists, psychiatrists, therapists, and addiction medicine specialists to help address your mental health or substance abuse concerns. You also have access to self-care and wellness resources that can help with stress, anxiety, and sleep. Learn more at www.kp.org/mentalhealth.

Kaiser Mobile App

If you're a Kaiser Permanente member, consider downloading Kaiser's mobile app for instant access to your health plan details. Kaiser's mobile app provides secure member information, anytime, anywhere. Use it to search for a doctor, urgent care center, or facility. The app is convenient, easy-to-use, and free. Download Kaiser's mobile app for free from the iTunes App Store or Google Play Store. Please note, you must first register as a member at www.kaiserpermanente.org.

Target Clinic Care

Find an easy care option near you by stopping by your local Target Clinic. Kaiser's highly skilled care teams can treat your health needs, offering over 85 services, including flu shots, wellness exams, school physicals, hearing and vision tests, and care for minor illness and injuries. For a full list of services and locations, visit www.kptargetclinic.org.

SimpleTherapy

Simple Therapy provides Kaiser members with a full-service approach to physical medicine benefit management. Get access to expert management with statewide networks for occupational therapy, physical therapy, chiropractic care, acupuncture, and speech therapy. Learn more by visiting <https://go.simpletherapy.com/cvbk>, or by calling (877) 519-8839.



Healthy Extras for Blue Shield HMO Members

Blue Shield plan members have several healthy extras included at no additional cost as part of the health plan.

Diabetes Management and Support

The Diabetes Prevention program offers in-person, digital, and on-the-go support to help you lose weight and reduce your risk of developing type 2 diabetes. It's available to you and eligible family members at no additional cost as part of your Blue Shield HMO. To find out if you're eligible, visit <https://wellvolution.com/dpp> or click [here](#) to learn more.

Maven Maternity

With Maven, you and your partner can get access to virtual care for pregnancy, postpartum, and returning to work after parental leave. You will enjoy 24/7 virtual access to care advocates, specialists, mental health support, and content all tailored to your experience. To enroll, visit www.blueshieldca.com/maven.

Wellvolution

Tap into decades of research and leading technology for a more productive and healthy lifestyle. Wellvolution offers the largest curated collection of scientifically-backed apps and programs designed to help you prevent and reverse disease, manage stress, sleep better, eat healthier, exercise and much more. You'll get access to a personal health coach, taking the guesswork out of your health strategy. Get started and learn more by visiting www.wellvolution.com.

NurseHelp 24/7

This free benefit gives you 24/7 access to registered nurses 24/7 via online chat or over the phone. It's a great option when you or your family have questions about minor illnesses or injuries, chronic conditions, medical tests, medications and preventive care. Call **877-304-0504** or chat online with a nurse by logging into www.blueshieldca.com and selecting the NurseHelp 24/7 button in the Get Help section of your dashboard.

Blue Shield Mobile App

If you're a Blue Shield member, Blue Shield's mobile app gets you instant access to your health plan details. Blue Shield's mobile app provides secure member information, anytime, anywhere. Use it to search for a doctor, urgent care center, or facility. The app is convenient, easy-to-use, and free. To register, visit www.blueshieldca.com, then download the app on the Apple iTunes App Store or Google Play.

LifeReferrals 24-7

When you experience difficulties with your job or personal life, LifeReferrals 24/7 provides confidential support in a wide range of areas, from relationships to child/elder care to financial/legal issues. You have three face to face counseling sessions with licensed therapists per six-month period at no charge. To access, call **800-985-2405** or www.lifereferrals.com to learn more.

Blue Shield Find a Doctor

Blue Shield's Find a Doctor free concierge service gives you 24/7 access to the most up-to-date listings of Primary Care Physicians (PCPs), specialists, and hospitals. To find doctors and hospitals in your area, visit www.blueshieldca.com/networkhmo.



Healthy Extras for Anthem PPO Members

Anthem plan members have several healthy extras included at no additional cost as part of the health plan.

Anthem Lark Diabetes Prevention

Anthem PPO members have free access to Lark. This program provides friendly and effective coaching and is available 24/7 on your smartphone to help you prevent diabetes. Participants receive friendly coaching and a free wireless fitness tracker and smart scale. To learn more and determine if you are eligible for Lark, visit lark.com/new-benefit.

Anthem 24/7 Nurseline

24/7 Nurseline allows members to contact registered nurses that can help you with conditions like a fever or allergies, and help you find doctors, hospitals, and specialists in your area. These trained nurses are available 24/7 and can serve as your first line of defense for unexpected health issues. To use the 24/7 Nuseline, call the number on the back of your medical ID card.

Anthem Autism Program

The Autism Program is designed to support you and your family in a personalized way. A dedicated case manager will help connect to you to resources on autism, tailor referrals to meet your family's needs, create a customized care plan, offer education to support your health goals, and coordinate healthcare professionals to work together to meet your specific needs. To get started, call the Autism Program team at **844-269-0538**.

Anthem Sydney Mobile App

If you're an Anthem Blue Cross member, consider downloading Anthem's Sydney mobile app for instant access to your health plan details. The Sydney mobile app provides secure member information, anytime, anywhere. The app is convenient, easy-to-use, and free. With the Sydney Mobile app, you can see what's covered under your plan, check claims, find care near you and compare costs, access health resources, chat with a Anthem representative for questions, and utilize virtual care. Download the Sydney Mobile app on the Apple iTunes App Store or Google Play. Click anthem.com/ca/register to learn more.

Anthem Carrum Health

Currum Health makes it easier and less expensive for eligible employees and your dependents to receive surgical care from top hospitals and surgeons in the country. Covered procedures include: hip, knee, spine, heart, weight loss, cancer care, and many more. To learn more about Currum Health, visit their website at www.carrum.me/cvt, call **888-855-7806**.

Anthem Building Healthy Families

Anthem's new all-in-one Building Healthy Families program can help your family grow whether you're trying to conceive, expecting a child, or raising young children already. When you enroll, you can count on personalized support at every stage from family planning and pregnancy to toddler years. The program also offers resources for adoption, surrogacy, or single-parenthood. To enroll, visit www.anthem.com or login via the Sydney Mobile app.

SimpleTherapy

Simple Therapy provides Anthem PPO members with virtual physical therapy. [Click here](#) for the flyer. Learn more by visiting <https://go.simpletherapy.com/cvtk>, or by calling **(877) 519-8839**.

CVT Health Perks

Get support and information online, over the phone or via chat

CVT Benefits, Programs and Resources

Log into the website 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.

You can access Member Services by phone or by chatting online.

All CVT members

(800) 288-9870

Visit: MyCVT.cvtrust.org

Chat: cvtrust.org



24/7 help with personal concerns

Carelon Wellbeing Employee Assistance Program (EAP)

Access free, confidential resources in these areas: counseling, legal, financial, and work-life balance support

All CVT members

Call: (877) 397-1032

Visit: Carelionwellbeing.com/cvt



Support for mental health and emotional wellbeing issues

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.

All CVT members

Visit: cvt.crediblemind.com



Discounts on hearing aids

TruHearing

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

All CVT members

Call: (844) 222-3389

Visit: TruHearing.com



Free diabetes prevention

Solara4Me

Solara4me 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.

All Anthem and Blue Shield members

Call: (844) 612-2949

Visit: Gosolera.com/cvt



24/7 physician access — anytime, anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.

Anthem and Blue Shield PPO members only

Call: (888) 632-2738

Visit: MDLIVE.com/cvt



Hip, knee, and spine surgical benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills

Anthem and Blue Shield PPO members only

Call: (888) 855-7806

Visit: Carrum.me/cvt



Support for managing complex health conditions

Accordant

Get free help with managing complex health conditions from Accordant nurses, 24/7.

Anthem and Blue Shield PPO members only

Call: (800) 948-2497

Visit: Accordant.com



Dental Benefits

LES D offers two dental plans to choose from.

DeltaCare HMO

- With the DeltaCare Dental Health Maintenance Organization (DHMO) plan, you must choose a general dentist within the network.
- All of your care, such as routine check-ups and emergency situations, must be provided by your general dentist. If specialty care is needed, your general dentist will provide the necessary referral.
- For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet.
- The DHMO plan for Pediatric dentist covers children thru age 13 years.

Delta Dental PPO

- This plan offers you the freedom and flexibility to use the dentist of your choice.
- You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.
- If you obtain services using an out-of-network dentist, you are responsible for paying the difference between the covered amount and the actual charges, and you may be responsible for filing claims.
- The Dental PPO plan covers Cone Beam X-rays.

	DeltaCare HMO	Delta Dental PPO	
	In-Network Only	In-Network	Out-of-Network ¹
Network Name	DeltaCare	Delta Dental	N/A
Cost Factors			
Calendar Year Maximum Benefit	Unlimited	\$1,500	
Annual Deductible – Individual – Family	N/A N/A	None	
Dental Services	You Pay	You Pay	
Preventive Services – Exam, Cleaning, X-rays	No charge for most services	No charge	No charge ¹
Basic Services – Fillings, posterior composites – Oral Surgery – Endodontics – Periodontics	Copays apply; see DHMO plan booklet	No charge	No charge ¹
Major Services – Crowns, Inlays/Onlays, – Cast restorations – Dentures and Bridgework, Implants	Copays apply; see DHMO plan booklet	No charge	No charge ¹
Orthodontia – Child – Adult	\$1,700 \$1,900	N/A N/A	

¹ Out-of-network dentist have not agreed to in-network pricing and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

To Find Dental Network Providers

Go to www1.deltadentalins.com or call for PPO 866-499-3001—HMO 800-422-4234

Vision Benefits

VSP Vision Plans

LES D provides two vision plans to choose from through Vision Service Plan (VSP).

- You can see a VSP in-network provider or an out-of-network provider, however, your costs will be lower if you visit an in-network provider.
- If you visit an in-network provider you will be responsible for a copay at the time of your service.
- If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

To find VSP in-network providers, go to www.vsp.com or call **800-877-7195**.

	VSP Standard	VSP Premium
	In-Network	In-Network
Vision Services		
Vision Exam (Every 12 Months) – Retinal Screening for members with diabetes	\$5 copay \$0 per screening	\$5 copay \$0 per screening
Frames (Every 12 Months)	\$180 allowance (\$200 allowance for featured frames)	\$180 allowance (\$200 allowance for featured frames) Additional frame: same as first pair after \$20 copay; 20% savings on cost over allowance
Lenses (Every 12 Months) – Single Vision – Lined Bifocal – Lined Trifocal – Standard Progressive/Tints	Combined with exam Combined with exam Combined with exam \$0	Combined with exam Combined with exam Combined with exam \$0 Additional lenses: included with additional frame
Contact Lenses (Every 12 Months) – Contacts/Exam	Instead of frames and lenses \$180 allowance after 15% savings on exam. Every calendar year	In addition to frames and lenses \$180 allowance after 15% savings on exam. Every calendar year

Additional Discounts Available

- **Laser Vision Correction:** You are entitled to a 15% discount on the regular price, or a 5% discount on the promotional price. Discounts are only available with contracted facilities.
- **Continued Eyewear Savings:** After purchasing your covered glasses, you can receive 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Tax Savings Benefits

American Fidelity Flexible Spending Accounts

FSA Plan Year: January 1 - December 31

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts.

If you are using an FSA debit card, you must save your receipts, in case American Fidelity needs a copy for verification. Per IRS guidelines, all receipts must be itemized to reflect what product or service was purchased.

Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,400 pre-tax per year. Eligible expenses include:

- Coinsurance, Copays and Deductibles
- Medical care and Prescriptions
- Dental care and Orthodontia
- Eye Exams, Eyeglasses and Lasik Eye Surgery
- Eligible over-the-counter medications, COVID-19 PPE, and menstrual products

To shop for FSA-eligible products, and for a list of eligible expenses, go to www.fsastore.com.



Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. You may defer up to \$7,500 pre-tax per year. Eligible expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool
- Adult daycare facilities

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by December 31st of each plan year.

Carrier Contacts

Plan	Phone	Website
Medical Benefits		
Kaiser Permanente HMO	800-464-4000	kp.org
– Chiropractic and Acupuncture through SimpleTherapy	877-519-8893	https://go.simpletherapy.com/cvtk
– Care Away from Home	951-268-3900	kp.org/travel
Blue Shield HMO	855-256-9404	www.blueshieldca.com
– Teladoc	800-835-2362	www.blueshieldca.com/teladoc
Anthem Blue Cross PPO	800-825-5541	http://www.anthem.com/ca/sisc
– CVS caremark—Prescription Drug Benefits	888-354-6390	http://www.caremark.com/
– MDLive Online	888-632-2738	mdlive.com/cvt
– Musculoskeletal services through SimpleTherapy	877-519-8893	https://go.simpletherapy.com/cvtk
Mental Health Benefits		
– Kaiser	800-464-4000	https://kp.org/selfcareapps
– UHC Virtual Behavioral Coaching		ableto.com/explore-more
– Anthem EAP	800-999-7222	anthemEAP.com
– Ease EAP	800-882-1341	www.lacoe.edu/ease
CVT		
Member Service Department	800-288-9870	
Dental Benefits		
Delta Dental DHMO	800-422-4234	www1.deltadentalins.com/
Delta Dental PPO	866-499-3001	www1.deltadentalins.com/
Vision Benefits		
Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Tax Savings Benefits		
American Fidelity Health Care and Dependent Care Flexible Spending Accounts	424-334-0181	Gor Babakhanyan gor.babakhanyan@americanfidelity.com

Important Information

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. LESD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting Human Resources.

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Summary of Benefits and Coverage (SBC)

The Affordable Care Act (ACA) and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2026 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by LESD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because LESD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by LESD. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details.

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This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact the Human Resources Department.

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