



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

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Date: August 7, 2026
To: SJCOE SJCEA Retirees
From: Jenny Barros, Coordinator, Payroll Services
Subject: **CVT 2026-2027 Open Enrollment – Changes Effective October 1, 2026**

The CVT Health & Welfare Open Enrollment period begins NOW and **ends on Friday, August 21, 2026 at 5:00 pm.** **Payroll Services will be hosting the annual Health Benefits Fair on Tuesday, August 11, 2026 from 3:00 pm-5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. CVT/Anthem, Kaiser, Delta Dental, VSP consultants, and various vendors will be present and available to answer your questions. Come by and have your questions answered, pick up giveaways from vendors and enter to win raffle prizes. Retirees with CVT coverage are required to make plan changes via the MyCVT Online Member Portal. Additional information on the MyCVT Online Member Portal is below. Also, if you are making a plan change, you must complete a **SJCOE Plan Selection Form**, email SJCOEPayroll@sjcoe.net to request the electronic form.

Benefit Cap Increase - Effective July 1, 2026

- The benefit cap increased to \$1,500.00 per month (pro-rated for SJCEA unit members working at least half-time but less than full-time per Master Agreement).

PPO Plan Changes – Effective October 1, 2026

- PPO Plan 3, 6, and 10 Plans – The Calendar Year Out of Pocket Maximums, Specialist Physician Copays, and Emergency Room Copays have increased.
- PPO Bronze Plan – The Specialist Physician Copay has changed from a percentage to a flat rate after the deductible has been met and the Emergency Room Copay has decreased.
- Refer to the enclosed Plan Summaries for additional information.

New PPO High-Deductible Health Plans (HDHP) Added Last Year

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

- Many of the CVT value programs (MDLIVE, Simple Therapy, Carrum, etc.) are included at no cost once deductible has been met.
- HSA Eligibility – Often paired with a Health Savings Account (HSA), allowing tax-free savings for medical expenses.
 - Calendar Year Contribution Limits – 2026 \$4,400 self-only or \$8,750 family, 2027 \$4,500 self-only or \$9,000 family (Must meet with American Fidelity to open initial HSA account.)

CVT Health Benefit Reminders

- MDLive – PPO members have access to \$0 member cost share for 24/7 urgent care, virtual primary care, behavioral health and dermatology
- Simple Therapy – PPO members have access to \$0 member cost share for virtual physical therapy and biometric screenings (over 18 age for dependents)
- SmartShopper – PPO members can earn rewards for shopping for cost-effective, in-network care
- Carrum Health – PPO members have access to \$0 member cost share, after deductible is met, at Centers of Excellence for outpatient surgery, cancer care, and substance abuse disorder
- Quest Diagnostics – All CVT members are eligible for a \$25 digital reward card for completing biometric screenings (over 18 age for dependents)
- Kaiser HMO Plan – All Kaiser plans were revised so that fertility services have the same cost share as services for other covered medical condition

Open Enrollment CVT Questions

Have an open enrollment question? The CVT team can assist with questions about plans, value added services and open enrollment support:

Sydney Boyles, our dedicated CVT Member Services Representative, sydnieb@cvtrust.org (800) 288-9870

Layne McLean, our dedicated CVT Account Manager, laynemc@cvtrust.org (559) 260-9142

Retirees and Medicare

Three months prior to your 65th birthday, under age 65 retirees and their dependents should meet with a Social Security retirement planner to ensure that they will not experience a delay in receiving their Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse will soon be losing coverage under the County Office's medical plan. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty. Medicare must be effective the first day following your loss of County Office coverage. If your County coverage ends September 30th your Medicare effective date must be October 1st.

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

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

You may access the packet electronically by visiting the following link: <https://www.sjcoe.org>. (under *Careers* select *Benefits*). **You must make plan changes via MyCVT by the deadline, Friday, August 21, 2026 (no exceptions). A SJCOE Plan Selection Form must also be completed.** Any changes made during the Open Enrollment period will be effective October 1, 2026 through September 30, 2027. If you are not making any changes to your medical, dental and/or vision coverage, no action is required. If you have any questions, please contact Payroll Services at SJCOEPayroll@sjcoe.net.

Attachments

San Joaquin County Office of Education - RETIREE RATES-CVT

<u>Medical Rates 2026-2027</u>	PPO Plan 3B	PPO Plan 6B	PPO Plan 10B	PPO Bronze Plan	PPO HDHP Plan 1	PPO HDHP Plan 2	Kaiser 1 Plan	Kaiser 5 Plan	Kaiser 7 Plan	Kaiser Bronze Plan	Kaiser Wellness Plan
Retiree Only - (under 65) no Medicare	\$ 2,159.00	\$ 1,921.00	\$ 1,371.00	\$ 1,003.00	\$ 1,235.00	\$ 1,095.00	\$ 1,961.00	\$ 1,785.00	\$ 1,733.00	\$ 1,060.00	\$ 1,572.00
Retiree + One - (both under 65) no Medicare	\$ 3,713.00	\$ 3,303.00	\$ 2,358.00	\$ 1,726.00	\$ 2,124.00	\$ 1,884.00	\$ 3,372.00	\$ 3,065.00	\$ 2,977.00	\$ 1,818.00	\$ 2,703.00
Retiree + Family - (all under 65) no Medicare	\$ 4,683.00	\$ 4,167.00	\$ 2,975.00	\$ 2,178.00	\$ 2,680.00	\$ 2,377.00	\$ 4,250.00	\$ 3,867.00	\$ 3,755.00	\$ 2,293.00	\$ 3,409.00
Retiree + One - Dep with Medicare/Ret without	\$ 2,847.00	\$ 2,567.00	\$ 1,919.00	N/A	N/A	N/A	\$ 2,382.00	\$ 2,122.00	\$ 2,060.00	N/A	N/A

<u>Dental / Vision Rates 2025-2026</u>	Delta Dental Premier Basic Plan	Delta Dental DPO- 70/30	VSP Vision Plan C 406A
Retiree Only	\$ 56.86	\$ 33.92	\$ 14.16
Retiree + One	\$ 102.98	\$ 61.44	\$ 26.31
Retiree + Family	\$ 148.05	\$ 88.33	\$ 40.52

Estimate your over-cap monthly amount due	
Medical Plan	\$
Dental Plan	\$
Vision Plan	\$
Total Premium	\$
Insurance Cap	\$ -\$1,500.00
Monthly Amount Due	\$

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

San Joaquin COE - CERTIFICATED DISTRICT PAID RETIREE

October 1, 2026 - September 30, 2027

BENEFIT	PPO 3, Rx B	PPO 6, Rx B	PPO 10, Rx B
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$2,000 Family: \$4,000
Coinsurance	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$2,500 ⁽²⁾ Family: \$5,000 ⁽²⁾	Individual: \$3,500 ⁽²⁾ Family: \$7,000 ⁽²⁾	Individual: \$6,500 ⁽²⁾ Family: \$13,000 ⁽²⁾
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$20 Copay	\$20 Copay	Paid at 80%* after deductible is met
Home Health Care	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT
Virtual Physical Therapy	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .

BENEFIT	PPO 3, Rx B		PPO 6, Rx B		PPO 10, Rx B	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	30-Day Supply ^(4, 9) Generic: \$7 Pref Brand: \$15 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	90-Day Supply ^(4, 9) Generic: \$15 Pref Brand: \$35 Non-Pref Brand: \$70 Specialty: N/A	30-Day Supply ^(4, 9) Generic: \$7 Pref Brand: \$15 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	90-Day Supply ^(4, 9) Generic: \$15 Pref Brand: \$35 Non-Pref Brand: \$70 Specialty: N/A	30-Day Supply ^(4, 9) Generic: \$7 Pref Brand: \$15 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	90-Day Supply ^(4, 9) Generic: \$15 Pref Brand: \$35 Non-Pref Brand: \$70 Specialty: N/A

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers. Anthem BDC+ required procedures excluded from \$250 outpatient surgery copay.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) The PrudentRx program is not applicable and pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

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

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

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

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

San Joaquin COE - CERTIFICATED DISTRICT PAID RETIREE

October 1, 2026 - September 30, 2027

BENEFIT	HDHP 1	HDHP 2	Bronze
Calendar Year Deductible	Individual: \$1,700 Family: \$3,400 (No individual limit applies to family)	Individual: \$2,600 Family: \$5,200 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.	Individual: \$6,000 Family: \$12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,000.	Individual: \$7,000 Family: \$14,000
Doctor Visits	Primary Care Physician - Paid at 90%* after deductible is met Specialist Physician - Paid at 90% after deductible is met	Primary Care Physician - Paid at 80%* after deductible is met Specialist Physician - Paid at 80% after deductible is met	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialist Physician - Subject to deductible then \$120 copay per visit
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met (Copay, if applicable)
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met (Copay, if applicable)
Acupuncture	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met (Copay, if applicable). Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Subject to Deductible, then \$200 Copay (copay waived if admitted as inpatient)
Urgent Care	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT
Virtual Physical Therapy	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .
Employee Assistance Program (EAP) through Carelton	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	HDHP 1		HDHP 2		Bronze	
Prescription Drugs	30-Day Supply Subject to deductible, then Generic: \$25 Copay Pref Brand: \$50 Copay Non-Pref Brand: \$50 Copay Specialty: Paid at 70%, reduced to \$0 after deductible when enrolled in PrudentRx	90-Day Supply Subject to deductible, then Generic: \$50 Copay Pref Brand: \$100 Copay Non-Pref Brand: \$100 Copay Specialty: N/A	30-Day Supply Subject to deductible, then Generic: \$25 Copay Pref Brand: \$50 Copay Non-Pref Brand: \$50 Copay Specialty: Paid at 70%, reduced to \$0 after deductible when enrolled in PrudentRx	90-Day Supply Subject to deductible, then Generic: \$50 Copay Pref Brand: \$100 Copay Non-Pref Brand: \$100 Copay Specialty: N/A	30-Day Supply Subject to deductible, then Generic: \$25 Copay Pref Brand: \$50 Copay Non-Pref Brand: \$50 Copay Specialty: Paid at 70%, \$0 when enrolled in PrudentRx	90-Day Supply Subject to deductible, then Generic: \$50 Copay Pref Brand: \$100 Copay Non-Pref Brand: \$100 Copay Specialty: N/A

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
San Joaquin COE - CERTIFICATED DISTRICT PAID RETIREE
October 1, 2026 - September 30, 2027

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 7	Kaiser Wellness	Kaiser Bronze
Calendar Year Deductible	\$0	\$0	\$0	\$0	Individual: \$4,500 Family: \$9,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 60%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$6,000 Family: \$12,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialist Physician - \$10 Copay	Primary Care Physician - \$35 Copay Specialist Physician - \$35 Copay	Primary Care Physician - \$35 Copay Specialist Physician - \$35 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Primary Care Physician - Paid at 60%* after deductible is met Specialist Physician - Paid at 60%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay	Most tests paid at 60%* after deductible is met
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	\$10 copay*	Most services paid at 60%*, after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*	Paid at 60%*, deductible does not apply (Most DME is not covered)
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary	Paid at 60%* after deductible is met
Physical Therapy	\$10 Copay	\$35 Copay	\$35 Copay	\$20 Copay	Paid at 60%* after deductible is met
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	Paid at 60%* after deductible is met Referral by plan physician
Outpatient Surgery	\$10 Copay	\$35 Copay	\$250 Copay	\$500 Per Procedure	Paid at 60%* after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room	Paid at 60%* after deductible is met
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)	Paid at 60%* after deductible is met
Urgent Care	\$10 Copay	\$35 Copay	\$35 Copay	\$20 Copay	Paid at 60%* after deductible is met
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%*, deductible does not apply (Limits)
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.
Virtual Physical Therapy	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.

BENEFIT	Kaiser 1		Kaiser 5		Kaiser 7		Kaiser Wellness		Kaiser Bronze
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾
Prescription Drugs	Up to 30-Day Supply Plan Pharmacy Tier 1 \$5 Tiers 2 & 4 \$10	Up to 100-Day Supply Mail Order Tier 1 \$10 Tier 2 \$20	Up to 30-Day Supply Plan Pharmacy Tier 1 \$10 Tiers 2 & 4 \$20	Up to 100-Day Supply Mail Order Tier 1 \$20 Tier 2 \$40	Up to 30-Day Supply Plan Pharmacy Tier 1 \$10 Tiers 2 & 4 \$30	Up to 100-Day Supply Mail Order Tier 1 \$20 Tier 2 \$60	Up to 30-Day Supply Plan Pharmacy Tier 1 \$10 Tiers 2 & 4 \$25	Up to 100-Day Supply Mail Order Tier 1 \$20 Tier 2 \$50	Up to 100-Day Supply \$250 Deductible Plan Pharmacy or Mail Order Tier 1 30% coinsurance, not to exceed \$50 Tier 2 After drug deductible, 40% coinsurance, not to exceed \$100 Tier 4 After drug deductible, 40% coinsurance, not to exceed \$100 (30-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 Office Visits: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - \$20 Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plan 6 - \$25 Copay; Plan 7 - \$35 Copay; Plan 8 - \$20 Copay; Plan 9 Wellness - \$40 Copay; Plan 10 Bronze - 60%* after deductible is met; Plan 11 HSA - \$30 copay after deductible is met; All services: cost share you would pay if the services were to treat any other condition.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge; Plan 11 HSA - \$5 Per Visit after deductible is met.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

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

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



**California's
Valued Trust**

Healthcare Benefits for the Education Community

**San Joaquin COE
Certificated**

Delta Dental PPO Basic Incentive Plan Summary of Benefits

Effective October 1, 2026 to September 30, 2027

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$1,900	\$1,500
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

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

** See back for additional details

What are my Delta Dental Network options?

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

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

What are my online resources?

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

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

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

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

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

Delta Dental DPO 70-30 Plan Summary of Benefits

Effective October 1, 2026 to September 30, 2027

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	\$25 per person / \$75 per family per calendar year
Calendar Year Maximum Benefit	\$1,000	\$1,000
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 100% *	Paid at: 70% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 80% *	Paid at: 60% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Endodontics (root canals)	Paid at: 80% *	Paid at: 60% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 60% *	Paid at: 50% *
Prosthodontics Bridges Dentures Implants	Paid at: 60% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

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

** See back for additional details

What are my Delta Dental network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist.

<i>Most potential savings with Delta Dental PPO dentists</i>	<i>Some savings with Delta Dental Premier dentists</i>	<i>No savings with non-Delta Dental dentists</i>
➤ Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment. ➤ You'll usually pay less when you visit a Delta Dental PPO dentist. ➤ When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.	➤ Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees. ➤ Premier dentists will not bill you above their contracted fees, so you still receive some cost protections not available with a non-Delta Dental dentist.	➤ Non-Delta Dental dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. ➤ You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

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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.



Make Eye Health a Priority with VSP!

Your health comes first with VSP and California's Valued Trust (Plan C \$10 Copay). Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP

 and more

Up to **40%** savings on
lens enhancements‡

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

Enroll through your employer today.

Questions?

vsp.com

800.877.7195 (TTY: 711)



Scan QR code
or visit vsp.com
to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your eye doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

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



Get more at preferred in-network doctor locations

private
practice
doctors

Visionworks

**EYEMART
EXPRESS**
PARTLY OF STORES

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee.*** Whether you accidentally break or damage your glasses, your prescription changes, or if you don't love the glasses you chose, you're covered! Visit vsp.com/zerocopy for details.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
‡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. *Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply. ***Worry-free guarantee covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit (include appropriate link) for terms and conditions.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Availability of VSP Premier Edge™ may vary.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Classification: Restricted

Your VSP Vision Benefits Summary

2026-2027

San Joaquin COE - Certificated

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



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

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

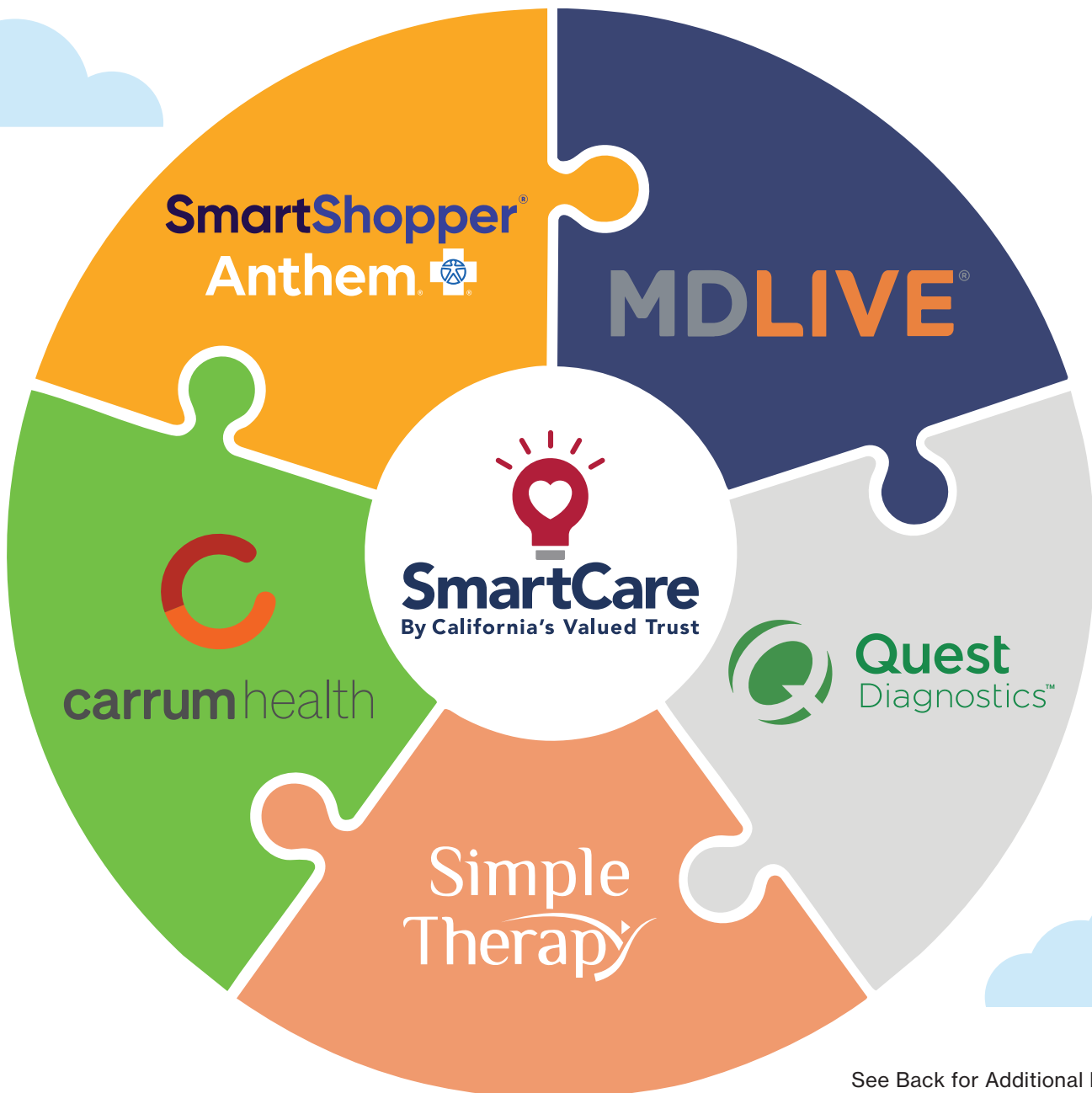
With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

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**.



See Back for Additional Details

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



carrumhealth

\$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!

- 24/7 access to programs for pain management, pelvic health, injury prevention and more
- Unlimited access
- One-on-one personal health coaching

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

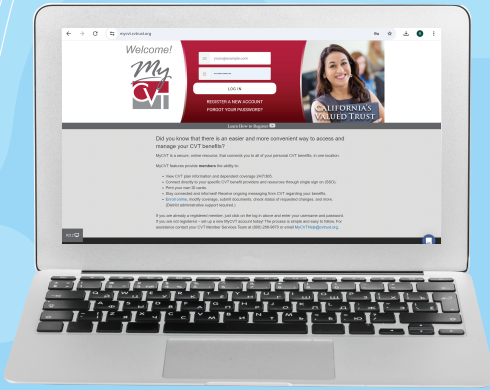
Quest Password: CVT2026

Learn more at:



(855) 623-9355





MyCVT User Guide

Quick start guide to apply for your insurance coverage



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

1 Here's how to get started

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

2 Creating your account

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

3 Open Enrollment

- Login to your MyCVT account at **mycv.t.vtrust.org**.
- On the dashboard, In the banner at the top, will be a **"Begin Open Enrollment"** button, Click that to continue

Enroll | MyCVT

mycv.t.vtrust.org/user/register

Coverage Overview

E-mail *

A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not to be shared with others or used to receive certain news or notifications by e-mail.

Passwords must meet the following requirements:

- Password must have upper and lower case letters.
- Password must have at least 8 character(s).
- Password must have at least 1 digit(s).
- Password must have at least 1 symbol(s).
- Password must not contain their username.

Password *

Confirm password *

Provide a password for the new account in both fields.

Social Security Number *

Enter your SSN *

Confirm *

School District *

- Select District -

Employee type *

- Select -

Terms and Conditions of Use

☐ Accept Terms & Conditions of Use *

Create new account

4 Personal and Employment information

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

5 Dependent information

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

6 Plan Selection

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

7 Submit your electronic enrollment form

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



Questions

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