



## Business and Administrative Services

TO: New Employees  
FROM: Byron Jones, Director of Fiscal Services - eMail: [bsjones@opusd.org](mailto:bsjones@opusd.org)  
Linda Castellano, Administrative Assistant HR eMail [lcastellano@opusd.org](mailto:lcastellano@opusd.org)  
DATE: July, 2022  
SUBJECT: Insurance

**HEALTH INSURANCE:** New employees have 30 days to turn in information, and benefits begin the first day of the following month. If the new employee is full time, they must enroll in health, dental and vision plans; the default is lowest plan if they don't respond. If they are part time, they can "opt out". "Opt out" is the default if they do not respond within 30 days. Changes can be made if there is a "qualifying" event, or annually at open enrollment. See the District website for additional information on the available plans: <https://opusd.org/healthbenefits>. Employees are encouraged to setup their own accounts at <https://mycvf.cvtrust.org>. Information and plan selection can then be entered directly online.

**Tax Deferred Solutions (TDS)** – OPUSD uses a 3rd Party Administrator (TDS Group) to handle a variety of individual and group insurance plans for life, accident, hospital, and cancer, as well as Section 125 flexible spending accounts (FSAs) and tax sheltered annuities. Their benefit counselors are available at 1-800-863-9019. The information on available tax sheltered annuity programs can be found on the web at [www.403bcompare.com](http://www.403bcompare.com).

**VOLUNTARY GROUP LIFE INSURANCE:** This insurance is available to all employees who are .5 FTE or greater. They must enroll within the first 30 days of employment. One exception: If employee goes from less than .5 FTE to greater than .5 FTE they can enroll within the first 30 days of the change in FTE without evidence of insurability. This insurance is through Cigna and can be payroll deducted. Forms may be obtained from the Business Office. An employee can get group insurance later – but must go through the entire underwriting process, which includes evidence of insurability. THERE IS NO OTHER QUALIFYING EVENT.

**STANDARD INSURANCE:** This insurance is the CTA authorized carrier. Teachers can get both Life Insurance and Disability Insurance through Standard Insurance and they should apply individually and directly with Standard. If a new teacher applies within the first 120 days, there is no health questionnaire. Teachers can call directly to their customer service at 800.522.0406 or email [CTAQservice@standard.com](mailto:CTAQservice@standard.com). Deductions are made through the payroll system. In order for employees to enroll in the insurance, they must meet the following requirements:

1. Must be a dues-paying member of the CTA
2. Must have a contract with the school district
3. Must work an average of 15 hours/week or more

CTA has a Death & Dismemberment Plan and members have to sign up to name their beneficiary at <http://www.cta.org>. The death benefit is \$2,000 and Accidental Death & Dismemberment of \$10,000. NEA has NEA Complimentary Life Insurance at <http://www.neamb.com>. Again, members have to sign up to name their beneficiary for \$1,000 and \$5,000 for accidental death and dismemberment. Both are free but teachers need to sign up to name the beneficiary.

Please feel free to contact Linda Castellano in Human Resources or the Business Office for further information regarding your health benefits and other insurance.

Byron Jones [bsjones@opusd.org](mailto:bsjones@opusd.org)  
Linda Castellano [lcastellano@opusd.org](mailto:lcastellano@opusd.org)

# TDS ANNUAL FLEXIBLE BENEFITS

## Open Enrollment for 2022



It is recommended that all employees call a Benefits Counselor each year to receive a briefing on their flexible spending account, dependent day care and other voluntary pre-tax options offered by the district. ***As an added service, you may also receive a call from a Benefits Counselor to explain plan options.*** Employee enrollment in the plans is optional.

Oak Park USD provides you with several benefit options where you can use pre-tax money to increase your spending power and protect you when unforeseen events put you at risk with loss of income, unanticipated medical expenses or worse.

**Call 1-800-863-9019 for more information and enrollment.**

### **Summary of Available Options**

- ✓ Medical flexible spending account
- ✓ Dependent care flexible spending account
- ✓ Short-term disability
- ✓ Long-term disability
- ✓ Life insurance
- ✓ Cancer insurance
- ✓ Accident insurance
- ✓ Critical illness insurance

### **Open Enrollment Dates:**

**July 11, 2022 – August 12, 2022**

**BENEFITS BEGIN – October 1<sup>st</sup>.**



**Life and Long Term Care** coverage is available as a single plan at a fixed rate for as long as the plan is in force.

**No medical questions** for you and your spouse!

Call in (**1-800-863-9019**) today to learn more.

### **Enrollment is as easy as 1-2-3 and you're all set!**

- Step #1: Call 1-800-863-9019 and speak with a Benefits Counselor to go over your options.
- Step #2: Make your selections with the Benefits Counselor.
- Step #3: The Benefits Counselor will handle your enrollment over the phone.



You must renew your election in medical & dependent care flexible spending accounts each year.

**For information and enrollment call 1-800-863-9019 today!**

**Employee Support Center Business Hours:**  
**Monday- Thursday 11am to 7:30pm • Saturday 8:30am to 12:00pm.**



## Voluntary Term Life Insurance Coverage ~ *Paid by you* Prepared for the Employees of Oak Park Unified School District

What would happen to your family if you and your income were gone?

- *Could they maintain their standard of living?*
- *Pay for college tuition?*
- *Household bills?*
- *What about monthly mortgage or rent?*

***Three in 10 households carry no life insurance on anyone in the household.***

*Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010*

***Half of U.S. households now believe they are underinsured.***

*Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010*



**Employee** – All active, Full-time Employees of the Employer regularly working a minimum of 20 hours per week.

- Benefit Amount - Units of \$10,000
- Guaranteed Coverage Amount - \$120,00
- Maximum - \$120,000
- Benefit Reduction Schedule - Providing you are still employed, your benefits will reduce to 65% at age 70, 45% at age 75.

**Your Spouse** – Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount - Units of \$5,000
- Guaranteed Coverage Amount - \$50,000
- Maximum - \$50,000, or 50% of the employee's coverage amount

**Your Unmarried, Dependent Children** - Birth to 6 months: \$500  
Under age 26, as long as you apply for and are approved for coverage for yourself.

- Benefit Amount- Units of \$2,000
- Maximum - \$10,000

***No one maybe covered more than once under this plan.***

*\*For purposes of this brochure, wherever the term Spouse appears it shall also include Domestic Partner or Civil Union Partner. Your domestic partner is eligible for insurance if he or she meets specific criteria stated in the Group policy. Additional information is available from your Benefit Services Representative.*

### **Guaranteed Coverage for Voluntary Term Life Insurance Coverage**

Guaranteed Coverage Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam.

Guaranteed Coverage is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the

Guaranteed Coverage Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form. All dependent child benefits are guarantee issue.



## Voluntary Term Life Insurance Overview – How Much Your Coverage Will Cost Per Month

Life Insurance						
		Vol EE	Vol SPS	Vol CHD		
Grandfathered Benefit		\$ 360,000.00	\$ 100,000.00		Basic	
Max Standard Benefit		\$ 120,000.00	\$ 50,000.00	\$ 10,000.00	Dependent	
Rate Per		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	PEPM	
18	19	\$ 0.068	\$ 0.138	\$ 0.10		
20	24	\$ 0.068	\$ 0.138			
25	29	\$ 0.068	\$ 0.138			
30	34	\$ 0.079	\$ 0.156			
35	39	\$ 0.099	\$ 0.190			
40	44	\$ 0.157	\$ 0.294			
45	49	\$ 0.274	\$ 0.502			
50	54	\$ 0.464	\$ 0.828			
55	59	\$ 0.756	\$ 1.296			
60	64	\$ 0.985	\$ 2.022			
65	69	\$ 1.717	\$ 3.536			
70	74	\$ 2.975				
75	79	\$ 2.975				
80	84	\$ 9.193				
85	89	\$ 9.193				
90	94	\$ 9.193				
95	99	\$ 9.193				

\*Spouse Coverage ends at age 70

\*Costs are subject to change

### Cost Calculation Example

	Age	Monthly Cost per \$1,000.00		Benefit				Monthly Cost
Example	33	0.079	X	100,000	÷	1,000	=	\$ 7.90

### Other Coverage Features

<p><b>Accelerated Death Benefit—Terminal Illness</b> If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 50% of the Voluntary Term Life Insurance coverage amount in force or \$60,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.</p>	<p>you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid.</p> <p>You are reconsidered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan</p>
<p><b>Continuation for Disability for Employees Age 60 or over</b></p> <p>If your active service ends due to disability, at age 60 or over, your coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date</p>	<p><b>Extended Death Benefit</b></p> <p>The extended death benefit ensures that if you become disabled prior to age 60, and die before it is determined if you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended. No additional premium payment is required for the extended coverage.</p>



# INSURANCE ENROLLMENT FORM

Life Insurance Company of North America (LINA)

a Cigna Company (herein called the Insurance Company)

For info and customer service call 1-800-732-1603

- The applicant must sign and date this form.
- This form cannot be considered unless received within 30 days of the date it is dated.



**EMPLOYER** **Oak Park Unified School District**

**Important:** Please enter all dates in mm/dd/yyyy format. Please print (preferably in black ink)

## EMPLOYEE SECTION

☐ Mr. ☐ Mrs. ☐ Ms. (Check One)

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Employee ID # \_\_\_\_\_ Sex: ☐ M ☐ F

**Important:** You must complete an Evidence of Insurability Form if applying for life insurance.

## COMPLETE IF ELECTING SPOUSE/DOMESTIC PARTNER COVERAGE

☐ I am currently married and my date of marriage is \_\_\_\_\_ –or– ☐ I currently have an eligible Domestic Partner

Spouse or Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Domestic Birthdate \_\_\_\_\_ Sex: ☐ M ☐ F

Partner  
Information

## TERM LIFE INSURANCE — POLICY NO. FLX 965974

	<u><b>Applicant</b></u>	<u><b>Decline</b></u>	<u><b>Requested Amount</b></u>	<u><b>Maximum Coverage Amount</b></u>
Voluntary	Employee	<input type="checkbox"/>	<input type="checkbox"/> Number of \$10,000 units _____	<u>\$120,000</u>
Employee-Paid	Spouse/Domestic Partner	<input type="checkbox"/>	<input type="checkbox"/> Number of \$5,000 units _____	<u>\$50,000</u>
Coverage	Child(ren)	<input type="checkbox"/>	<input type="checkbox"/> Number of \$2,000 units _____	<u>\$10,000</u>

## ACCEPTANCE/DECLINATION

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

I understand that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will not go into effect unless the person is not confined in a hospital or institution, or receiving certain medical treatment. The conditions for the requested insurance to be effective are described in the policy and certificate.



Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Sign Here

**See next page for Beneficiary Designation**  
**Return this form to your employer. Be sure to make a copy for your own records.**

04/2014

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**BENEFICIARY**

To ***specify a beneficiary***, complete the section below. You will be the beneficiary for your spouse and child(ren) unless you specify otherwise. When specifying multiple beneficiaries, you must indicate the percentage of distribution for each. If there is not enough room to specify all beneficiaries, attach, sign and date a separate sheet of paper using the format below.

**TERM LIFE INSURANCE — POLICY NO. FLX 965974**

<i>Insured</i>	<i>Beneficiary</i>	<i>Percentage</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Relationship</i>
Employee					
Spouse/Domestic Partner					
Child(ren)					

**Community Property Laws**—If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**GUIDELINES FOR DESIGNATION OF BENEFICIARIES**

**General** - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will, which was intended to create this trust, may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

**Life Status Changes** - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

***Return this form to your employer. Be sure to make a copy for your own records.***



# Open Enrollment

## Effective Date: October 1, 2022

CVT's team will be available to meet with you one-on-one over the phone, or even via video conference, to walk you through your open enrollment selections and answer any questions you might have about:

- The benefit choices available, and how best to select a medical plan that meets the needs of you and your family
- How to save time and money for non-emergent care using MDLIVE® telehealth program
- Navigating through the complexities of health insurance, and how CVT can tie resources to getting you the quality care you need

During Open Enrollment, an employee is allowed to do the following:

- Elect to change his or her medical plan selection and participate in a different plan
- A full time or part time employee may terminate or add eligible dependents to medical, vision or dental coverage. Adding eligible dependents require documentation (marriage/birth certificate, etc.)
- A part time employee may terminate or add medical, vision or dental coverage.
- Employees can opt out of health insurance who are eligible for Medi-CAL, TRICARE, or subsidized Covered CA.

## Oak Park Unified School District OPEN ENROLLMENT PERIOD

July 11, 2022  
through  
August 12, 2022

CVT's Representative  
will be available by phone or  
video conference:

August 1, 2022  
12:00 p.m. – 5:00 p.m.  
<https://calendly.com/elizabethp-3/oak-park-open-enrollment-1>

&

August 4, 2022  
8:00 a.m. – 12:00 p.m.  
<https://calendly.com/isabelp/oakparkopenenrollment>

Open enrollment changes  
must be submitted online:  
[mycvtrust.org](http://mycvtrust.org)

Please note: If you are not making  
any changes, you do not need  
to take any action.

## Questions?

Contact:  
Linda Castellano  
818-735-3220  
[lcastellano@opusd.org](mailto:lcastellano@opusd.org)

CVT Contact:

Member Services Department

1-800-288-9870



California's  
Valued Trust

Healthcare Benefits for the Education Community



## MyCVT Online Member Enrollment

### Quick steps for account set-up

MyCVT is a web-based site where you can enroll as a new 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.

MyCVT can be accessed by most computer browsers, including Microsoft Internet Explorer Version 7-11, Mozilla Firefox, Safari and Google Chrome. If you don't have any of these browsers you may not be able to access the site.

### Getting started

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

### Creating your account

1. From the MyCVT registration page, select "Create new account." Complete the requested information and submit.
2. Verify your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. **Click on the link in the email** to complete the registration process.

### You're ready to go!

1. Now you're logged into the MyCVT portal and are ready to complete your member enrollment.
2. Or, if you want to come back later and complete enrollment, simply log-out. When you're ready to return, use your newly set up Email and Password to access your account.
3. If you've forgotten your password, don't worry. Select "Request new password" on the login page and follow the directions sent to your account email.

### Questions

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



CALIFORNIA'S  
VALUED TRUST

Healthcare Benefits for the Education Community

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

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark**  
**Oak Park Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES**

**October 1, 2022 - September 30, 2023**

BENEFIT	PPO 3, Rx B	PPO 5, Rx B	PPO 7, Rx B	PPO 10, Rx B
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$2,000 <sup>(2)</sup> Family: \$4,000 <sup>(2)</sup>	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* 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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*
<b>Hospital Inpatient</b>	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	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 80%* after deductible is met; Unlimited days, Semi-private room
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
<b>Urgent Care</b>	\$20 Copay	\$30 Copay	\$30 Copay	Paid at 80%* after deductible is met
<b>Home Health Care</b>	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	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 80%* after deductible is met; Limited to 100 visits per calendar year



BENEFIT	PPO 3, Rx B		PPO 5, Rx B		PPO 7, Rx B		PPO 10, Rx B	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>
	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic
	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred
	\$30 Non-Preferred	\$70 Non-Preferred	\$30 Non-Preferred	\$70 Non-Preferred	\$30 Non-Preferred	\$70 Non-Preferred	\$30 Non-Preferred	\$70 Non-Preferred
	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)

#### PPO Plans:

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

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments 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) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark**  
**Oak Park Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES**

**October 1, 2022 - September 30, 2023**

BENEFIT	PPO Wellness, Rx C	PPO HDHP 1	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$1,400 Family: \$2,800 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,750 Family: \$3,500	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	Paid at 90%* after deductible is met	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialty Physician</b> - Subject to deductible then \$70 copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Acupuncture</b>	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	Paid at 90%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
<b>Urgent Care</b>	\$20 Copay	Paid at 90%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 90%* 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

BENEFIT	PPO Wellness, Rx C		PPO HDHP 1	PPO Bronze	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 90%* after deductible is met	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</b> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

#### PPO Plans:

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

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments 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) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).

# 2022-23 CVT Wellness PPO Plan With Anthem Network



The CVT Wellness PPO Plan with the Anthem Blue Cross network is designed to not only keep your healthcare costs as low as possible, but keep you in better health as well. This plan is offered as a bargained benefit that specifically targets health initiatives, including prevention. It's about addressing and promoting good health as a way of life by building in eGift card rewards for members who are actively engaged in their own health care.

## Better Living. More Rewards.

By enrolling in the Wellness PPO Plan, you and your enrolled spouse/domestic partner may earn up to \$400 per year in select eGift cards.

## Am I Eligible?

If you are a current CVT member and your district/unit has chosen to offer this plan, both you and your spouse/domestic partner are eligible to enroll.

- Option available as a plan selection to all participating district groups (Anthem Blue Cross only)
- Retirees under age 65 if not enrolled for Medicare coverage
- If spouse is covered by Medicare, employee is not eligible unless coverage is employee only

## Access comprehensive benefits:

### Plan overview\*

### CVT Wellness PPO Plan highlights include:

Earn wellness rewards	Up to \$400/individual/year
Who can earn rewards	Individual and covered spouse/ domestic partner
Calendar-year deductible	\$500 individual, \$1,000 family
Coinsurance	Paid at 90% after deductible is met
Calendar-year out-of-pocket maximum†	\$1,750/individual \$3,500/family
Office visit copayment	\$20 primary care physician, \$40 specialist
Preventive care	100% covered
Prescription drug coverage from CVS/caremark	\$7/\$25/\$40 for 30-day supply; \$15/\$60/\$90 for 90-day supply

\*This chart offers a high-level overview of the CVT Wellness PPO Plan. It is not a contract. For complete plan details, please see the plan's Summary Plan Description.

† Includes deductible, coinsurance, medical and pharmacy copays.

# How Do You Earn Your Rewards?



## Step 1.

Register or Log in on [Anthem.com/ca](https://www.anthem.com/ca) or by downloading the Sydney Health Mobile App.

## Step 2.

If accessing from website, choose from the Care menu, select **My Health Dashboard**. Select **My Rewards** to view available incentives.

If accessing from Sydney, select **More**, then **My Health Dashboard**, and then **My Rewards**.

## Step 3.

Create your account. Enter or verify your First Name, Last Name, Gender, Date of Birth and Postal Code. Click Next to continue.

Reward Activity		Reward Amount
Step 1. Access the following activities under the SMART Rewards from Anthem.com or Sydney Health Mobile App		
<input type="checkbox"/>	Complete one Adult Wellness Exam and an online Health Assessment	\$200 eGift card
Step 2. After the Adult Wellness Exam and online Health Assessment are completed, members can earn up to \$200 more in eGift card rewards by completing a combination of the following activities.		
<input type="checkbox"/>	Read five articles or watch five videos (or any combination of the two).	\$50 eGift card
<input type="checkbox"/>	Connect a tracking device such as Apple Health kit, Google Fit, Fitbit, Garmin, iHealth, Misfit	\$50 eGift card
<input type="checkbox"/>	Track steps - 10,000/day for 3 days	\$100 eGift card
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Set and complete a goal/action plan once per quarter. Action plans include:  Eat Healthy Achieve a Healthy Weight Get Active Increase Energy Reduce Stress and Sleep Better	\$50 eGift card per quarter
Step 3. The following will be credited within 60 days of the claim being processed. Services are provided in accordance with Preventive Care guidelines, and are dependent upon age, health risks and other factors.		
<input type="checkbox"/>	Mammogram or Colorectal Cancer Screening	\$50 eGift card
<input type="checkbox"/>	Cholesterol Screening (full lipid panel)	\$50 eGift card

\*To view your earned credits, visit [www.anthem.com/ca](https://www.anthem.com/ca), enter your log in information in the *Member Log In* box, then click on the **Completed Activities** tab or call Anthem Blue Cross at (800) 234-4333. Have questions? Please contact CVT Member services at 1-800-288-9870 or Anthem Blue Cross Member Services at 1-800-234-4333.



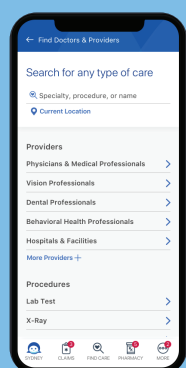
# Connect with the care that's right for you

The Find Care tool helps you search for doctors/hospitals and compare costs

Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or [anthem.com/ca](https://anthem.com/ca).

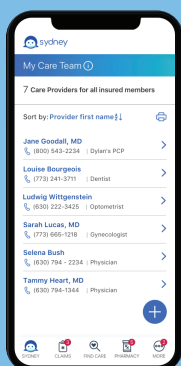
## How to use Find Care

The **Find Care** tool brings together details about doctors, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



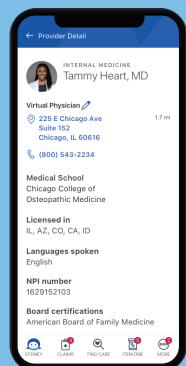
1

Search for providers and facilities in your plan's network by name, specialty, or procedure.



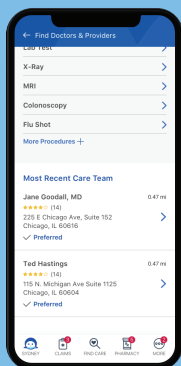
2

Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.



3

Review details about doctors such as their specialties, gender, educational background, and contact information.



4

Choose a doctor from the list to review their patient ratings and compare costs for services.

## Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to [anthem.com/ca](https://anthem.com/ca). Select **Find Care** and the Find Care tool will guide you through the steps.

## We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on [anthem.com/ca](https://anthem.com/ca).



Download Sydney Health today to find a provider that's right for you



Use your smartphone camera to scan this QR code.





**CVT HMO Health Plans with Kaiser Permanente**  
**Oak Park Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES**  
**October 1, 2022 - September 30, 2023**

BENEFIT	HMO 1 w/Chiro		HMO 2 w/Chiro		HMO 6 w/Chiro	
<b>Calendar Year Deductible</b>	\$0		\$0		\$0	
<b>Coinsurance</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*	
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,500 Family: \$3,000		Individual: \$1,500 Family: \$3,000		Individual: \$1,500 Family: \$3,000	
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay		<b>Primary Care Physician</b> - \$15 Copay <b>Specialty Physician</b> - \$15 Copay		<b>Primary Care Physician</b> - \$25 Copay <b>Specialty Physician</b> - \$25 Copay	
<b>Preventive Care / Immunizations</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*	
<b>Outpatient Laboratory</b>	Most tests paid at 100%*		Most tests paid at 100%*		Most tests paid at 100%*	
<b>Outpatient Radiology</b>	Most services paid at 100%*		Most services paid at 100%*		Most services paid at 100%*	
<b>Durable Medical Equipment</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*	
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary		Paid at 100%* If Medically Necessary		\$50 Per Trip If Medically Necessary	
<b>Physical Therapy</b>	\$10 Copay		\$15 Copay		\$25 Copay	
<b>Chiropractic</b>	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture		Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture		Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture	
<b>Acupuncture</b>	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic		Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic		Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic	
<b>Outpatient Surgery</b>	\$10 Copay		\$15 Copay		\$25 Copay	
<b>Hospital Inpatient</b>	Paid at 100%*		Paid at 100%*		\$250 Copay	
<b>Hospital Emergency Room</b>	\$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	
<b>Urgent Care</b>	\$10 Copay		\$15 Copay		\$25 Copay	
<b>Home Health Care</b>	Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)	
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>	
<b>Medical Decision Support</b>	N/A		N/A		N/A	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)

**Kaiser Permanente Plans:**

**\* For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

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

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

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).

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

Effective October 1, 2022 to September 30, 2023

<b>Benefits and Covered Services*</b>	<b>PPO Network **</b>	<b>Premier Network and Out of Network **</b>
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	\$2,200	\$2,000
<b>Diagnostic &amp; Preventive Services</b> Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Endodontics</b> (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Prosthodontics</b> Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
<b>Orthodontic Benefits</b> Adults & Dependent Children Lifetime Maximum: \$1,000 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	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](http://www.cvtrust.org/plandocuments).

\*\* See back for additional details

## What are my Delta Dental Network options?

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

## How do I find a Delta Dental dentist?

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

## How does my Delta Dental incentive plan work?

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

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

## What are my online resources?

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

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

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

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

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

## A LOOK AT YOUR VSP VISION COVERAGE



### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CALIFORNIA'S VALUED TRUST - PLAN B \$15 COPAY AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

#### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

#### PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to [eyeconic.com](https://eyeconic.com)® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

#### USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](https://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

#### GET YOUR PERFECT PAIR

**EXTRA \$20** + **UP TO 40%**  
TO SPEND ON  
FEATURED FRAME BRANDS\*  
SAVINGS ON LENS  
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



**Enroll today.**

Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

# YOUR VSP VISION BENEFITS SUMMARY

## 2022-2023

### Oak Park Unified School District



California's  
Valued Trust  
Healthcare Benefits for the Education Community



**PROVIDER NETWORK:** VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$15 for exam and glasses	Every 12 months
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart®/Sam's Club®, Costco® frame allowance</li> </ul>	Combined with exam	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Combined with exam	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every 12 months
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>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.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

#### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](https://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. 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.

Classification: Restricted

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.





## **Additional Resources**

# Uncomplicated. The way healthcare should be.

With MDLIVE, you can visit with a doctor  
24/7 from your home, office or on-the-go.

**Welcome to MDLIVE!**  
**Your anytime, anywhere  
doctor's office.**

**Medical, Dermatology and Behavioral  
Health\* Consults: PPO & EPO plans  
\$0 copay\*\***

\*Behavioral Health not applicable to Medicare retirees

\*\*Anthem Blue Cross and Blue Shield HDHP and Sutter Health | Aetna HSA  
Plans are subject to deductible/coinsurance.



**U.S. board-certified doctors and  
licensed counselors with an average  
of 15 years of experience.**



**Consultations are convenient,  
private and secure**



**Prescriptions can be sent to  
your nearest pharmacy,  
if medically necessary.**

**Your virtual doctor is here.  
Join for free today!**



**Download the app.**  
Join for free. Visit a doctor.

**MDLIVE.com/cvt**  
**888-632-2738**



## Common conditions we treat

### General Health

- Common cold / Flu
- Cough
- Fever
- Insect bites
- Allergies
- Diarrhea
- Nausea / Vomiting
- Pink eye
- Sore throat
- Constipation
- Ear problems
- Headache

### Behavioral health

- Addictions
- Stress
- Bipolar disorders
- Depression
- Eating disorders
- Grief and loss
- Life changes
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Trauma and PTSD

### Dermatology

- Acne
- Rashes
- Eczema
- Rosacea
- Psoriasis
- Alopecia
- Cold sores
- Inflamed or enlarged hair follicles
- Warts and other abnormal bumps
- Suspicious spots and moles

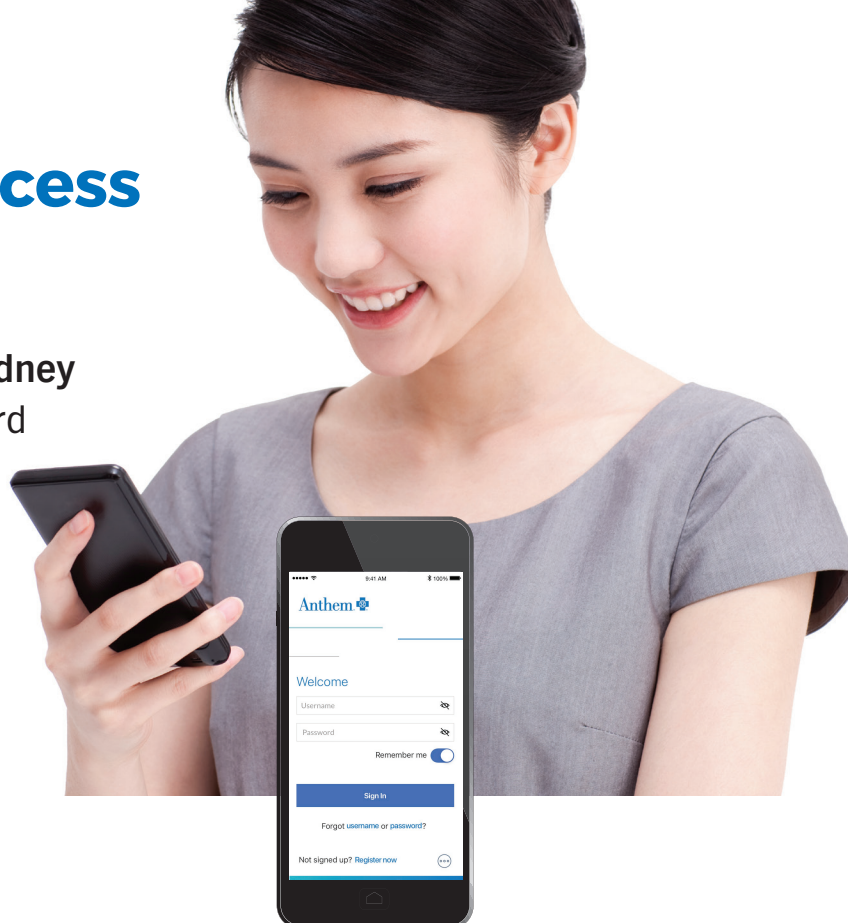
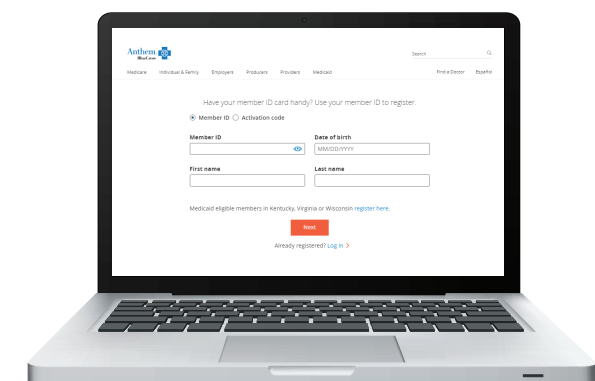


**Download the app.**  
Join for free. Visit a doctor.

**MDLIVE.com/cvt**  
**888-632-2738**

# You've got quick access to your health care!

Register on **anthem.com/ca** or the **Sydney** mobile app.\* Have your member ID card handy to register



## From your computer

- 1 Go to **anthem.com/ca/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

## From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.

**Need help signing up?**  
Call us at **1-866-755-2680**.



\* You must be 18 years or older to register your own account.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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# Skip the trip to the doctor's office



Next time you have a minor health issue, you have many convenient ways to get care when and where it works for you.



## Phone appointment

Schedule an appointment to talk with a doctor over the phone – just like an in-person visit.<sup>1,2</sup> Appointments are often available same day or next day.



## Video visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.<sup>1,2</sup> Appointments are often available same day or next day.



## Email

Message your doctor's office with nonurgent questions anytime and get a response usually within 2 business days.<sup>2</sup>



## E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente provider.



## Region pilot program

Supporting copy about region pilot program. Limit text to about 175 characters, including spaces. Must be leg-reg approved. Include a footnote and disclaimer (below) if needed

## Ready to make an appointment?

- Sign in to **kp.org** or use the Kaiser Permanente app.
- Call **1-866-454-8855 (TTY 711)**, 24 hours a day, 7 days a week.
- Visit **kp.org/getcare** to learn more about your care options.

1. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 2. These features are available when you get care at Kaiser Permanente facilities.



# Healthcare guidance you can trust.

**ConsumerMedical's expert team of doctors, nurses and researchers offers personalized, one-on-one support to help you:**

- Navigate your healthcare journey
- Understand any medical condition and all available treatment options
- Find the best doctors and hospitals in your area and insurance network
- Get a second opinion from top specialists, either in person or virtually
- Cope with stress and anxiety

**Be in the know before you say yes to surgery.**

**Did you know? Non-surgical treatment options often work just as well as:**

**Lower back surgery   Hip or knee replacement   Hysterectomy   Weight loss surgery**

You may qualify for a **\$400 prepaid card** just for participating in the program for one of these elective surgeries. Call for details.

## Contact ConsumerMedical

to get free, expert guidance for *any* medical condition.

**1-888-361-3944**

Monday – Friday, 5:30 a.m. to 8:00 p.m. Pacific

**myconsumermedical.com**

To register, enter company code **CVT**

**MyMedicalAlly app**

Download free from the App Store or Google Play



**California's  
Valued Trust**

Healthcare Benefits for the Education Community

California's Valued Trust is pleased to offer this free resource to all active and non-Medicare retiree members and their eligible dependents who have coverage through their PPO or EPO plan.

**consumermedical<sup>®</sup>**

Your Medical Ally<sup>®</sup>



# EMPLOYEE ASSISTANCE PROGRAM

## CONFIDENTIAL SUPPORT FOR WORK AND LIFE



**Life is busy.** When you need more resources to manage it all, our employee assistance program (EAP) professionals can help. The EAP provides information, guidance, and support to help you and your family reach your personal and professional goals, manage daily stresses, and develop fulfilling relationships.

### The EAP is here to help

You don't have to handle your concerns on your own. It's OK to ask for help. In fact, seeking help early enables you to take immediate control of your situation and can prevent small issues from turning into big problems. EAP counselors are available 24 hours a day, seven days a week. Whether your concern is big or small, don't hesitate to call.

## BENEFITS OF THE EAP INCLUDE:

### COUNSELING SERVICES

Talk one-on-one with an experienced, licensed counselor for support with stress management, strengthening relationships, work/life balance, grief and loss, and more. You can access a counselor face-to-face, online, by video, or by phone.

Each covered member can get up to six counseling sessions per benefit year (with a maximum of two courses of treatment). Clinical assistance is available 24 hours a day/seven days a week. As with all EAP services, your conversation will be strictly confidential.

**LEGAL SERVICES** (Free consultation and discounted rates: 60 minutes for family law, 30 minutes for all other legal issues)

- Divorce
- Landlord and tenant issues
- Real estate transactions
- Wills and power of attorney
- Civil lawsuits and contracts
- Identity theft recovery

**FINANCIAL SERVICES** (One 30-minute consultation with a financial coach per topic, per year)

- Saving for college
- Debt consolidation
- Mortgage issues
- Estate planning
- General tax questions
- Retirement planning
- Family budgeting

### WORK/LIFE SERVICES

- Work/life resource and referral services
- Child care services
- Elder care services

## YOUR EMPLOYEE ASSISTANCE PROGRAM

**Call for confidential support or  
information any time, day or night.**

**1-877-397-1032**

**[www.achievesolutions.net/cvt](http://www.achievesolutions.net/cvt)**



# We Help People live their lives to the fullest potential.



## HOW CAN THE EAP HELP YOU?

**Call the EAP for guidance and support managing work and life, including:**

- Achieving personal goals
- Finding care for an aging relative
- Sorting through legal matters
- Resolving conflicts
- Improving health such as weight loss, stress management, or quitting smoking
- Planning for a strong financial future
- Strengthening relationships
- Improving communication skills
- Planning for life events such as a marriage or the birth of a child

## ONLINE RESOURCES

Visit the Achieve Solutions website to access articles, videos, calculators and assessments to help you improve your health and manage life events. You can also search for service providers in your area.

Topics include:

- Depression
- Marriage/couples
- Stress management
- Anxiety
- Conflict management
- Weight management
- Communication

## HOW THE EAP WORKS

- **Access is easy and there's no cost to you.** Go online or call the toll-free phone number any time. Each member must call Beacon Health Options for authorization and referral before receiving services. Claims will not be paid without an authorization.
- **Staffed by professionals.** EAP professionals are highly trained and qualified. The information you receive is accurate, up to date, and relevant to your particular circumstances.

- **Your call is private.**

Your personal information is kept confidential in accordance with federal and state laws.

### Privacy is a priority

The EAP upholds strict confidentiality standards. Your personal information is kept confidential in accordance with federal and state laws. No one will know you have accessed the program services unless you specifically grant permission or express a concern that presents a legal obligation to release information (for example, if it is believed you are a danger to yourself or to others).

**Call for confidential support or information any time, day or night.**

**1-877-397-1032**

**[www.achievesolutions.net/cvt](http://www.achievesolutions.net/cvt)**

*This information sheet is for informational purposes only and does not guarantee eligibility for program services. Beacon Health Options services do not replace regular medical care. In an emergency, seek help immediately.*

## YOUR EMPLOYEE ASSISTANCE PROGRAM

Resources, referral, and support services for personal success:

- Fulfilling relationships
- Achieving personal goals
- Healthy living
- Resilience
- Managing life events
- Legal services
- Financial services
- Work/life services



## Take the Path to a Healthier You

Don't miss out on this benefit for employees and dependants on the California's Valued Trust medical plan

California's Valued Trust is pleased to offer a wellness program for qualified employees.

It's a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.

**And it's available at no cost to employees who qualify!**

Participants report greater energy, a more positive outlook and overall improved health.



**GET A FREE FITBIT  
ACTIVITY TRACKER\***

**Participants select from online or in-person programs, which include the following:**



**Access to a personal health coach**



**Weekly sessions**



**A small group for support**



**Tools like a wireless scale or Fitbit® activity tracker\***

**TAKE A ONE-MINUTE QUIZ AT [SOLERA4ME.COM/ CVT](https://solera4me.com/cvt)**

**Questions?** Call 844-612-2949, Monday through Friday 6 a.m. to 6 p.m. PT.

©Solera Health Inc. All rights reserved.

\*For participants who complete four weeks of activity meeting Diabetes Prevention Program guidelines. Applies to select Fitbit models; limited to one per person. Solera Health reserves the right to substitute an alternate tracker.



## DIABETES PREVENTION PROGRAM - FREQUENTLY ASKED QUESTIONS

### What is Solera Health?

Solera Health is a vendor that California's Valued Trust has partnered with to help administer the Diabetes Prevention Program (DPP). Solera will help identify qualified employees and enroll them in a DPP that best fits their needs.

### What is the Diabetes Prevention Program?

Also known as the DPP, the Diabetes Prevention Program helps participants lose weight, adopt healthy habits and significantly decrease their risk of developing type 2 diabetes. The program meets weekly for 16 weeks and then monthly for the balance of a year. The program teaches participants to make lasting changes by eating healthier, increasing physical activity and managing the challenges that come with lifestyle change.

### How effective is the DPP in reducing the risk of type 2 diabetes?

The DPP has been proven by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to decrease the risk of developing type 2 diabetes by 58 percent for those who lose 5 – 7 percent of their body weight through changes in diet and exercise. The NIH and CDC are independent organizations that offer health information that you may find helpful.

### What's included in the program?

There are many versions of the lifestyle change program, but most include the following components:

- 16 weekly lessons, followed by monthly sessions for the rest of the year
- Lifestyle health coach to help set goals and keep participants on track
- Small group for support and encouragement
- Helpful tools, like wireless scales and fitness trackers

### Who is eligible for the program?

The DPP is a preventive benefit for California's Valued Trust employees and dependents on the medical plan.

### How do employees find out if they qualify?

Employees who are identified as having prediabetes or who score as high risk for developing type 2 diabetes can qualify for the program. Employees should visit [solera4me.com/cvt](https://solera4me.com/cvt) and take a one-minute quiz to see if they qualify.

### If they're qualified, how do employees enroll?

Employees should visit [solera4me.com/cvt](https://solera4me.com/cvt) to learn more about the program and to enroll online, or they can call 844-612-2949 to enroll over the phone. Once enrolled, participants will receive a welcome email from Solera with instructions on how to complete the registration process with their matched DPP provider. Participants must complete the registration process with their DPP provider to begin the program.

### Is there a cost to employees or dependents for participating?

This program is free for all qualified employees and dependents on the medical plan. You may receive an Explanation of Benefits (EOB) for this benefit. No action is necessary if you receive an EOB.

### When will I receive my Fitbit®?

After you have been actively participating for the first four weeks of the program, you will receive an email from Solera with a unique code to redeem your Fitbit\*. Please be sure to talk to your coach about what it means to "actively participate." For technical questions about how to use your Fitbit, contact Fitbit support at [help.fitbit.com/cwsupport](https://help.fitbit.com/cwsupport).

### When should I expect to receive my scale?

If you selected a digital option, you will receive a wireless scale as part of the program. The scale will be shipped once enrollment is complete, typically within five to seven days.

### Who should I contact if I have questions about the program?

Call Solera at 844-612-2949 if you have questions.

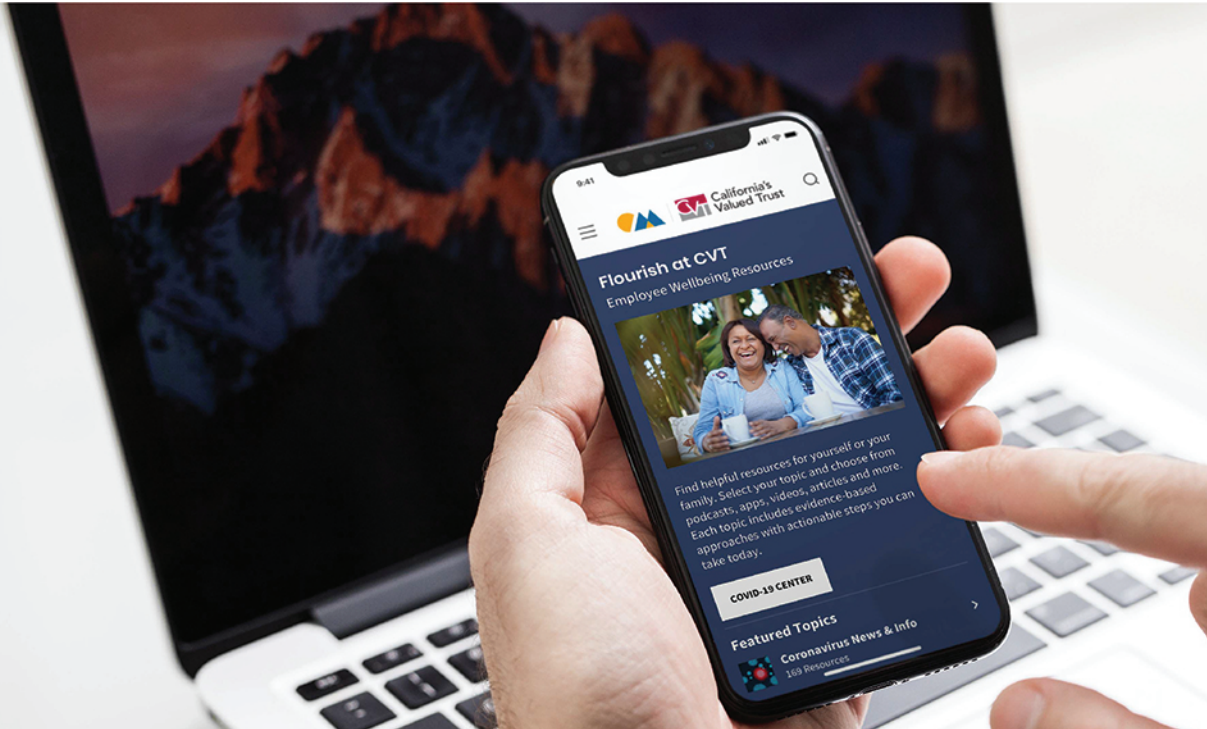


California's  
Valued Trust

In partnership with



CredibleMind



# Enhance your well-being with CredibleMind.

In today's changing world you need a trusted partner in finding the best evidence-based resources for your mental health. CredibleMind combines expert advice and approaches for topics like managing work-life balance to mindfulness to caregiving with podcasts, apps and videos to help you take actionable steps today.



Scan With  
Your Camera



[cvt.crediblemind.com](https://cvt.crediblemind.com)



## Helpful Phone Numbers and Website Addresses

October 1, 2022 – September 30, 2023

CVT Preferred Provider Organization (PPO) Plan with Anthem Blue Cross and CVS/caremark		
California's Valued Trust (CVT) Member Services	(800) 288-9870	<a href="http://www.cvtrust.org">www.cvtrust.org</a>
Anthem Blue Cross Dedicated CVT Claims Unit	(800) 234-4333	<a href="http://www.anthem.com/ca/cvt">www.anthem.com/ca/cvt</a>
Anthem Global Core – Care outside the United States	(800) 810-2583	<a href="http://www.bluecares.com">www.bluecares.com</a>
CVS/caremark Prescription Drug Benefit (Active members and non-Medicare retirees)	(888) 354-6390	<a href="http://www.caremark.com">www.caremark.com</a>
SilverScript Prescription Drug Benefit (Medicare retirees)	(888) 620-1756	<a href="http://www.silverscript.com">www.silverscript.com</a>
AccordantCare Health Management Program (Rare, complex conditions)	(800) 948-2497	<a href="http://www.accordant.com">www.accordant.com</a>
ConsumerMedical – Free, expert medical guidance for any condition (Enter company code CVT)	(888) 361-3944	<a href="http://www.myconsumermedical.com">www.myconsumermedical.com</a>
MDLIVE – 24/7 non-emergency access to doctors, therapists and psychiatrists	(888) 632-2738	<a href="http://www.mdlive.com/cvt">www.mdlive.com/cvt</a>
TruHearing Select Discount Hearing Aid Program	(844) 300-0134	<a href="http://www.truhearing.com/select">www.truhearing.com/select</a>
Beacon Employee Assistance Program (EAP)	(877) 397-1032	<a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a>
Solera4Me Diabetes Prevention Program	(877) 486-0141	<a href="http://www.solera4me.com/cvt">www.solera4me.com/cvt</a>
CVT Health Maintenance Organization (HMO) Plan with Kaiser Permanente		
Kaiser Permanente Member Services – Find a provider assistance, Change Provider, Pharmacy assistance	(800) 464-4000	<a href="http://www.kp.org">www.kp.org</a>
Additional Coverage Information		
Delta Dental of California	(866) 499-3001	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>



## Who Do I Call?

### Call your district office when...

- You have questions regarding your payroll deduction
- You want to know when your coverage will end
- You need to change your address and /or phone number
- You want to add a new family member, i.e.; spouse, domestic partner, newborn, or other eligible dependent
- You need to delete a family member, i.e.; due to divorce, or an overage dependent getting married, or no longer eligible, or death in the family

***(Your district office will forward the paperwork to CVT, when applicable)***

### Call California's Valued Trust (CVT) when...

- You have eligibility questions about yourself or your dependents
- You receive a letter from California's Valued Trust and have questions
- You have retiree health benefit coverage questions
- You have questions about COBRA coverage, (continuing benefit coverage through CVT, after terminating employment)
- You need carrier phone numbers, not listed on your insurance card(s)

***(CVT may need to refer you to another office when appropriate)***

### Call the carrier when...

- Prior authorization is required
- You have coordination of benefits questions
- You have questions on an explanation of benefits (EOB)
- You want to know how much deductible you have, or have met
- You want to know how much towards your maximum you have used
- You are billed or balance billed by a provider of service
- You need the status of a claimFor provider referral

***(i.e.; Anthem Blue Cross, Delta Dental, VSP, or CVS Caremark)***



# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 3B

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District	Payroll Deduction		Pro-rated	Payroll Deduction	
			Medical	Dental	Vision	Medical	Dental	Vision	Total	Cap (100%)	Annual	Monthly
Employee Only	Emp	Emp	12,456.00	649.80	87.36	13,193.16	\$9,127.00	4,066.16	406.62	8,214.30	4,978.86	497.89
Employee Only	Emp+1	Emp+1	12,456.00	1,201.92	162.36	13,820.28	\$9,127.00	4,693.28	469.33	8,214.30	5,605.98	560.60
Employee Only	Family	Family	12,456.00	1,851.00	250.08	14,557.08	\$9,127.00	5,430.08	543.01	8,214.30	6,342.78	634.28
Employee+1 Dependent	Emp	Emp	21,432.00	649.80	87.36	22,169.16	\$15,020.00	7,149.16	714.92	13,518.00	8,651.16	865.12
Employee+1 Dependent	Emp+1	Emp+1	21,432.00	1,201.92	162.36	22,796.28	\$15,020.00	7,776.28	777.63	13,518.00	9,278.28	927.83
Employee+1 Dependent	Family	Family	21,432.00	1,851.00	250.08	23,533.08	\$15,020.00	8,513.08	851.31	13,518.00	10,015.08	1,001.51
Family Coverage	Emp	Emp	27,024.00	649.80	87.36	27,761.16	\$19,127.00	8,634.16	863.42	17,214.30	10,546.86	1,054.69
Family Coverage	Emp+1	Emp+1	27,024.00	1,201.92	162.36	28,388.28	\$19,127.00	9,261.28	926.13	17,214.30	11,173.98	1,117.40
Family Coverage	Family	Family	27,024.00	1,851.00	250.08	29,125.08	\$19,127.00	9,998.08	999.81	17,214.30	11,910.78	1,191.08

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated Cap (80%)	Payroll Deduction		Pro-rated Cap (75%)	Payroll Deduction		Pro-rated Cap (60%)	Payroll Deduction		Pro-rated Cap (50%)	Payroll Deduction	
				Annual	Monthly		Annual	Monthly		Annual	Monthly		Annual	Monthly
Medical	Dental	Vision												
Employee Only	Emp	Emp	7,301.60	5,891.56	589.16	6,845.25	6,347.91	634.79	5,476.20	7,716.96	771.70	4,563.50	8,629.66	862.97
Employee Only	Emp+1	Emp+1	7,301.60	6,518.68	651.87	6,845.25	6,975.03	697.50	5,476.20	8,344.08	834.41	4,563.50	9,256.78	925.68
Employee Only	Family	Family	7,301.60	7,255.48	725.55	6,845.25	7,711.83	771.18	5,476.20	9,080.88	908.09	4,563.50	9,993.58	999.36
Employee+1 Dependent	Emp	Emp	12,016.00	10,153.16	1,015.32	11,265.00	10,904.16	1,090.42	9,012.00	13,157.16	1,315.72	7,510.00	14,659.16	1,465.92
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	10,780.28	1,078.03	11,265.00	11,531.28	1,153.13	9,012.00	13,784.28	1,378.43	7,510.00	15,286.28	1,528.63
Employee+1 Dependent	Family	Family	12,016.00	11,517.08	1,151.71	11,265.00	12,268.08	1,226.81	9,012.00	14,521.08	1,452.11	7,510.00	16,023.08	1,602.31
Family Coverage	Emp	Emp	15,301.60	12,459.56	1,245.96	14,345.25	13,415.91	1,341.59	11,476.20	16,284.96	1,628.50	9,563.50	18,197.66	1,819.77
Family Coverage	Emp+1	Emp+1	15,301.60	13,086.68	1,308.67	14,345.25	14,043.03	1,404.30	11,476.20	16,912.08	1,691.21	9,563.50	18,824.78	1,882.48
Family Coverage	Family	Family	15,301.60	13,823.48	1,382.35	14,345.25	14,779.83	1,477.98	11,476.20	17,648.88	1,764.89	9,563.50	19,561.58	1,956.16

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents.

Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 5B

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
Medical	Dental	Vision	Medical	Dental	Vision	Total	District Cap (100%)	Payroll Deduction		Pro-rated Cap (90%)	Payroll Deduction	
								Annual	Monthly		Annual	Monthly
Employee Only	Emp	Emp	11,844.00	649.80	87.36	12,581.16	\$9,127.00	3,454.16	345.42	8,214.30	4,366.86	436.69
Employee Only	Emp+1	Emp+1	11,844.00	1,201.92	162.36	13,208.28	\$9,127.00	4,081.28	408.13	8,214.30	4,993.98	499.40
Employee Only	Family	Family	11,844.00	1,851.00	250.08	13,945.08	\$9,127.00	4,818.08	481.81	8,214.30	5,730.78	573.08
Employee+1 Dependent	Emp	Emp	20,376.00	649.80	87.36	21,113.16	\$15,020.00	6,093.16	609.32	13,518.00	7,595.16	759.52
Employee+1 Dependent	Emp+1	Emp+1	20,376.00	1,201.92	162.36	21,740.28	\$15,020.00	6,720.28	672.03	13,518.00	8,222.28	822.23
Employee+1 Dependent	Family	Family	20,376.00	1,851.00	250.08	22,477.08	\$15,020.00	7,457.08	745.71	13,518.00	8,959.08	895.91
Family Coverage	Emp	Emp	25,692.00	649.80	87.36	26,429.16	\$19,127.00	7,302.16	730.22	17,214.30	9,214.86	921.49
Family Coverage	Emp+1	Emp+1	25,692.00	1,201.92	162.36	27,056.28	\$19,127.00	7,929.28	792.93	17,214.30	9,841.98	984.20
Family Coverage	Family	Family	25,692.00	1,851.00	250.08	27,793.08	\$19,127.00	8,666.08	866.61	17,214.30	10,578.78	1,057.88

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
Medical	Dental	Vision	Pro-rated Cap (80%)	Payroll Deduction		Pro-rated Cap (75%)	Payroll Deduction		Pro-rated Cap (60%)	Payroll Deduction		Pro-rated Cap (50%)	Payroll Deduction	
				Annual	Monthly		Annual	Monthly		Annual	Monthly		Annual	Monthly
Employee Only	Emp	Emp	7,301.60	5,279.56	527.96	6,845.25	5,735.91	573.59	5,476.20	7,104.96	710.50	4,563.50	8,017.66	801.77
Employee Only	Emp+1	Emp+1	7,301.60	5,906.68	590.67	6,845.25	6,363.03	636.30	5,476.20	7,732.08	773.21	4,563.50	8,644.78	864.48
Employee Only	Family	Family	7,301.60	6,643.48	664.35	6,845.25	7,099.83	709.98	5,476.20	8,468.88	846.89	4,563.50	9,381.58	938.16
Employee+1 Dependent	Emp	Emp	12,016.00	9,097.16	909.72	11,265.00	9,848.16	984.82	9,012.00	12,101.16	1,210.12	7,510.00	13,603.16	1,360.32
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	9,724.28	972.43	11,265.00	10,475.28	1,047.53	9,012.00	12,728.28	1,272.83	7,510.00	14,230.28	1,423.03
Employee+1 Dependent	Family	Family	12,016.00	10,461.08	1,046.11	11,265.00	11,212.08	1,121.21	9,012.00	13,465.08	1,346.51	7,510.00	14,967.08	1,496.71
Family Coverage	Emp	Emp	15,301.60	11,127.56	1,112.76	14,345.25	12,083.91	1,208.39	11,476.20	14,952.96	1,495.30	9,563.50	16,865.66	1,686.57
Family Coverage	Emp+1	Emp+1	15,301.60	11,754.68	1,175.47	14,345.25	12,711.03	1,271.10	11,476.20	15,580.08	1,558.01	9,563.50	17,492.78	1,749.28
Family Coverage	Family	Family	15,301.60	12,491.48	1,249.15	14,345.25	13,447.83	1,344.78	11,476.20	16,316.88	1,631.69	9,563.50	18,229.58	1,822.96

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents.

Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 7B

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District Cap (100%)	Payroll Deduction		Pro-rated Cap (90%)	Payroll Deduction	
								Annual	Monthly		Annual	Monthly
Medical	Dental	Vision	Medical	Dental	Vision	Total						
Employee Only	Emp	Emp	10,920.00	649.80	87.36	11,657.16	\$9,127.00	2,530.16	253.02	8,214.30	3,442.86	344.29
Employee Only	Emp+1	Emp+1	10,920.00	1,201.92	162.36	12,284.28	\$9,127.00	3,157.28	315.73	8,214.30	4,069.98	407.00
Employee Only	Family	Family	10,920.00	1,851.00	250.08	13,021.08	\$9,127.00	3,894.08	389.41	8,214.30	4,806.78	480.68
Employee+1 Dependent	Emp	Emp	18,780.00	649.80	87.36	19,517.16	\$15,020.00	4,497.16	449.72	13,518.00	5,999.16	599.92
Employee+1 Dependent	Emp+1	Emp+1	18,780.00	1,201.92	162.36	20,144.28	\$15,020.00	5,124.28	512.43	13,518.00	6,626.28	662.63
Employee+1 Dependent	Family	Family	18,780.00	1,851.00	250.08	20,881.08	\$15,020.00	5,861.08	586.11	13,518.00	7,363.08	736.31
Family Coverage	Emp	Emp	23,688.00	649.80	87.36	24,425.16	\$19,127.00	5,298.16	529.82	17,214.30	7,210.86	721.09
Family Coverage	Emp+1	Emp+1	23,688.00	1,201.92	162.36	25,052.28	\$19,127.00	5,925.28	592.53	17,214.30	7,837.98	783.80
Family Coverage	Family	Family	23,688.00	1,851.00	250.08	25,789.08	\$19,127.00	6,662.08	666.21	17,214.30	8,574.78	857.48

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated Cap (80%)	Payroll Deduction		Pro-rated Cap (75%)	Payroll Deduction		Pro-rated Cap (60%)	Payroll Deduction		Pro-rated Cap (50%)	Payroll Deduction	
				Annual	Monthly		Annual	Monthly		Annual	Monthly		Annual	Monthly
Medical	Dental	Vision												
Employee Only	Emp	Emp	7,301.60	4,355.56	435.56	6,845.25	4,811.91	481.19	5,476.20	6,180.96	618.10	4,563.50	7,093.66	709.37
Employee Only	Emp+1	Emp+1	7,301.60	4,982.68	498.27	6,845.25	5,439.03	543.90	5,476.20	6,808.08	680.81	4,563.50	7,720.78	772.08
Employee Only	Family	Family	7,301.60	5,719.48	571.95	6,845.25	6,175.83	617.58	5,476.20	7,544.88	754.49	4,563.50	8,457.58	845.76
Employee+1 Dependent	Emp	Emp	12,016.00	7,501.16	750.12	11,265.00	8,252.16	825.22	9,012.00	10,505.16	1,050.52	7,510.00	12,007.16	1,200.72
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	8,128.28	812.83	11,265.00	8,879.28	887.93	9,012.00	11,132.28	1,113.23	7,510.00	12,634.28	1,263.43
Employee+1 Dependent	Family	Family	12,016.00	8,865.08	886.51	11,265.00	9,616.08	961.61	9,012.00	11,869.08	1,186.91	7,510.00	13,371.08	1,337.11
Family Coverage	Emp	Emp	15,301.60	9,123.56	912.36	14,345.25	10,079.91	1,007.99	11,476.20	12,948.96	1,294.90	9,563.50	14,861.66	1,486.17
Family Coverage	Emp+1	Emp+1	15,301.60	9,750.68	975.07	14,345.25	10,707.03	1,070.70	11,476.20	13,576.08	1,357.61	9,563.50	15,488.78	1,548.88
Family Coverage	Family	Family	15,301.60	10,487.48	1,048.75	14,345.25	11,443.83	1,144.38	11,476.20	14,312.88	1,431.29	9,563.50	16,225.58	1,622.56

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross PPO Plan 10B

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District	Payroll Deduction		Pro-rated	Payroll Deduction	
							Cap (100%)	Annual	Monthly	Cap (90%)	Annual	Monthly
Medical	Dental	Vision	Medical	Dental	Vision	Total						
Employee Only	Emp	Emp	7,692.00	649.80	87.36	8,429.16	\$9,127.00	0.00	0.00	8,214.30	214.86	21.49
Employee Only	Emp+1	Emp+1	7,692.00	1,201.92	162.36	9,056.28	\$9,127.00	0.00	0.00	8,214.30	841.98	84.20
Employee Only	Family	Family	7,692.00	1,851.00	250.08	9,793.08	\$9,127.00	666.08	66.61	8,214.30	1,578.78	157.88
Employee+1 Dependent	Emp	Emp	13,236.00	649.80	87.36	13,973.16	\$15,020.00	0.00	0.00	13,518.00	455.16	45.52
Employee+1 Dependent	Emp+1	Emp+1	13,236.00	1,201.92	162.36	14,600.28	\$15,020.00	0.00	0.00	13,518.00	1,082.28	108.23
Employee+1 Dependent	Family	Family	13,236.00	1,851.00	250.08	15,337.08	\$15,020.00	317.08	31.71	13,518.00	1,819.08	181.91
Family Coverage	Emp	Emp	16,692.00	649.80	87.36	17,429.16	\$19,127.00	0.00	0.00	17,214.30	214.86	21.49
Family Coverage	Emp+1	Emp+1	16,692.00	1,201.92	162.36	18,056.28	\$19,127.00	0.00	0.00	17,214.30	841.98	84.20
Family Coverage	Family	Family	16,692.00	1,851.00	250.08	18,793.08	\$19,127.00	0.00	0.00	17,214.30	1,578.78	157.88

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction	
			Cap (80%)	Annual	Monthly	Cap (75%)	Annual	Monthly	Cap (60%)	Annual	Monthly	Cap (50%)	Annual	Monthly
Medical	Dental	Vision												
Employee Only	Emp	Emp	7,301.60	1,127.56	112.76	6,845.25	1,583.91	158.39	5,476.20	2,952.96	295.30	4,563.50	3,865.66	386.57
Employee Only	Emp+1	Emp+1	7,301.60	1,754.68	175.47	6,845.25	2,211.03	221.10	5,476.20	3,580.08	358.01	4,563.50	4,492.78	449.28
Employee Only	Family	Family	7,301.60	2,491.48	249.15	6,845.25	2,947.83	294.78	5,476.20	4,316.88	431.69	4,563.50	5,229.58	522.96
Employee+1 Dependent	Emp	Emp	12,016.00	1,957.16	195.72	11,265.00	2,708.16	270.82	9,012.00	4,961.16	496.12	7,510.00	6,463.16	646.32
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	2,584.28	258.43	11,265.00	3,335.28	333.53	9,012.00	5,588.28	558.83	7,510.00	7,090.28	709.03
Employee+1 Dependent	Family	Family	12,016.00	3,321.08	332.11	11,265.00	4,072.08	407.21	9,012.00	6,325.08	632.51	7,510.00	7,827.08	782.71
Family Coverage	Emp	Emp	15,301.60	2,127.56	212.76	14,345.25	3,083.91	308.39	11,476.20	5,952.96	595.30	9,563.50	7,865.66	786.57
Family Coverage	Emp+1	Emp+1	15,301.60	2,754.68	275.47	14,345.25	3,711.03	371.10	11,476.20	6,580.08	658.01	9,563.50	8,492.78	849.28
Family Coverage	Family	Family	15,301.60	3,491.48	349.15	14,345.25	4,447.83	444.78	11,476.20	7,316.88	731.69	9,563.50	9,229.58	922.96

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## CVT Bronze Plan

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District	Payroll Deduction		Pro-rated	Payroll Deduction	
								Annual	Monthly		Annual	Monthly
Medical	Dental	Vision	Medical	Dental	Vision	Total	Cap (100%)			Cap (90%)		
Employee Only	Emp	Emp	6,192.00	649.80	87.36	6,929.16	\$9,127.00	0.00	0.00	8,214.30	0.00	0.00
Employee Only	Emp+1	Emp+1	6,192.00	1,201.92	162.36	7,556.28	\$9,127.00	0.00	0.00	8,214.30	0.00	0.00
Employee Only	Family	Family	6,192.00	1,851.00	250.08	8,293.08	\$9,127.00	0.00	0.00	8,214.30	78.78	7.88
Employee+1 Dependent	Emp	Emp	10,644.00	649.80	87.36	11,381.16	\$15,020.00	0.00	0.00	13,518.00	0.00	0.00
Employee+1 Dependent	Emp+1	Emp+1	10,644.00	1,201.92	162.36	12,008.28	\$15,020.00	0.00	0.00	13,518.00	0.00	0.00
Employee+1 Dependent	Family	Family	10,644.00	1,851.00	250.08	12,745.08	\$15,020.00	0.00	0.00	13,518.00	0.00	0.00
Family Coverage	Emp	Emp	13,428.00	649.80	87.36	14,165.16	\$19,127.00	0.00	0.00	17,214.30	0.00	0.00
Family Coverage	Emp+1	Emp+1	13,428.00	1,201.92	162.36	14,792.28	\$19,127.00	0.00	0.00	17,214.30	0.00	0.00
Family Coverage	Family	Family	13,428.00	1,851.00	250.08	15,529.08	\$19,127.00	0.00	0.00	17,214.30	0.00	0.00

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated		Payroll Deduction	Pro-rated		Payroll Deduction	Pro-rated		Payroll Deduction	Pro-rated		Payroll Deduction
			Cap (80%)	Annual	Monthly	Cap (75%)	Annual	Monthly	Cap (60%)	Annual	Monthly	Cap (50%)	Annual	Monthly
Medical	Dental	Vision												
Employee Only	Emp	Emp	7,301.60	0.00	0.00	6,845.25	83.91	8.39	5,476.20	1,452.96	145.30	4,563.50	2,365.66	236.57
Employee Only	Emp+1	Emp+1	7,301.60	254.68	25.47	6,845.25	711.03	71.10	5,476.20	2,080.08	208.01	4,563.50	2,992.78	299.28
Employee Only	Family	Family	7,301.60	991.48	99.15	6,845.25	1,447.83	144.78	5,476.20	2,816.88	281.69	4,563.50	3,729.58	372.96
Employee+1 Dependent	Emp	Emp	12,016.00	0.00	0.00	11,265.00	116.16	11.62	9,012.00	2,369.16	236.92	7,510.00	3,871.16	387.12
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	0.00	0.00	11,265.00	743.28	74.33	9,012.00	2,996.28	299.63	7,510.00	4,498.28	449.83
Employee+1 Dependent	Family	Family	12,016.00	729.08	72.91	11,265.00	1,480.08	148.01	9,012.00	3,733.08	373.31	7,510.00	5,235.08	523.51
Family Coverage	Emp	Emp	15,301.60	0.00	0.00	14,345.25	0.00	0.00	11,476.20	2,688.96	268.90	9,563.50	4,601.66	460.17
Family Coverage	Emp+1	Emp+1	15,301.60	0.00	0.00	14,345.25	447.03	44.70	11,476.20	3,316.08	331.61	9,563.50	5,228.78	522.88
Family Coverage	Family	Family	15,301.60	227.48	22.75	14,345.25	1,183.83	118.38	11,476.20	4,052.88	405.29	9,563.50	5,965.58	596.56

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Anthem Blue Cross Wellness PPO Plan 1 RxC

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District	Payroll Deduction		Pro-rated	Payroll Deduction	
Medical	Dental	Vision	Medical	Dental	Vision	Total	Cap (100%)	Annual	Monthly	Cap (90%)	Annual	Monthly
Employee Only	Emp	Emp	11,160.00	649.80	87.36	11,897.16	\$9,127.00	2,770.16	277.02	8,214.30	3,682.86	368.29
Employee Only	Emp+1	Emp+1	11,160.00	1,201.92	162.36	12,524.28	\$9,127.00	3,397.28	339.73	8,214.30	4,309.98	431.00
Employee Only	Family	Family	11,160.00	1,851.00	250.08	13,261.08	\$9,127.00	4,134.08	413.41	8,214.30	5,046.78	504.68
Employee+1 Dependent	Emp	Emp	19,200.00	649.80	87.36	19,937.16	\$15,020.00	4,917.16	491.72	13,518.00	6,419.16	641.92
Employee+1 Dependent	Emp+1	Emp+1	19,200.00	1,201.92	162.36	20,564.28	\$15,020.00	5,544.28	554.43	13,518.00	7,046.28	704.63
Employee+1 Dependent	Family	Family	19,200.00	1,851.00	250.08	21,301.08	\$15,020.00	6,281.08	628.11	13,518.00	7,783.08	778.31
Family Coverage	Emp	Emp	24,228.00	649.80	87.36	24,965.16	\$19,127.00	5,838.16	583.82	17,214.30	7,750.86	775.09
Family Coverage	Emp+1	Emp+1	24,228.00	1,201.92	162.36	25,592.28	\$19,127.00	6,465.28	646.53	17,214.30	8,377.98	837.80
Family Coverage	Family	Family	24,228.00	1,851.00	250.08	26,329.08	\$19,127.00	7,202.08	720.21	17,214.30	9,114.78	911.48

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction	
Medical	Dental	Vision	Cap (80%)	Annual	Monthly	Cap (75%)	Annual	Monthly	Cap (60%)	Annual	Monthly	Cap (50%)	Annual	Monthly
Employee Only	Emp	Emp	7,301.60	4,595.56	459.56	6,845.25	5,051.91	505.19	5,476.20	6,420.96	642.10	4,563.50	7,333.66	733.37
Employee Only	Emp+1	Emp+1	7,301.60	5,222.68	522.27	6,845.25	5,679.03	567.90	5,476.20	7,048.08	704.81	4,563.50	7,960.78	796.08
Employee Only	Family	Family	7,301.60	5,959.48	595.95	6,845.25	6,415.83	641.58	5,476.20	7,784.88	778.49	4,563.50	8,697.58	869.76
Employee+1 Dependent	Emp	Emp	12,016.00	7,921.16	792.12	11,265.00	8,672.16	867.22	9,012.00	10,925.16	1,092.52	7,510.00	12,427.16	1,242.72
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	8,548.28	854.83	11,265.00	9,299.28	929.93	9,012.00	11,552.28	1,155.23	7,510.00	13,054.28	1,305.43
Employee+1 Dependent	Family	Family	12,016.00	9,285.08	928.51	11,265.00	10,036.08	1,003.61	9,012.00	12,289.08	1,228.91	7,510.00	13,791.08	1,379.11
Family Coverage	Emp	Emp	15,301.60	9,663.56	966.36	14,345.25	10,619.91	1,061.99	11,476.20	13,488.96	1,348.90	9,563.50	15,401.66	1,540.17
Family Coverage	Emp+1	Emp+1	15,301.60	10,290.68	1,029.07	14,345.25	11,247.03	1,124.70	11,476.20	14,116.08	1,411.61	9,563.50	16,028.78	1,602.88
Family Coverage	Family	Family	15,301.60	11,027.48	1,102.75	14,345.25	11,983.83	1,198.38	11,476.20	14,852.88	1,485.29	9,563.50	16,765.58	1,676.56

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.



# CVT Benefits Plan

## Anthem Blue Cross PPO HDHP 1 Rx H1

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District Cap (100%)	Payroll Deduction		Pro-rated Cap (90%)	Payroll Deduction	
Medical	Dental	Vision	Medical	Dental	Vision	Total		Annual	Monthly		Annual	Monthly
Employee Only	Emp	Emp	7,488.00	649.80	87.36	8,225.16	\$9,127.00	0.00	0.00	8,214.30	10.86	1.09
Employee Only	Emp+1	Emp+1	7,488.00	1,201.92	162.36	8,852.28	\$9,127.00	0.00	0.00	8,214.30	637.98	63.80
Employee Only	Family	Family	7,488.00	1,851.00	250.08	9,589.08	\$9,127.00	462.08	46.21	8,214.30	1,374.78	137.48
Employee+1 Dependent	Emp	Emp	12,876.00	649.80	87.36	13,613.16	\$15,020.00	0.00	0.00	13,518.00	95.16	9.52
Employee+1 Dependent	Emp+1	Emp+1	12,876.00	1,201.92	162.36	14,240.28	\$15,020.00	0.00	0.00	13,518.00	722.28	72.23
Employee+1 Dependent	Family	Family	12,876.00	1,851.00	250.08	14,977.08	\$15,020.00	0.00	0.00	13,518.00	1,459.08	145.91
Family Coverage	Emp	Emp	16,248.00	649.80	87.36	16,985.16	\$19,127.00	0.00	0.00	17,214.30	0.00	0.00
Family Coverage	Emp+1	Emp+1	16,248.00	1,201.92	162.36	17,612.28	\$19,127.00	0.00	0.00	17,214.30	397.98	39.80
Family Coverage	Family	Family	16,248.00	1,851.00	250.08	18,349.08	\$19,127.00	0.00	0.00	17,214.30	1,134.78	113.48

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated Cap (80%)	Payroll Deduction		Pro-rated Cap (75%)	Payroll Deduction		Pro-rated Cap (60%)	Payroll Deduction		Pro-rated Cap (50%)	Payroll Deduction	
Medical	Dental	Vision		Annual	Monthly		Annual	Monthly		Annual	Monthly		Annual	Monthly
Employee Only	Emp	Emp	7,301.60	923.56	92.36	6,845.25	1,379.91	137.99	5,476.20	2,748.96	274.90	4,563.50	3,661.66	366.17
Employee Only	Emp+1	Emp+1	7,301.60	1,550.68	155.07	6,845.25	2,007.03	200.70	5,476.20	3,376.08	337.61	4,563.50	4,288.78	428.88
Employee Only	Family	Family	7,301.60	2,287.48	228.75	6,845.25	2,743.83	274.38	5,476.20	4,112.88	411.29	4,563.50	5,025.58	502.56
Employee+1 Dependent	Emp	Emp	12,016.00	1,597.16	159.72	11,265.00	2,348.16	234.82	9,012.00	4,601.16	460.12	7,510.00	6,103.16	610.32
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	2,224.28	222.43	11,265.00	2,975.28	297.53	9,012.00	5,228.28	522.83	7,510.00	6,730.28	673.03
Employee+1 Dependent	Family	Family	12,016.00	2,961.08	296.11	11,265.00	3,712.08	371.21	9,012.00	5,965.08	596.51	7,510.00	7,467.08	746.71
Family Coverage	Emp	Emp	15,301.60	1,683.56	168.36	14,345.25	2,639.91	263.99	11,476.20	5,508.96	550.90	9,563.50	7,421.66	742.17
Family Coverage	Emp+1	Emp+1	15,301.60	2,310.68	231.07	14,345.25	3,267.03	326.70	11,476.20	6,136.08	613.61	9,563.50	8,048.78	804.88
Family Coverage	Family	Family	15,301.60	3,047.48	304.75	14,345.25	4,003.83	400.38	11,476.20	6,872.88	687.29	9,563.50	8,785.58	878.56

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.



# CVT Benefits Plan

## Kaiser HMO Plan 1 (with Chiropractic and Vision Exam (without Lenses))

### 2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District	Payroll Deduction		Pro-rated	Payroll Deduction	
Medical	Dental	Vision	Medical	Dental	Vision	Total	Cap (100%)	Annual	Monthly	Cap (90%)	Annual	Monthly
Employee Only	Emp	Emp	8,581.92	649.80	87.36	9,319.08	\$9,127.00	192.08	19.21	8,214.30	1,104.78	110.48
Employee Only	Emp+1	Emp+1	8,581.92	1,201.92	162.36	9,946.20	\$9,127.00	819.20	81.92	8,214.30	1,731.90	173.19
Employee Only	Family	Family	8,581.92	1,851.00	250.08	10,683.00	\$9,127.00	1,556.00	155.60	8,214.30	2,468.70	246.87
Employee+1 Dependent	Emp	Emp	14,775.72	649.80	87.36	15,512.88	\$15,020.00	492.88	49.29	13,518.00	1,994.88	199.49
Employee+1 Dependent	Emp+1	Emp+1	14,775.72	1,201.92	162.36	16,140.00	\$15,020.00	1,120.00	112.00	13,518.00	2,622.00	262.20
Employee+1 Dependent	Family	Family	14,775.72	1,851.00	250.08	16,876.80	\$15,020.00	1,856.80	185.68	13,518.00	3,358.80	335.88
Family Coverage	Emp	Emp	18,658.08	649.80	87.36	19,395.24	\$19,127.00	268.24	26.82	17,214.30	2,180.94	218.09
Family Coverage	Emp+1	Emp+1	18,658.08	1,201.92	162.36	20,022.36	\$19,127.00	895.36	89.54	17,214.30	2,808.06	280.81
Family Coverage	Family	Family	18,658.08	1,851.00	250.08	20,759.16	\$19,127.00	1,632.16	163.22	17,214.30	3,544.86	354.49

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction	
Medical	Dental	Vision	Cap (80%)	Annual	Monthly	Cap (75%)	Annual	Monthly	Cap (60%)	Annual	Monthly	Cap (50%)	Annual	Monthly
Employee Only	Emp	Emp	7,301.60	2,017.48	201.75	6,845.25	2,473.83	247.38	5,476.20	3,842.88	384.29	4,563.50	4,755.58	475.56
Employee Only	Emp+1	Emp+1	7,301.60	2,644.60	264.46	6,845.25	3,100.95	310.10	5,476.20	4,470.00	447.00	4,563.50	5,382.70	538.27
Employee Only	Family	Family	7,301.60	3,381.40	338.14	6,845.25	3,837.75	383.78	5,476.20	5,206.80	520.68	4,563.50	6,119.50	611.95
Employee+1 Dependent	Emp	Emp	12,016.00	3,496.88	349.69	11,265.00	4,247.88	424.79	9,012.00	6,500.88	650.09	7,510.00	8,002.88	800.29
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	4,124.00	412.40	11,265.00	4,875.00	487.50	9,012.00	7,128.00	712.80	7,510.00	8,630.00	863.00
Employee+1 Dependent	Family	Family	12,016.00	4,860.80	486.08	11,265.00	5,611.80	561.18	9,012.00	7,864.80	786.48	7,510.00	9,366.80	936.68
Family Coverage	Emp	Emp	15,301.60	4,093.64	409.36	14,345.25	5,049.99	505.00	11,476.20	7,919.04	791.90	9,563.50	9,831.74	983.17
Family Coverage	Emp+1	Emp+1	15,301.60	4,720.76	472.08	14,345.25	5,677.11	567.71	11,476.20	8,546.16	854.62	9,563.50	10,458.86	1,045.89
Family Coverage	Family	Family	15,301.60	5,457.56	545.76	14,345.25	6,413.91	641.39	11,476.20	9,282.96	928.30	9,563.50	11,195.66	1,119.57

#### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Kaiser HMO Plan 2 (with Chiropractic and Vision Exam (without Lenses))

**2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees**

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District	Payroll Deduction		Pro-rated	Payroll Deduction	
							Cap (100%)	Annual	Monthly	Cap (90%)	Annual	Monthly
Medical	Dental	Vision	Medical	Dental	Vision	Total						
Employee Only	Emp	Emp	8,353.92	649.80	87.36	9,091.08	\$9,127.00	0.00	0.00	8,214.30	876.78	87.68
Employee Only	Emp+1	Emp+1	8,353.92	1,201.92	162.36	9,718.20	\$9,127.00	591.20	59.12	8,214.30	1,503.90	150.39
Employee Only	Family	Family	8,353.92	1,851.00	250.08	10,455.00	\$9,127.00	1,328.00	132.80	8,214.30	2,240.70	224.07
Employee+1 Dependent	Emp	Emp	14,367.72	649.80	87.36	15,104.88	\$15,020.00	84.88	8.49	13,518.00	1,586.88	158.69
Employee+1 Dependent	Emp+1	Emp+1	14,367.72	1,201.92	162.36	15,732.00	\$15,020.00	712.00	71.20	13,518.00	2,214.00	221.40
Employee+1 Dependent	Family	Family	14,367.72	1,851.00	250.08	16,468.80	\$15,020.00	1,448.80	144.88	13,518.00	2,950.80	295.08
Family Coverage	Emp	Emp	18,154.08	649.80	87.36	18,891.24	\$19,127.00	0.00	0.00	17,214.30	1,676.94	167.69
Family Coverage	Emp+1	Emp+1	18,154.08	1,201.92	162.36	19,518.36	\$19,127.00	391.36	39.14	17,214.30	2,304.06	230.41
Family Coverage	Family	Family	18,154.08	1,851.00	250.08	20,255.16	\$19,127.00	1,128.16	112.82	17,214.30	3,040.86	304.09

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction		Pro-rated	Payroll Deduction	
			Cap (80%)	Annual	Monthly	Cap (75%)	Annual	Monthly	Cap (60%)	Annual	Monthly	Cap (50%)	Annual	Monthly
Medical	Dental	Vision												
Employee Only	Emp	Emp	7,301.60	1,789.48	178.95	6,845.25	2,245.83	224.58	5,476.20	3,614.88	361.49	4,563.50	4,527.58	452.76
Employee Only	Emp+1	Emp+1	7,301.60	2,416.60	241.66	6,845.25	2,872.95	287.30	5,476.20	4,242.00	424.20	4,563.50	5,154.70	515.47
Employee Only	Family	Family	7,301.60	3,153.40	315.34	6,845.25	3,609.75	360.98	5,476.20	4,978.80	497.88	4,563.50	5,891.50	589.15
Employee+1 Dependent	Emp	Emp	12,016.00	3,088.88	308.89	11,265.00	3,839.88	383.99	9,012.00	6,092.88	609.29	7,510.00	7,594.88	759.49
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	3,716.00	371.60	11,265.00	4,467.00	446.70	9,012.00	6,720.00	672.00	7,510.00	8,222.00	822.20
Employee+1 Dependent	Family	Family	12,016.00	4,452.80	445.28	11,265.00	5,203.80	520.38	9,012.00	7,456.80	745.68	7,510.00	8,958.80	895.88
Family Coverage	Emp	Emp	15,301.60	3,589.64	358.96	14,345.25	4,545.99	454.60	11,476.20	7,415.04	741.50	9,563.50	9,327.74	932.77
Family Coverage	Emp+1	Emp+1	15,301.60	4,216.76	421.68	14,345.25	5,173.11	517.31	11,476.20	8,042.16	804.22	9,563.50	9,954.86	995.49
Family Coverage	Family	Family	15,301.60	4,953.56	495.36	14,345.25	5,909.91	590.99	11,476.20	8,778.96	877.90	9,563.50	10,691.66	1,069.17

### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.

# CVT Benefits Plan

## Kaiser HMO Plan 6 (with Chiropractic and Vision Exam (includes Lenses))

2022-23 Health Benefits Cap & Estimated Payroll Deductions for Full Time & Part-Time Administration, Certificated & Classified Employees

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			THE COST OF PREMIUMS WILL BE:				1.0 FTE PAYROLL DEDUCTION			0.9 FTE PAYROLL DEDUCTION		
							District Cap (100%)	Payroll Deduction		Pro-rated Cap (90%)	Payroll Deduction	
								Annual	Monthly		Annual	Monthly
Medical	Dental	Vision	Medical	Dental	Vision	Total						
Employee Only	Emp	Emp	8,029.92	649.80	87.36	8,767.08	\$9,127.00	0.00	0.00	8,214.30	552.78	55.28
Employee Only	Emp+1	Emp+1	8,029.92	1,201.92	162.36	9,394.20	\$9,127.00	267.20	26.72	8,214.30	1,179.90	117.99
Employee Only	Family	Family	8,029.92	1,851.00	250.08	10,131.00	\$9,127.00	1,004.00	100.40	8,214.30	1,916.70	191.67
Employee+1 Dependent	Emp	Emp	13,815.72	649.80	87.36	14,552.88	\$15,020.00	0.00	0.00	13,518.00	1,034.88	103.49
Employee+1 Dependent	Emp+1	Emp+1	13,815.72	1,201.92	162.36	15,180.00	\$15,020.00	160.00	16.00	13,518.00	1,662.00	166.20
Employee+1 Dependent	Family	Family	13,815.72	1,851.00	250.08	15,916.80	\$15,020.00	896.80	89.68	13,518.00	2,398.80	239.88
Family Coverage	Emp	Emp	17,446.08	649.80	87.36	18,183.24	\$19,127.00	0.00	0.00	17,214.30	968.94	96.89
Family Coverage	Emp+1	Emp+1	17,446.08	1,201.92	162.36	18,810.36	\$19,127.00	0.00	0.00	17,214.30	1,596.06	159.61
Family Coverage	Family	Family	17,446.08	1,851.00	250.08	19,547.16	\$19,127.00	420.16	42.02	17,214.30	2,332.86	233.29

IF YOU SELECT THIS LEVEL OF HEALTH BENEFIT COVERAGE FOR YOURSELF AND DEPENDENTS:			0.8 FTE PAYROLL DEDUCTION			0.75 FTE PAYROLL DEDUCTION			0.60 FTE PAYROLL DEDUCTION			0.50 FTE PAYROLL DEDUCTION		
			Pro-rated Cap (80%)	Payroll Deduction		Pro-rated Cap (75%)	Payroll Deduction		Pro-rated Cap (60%)	Payroll Deduction		Pro-rated Cap (50%)	Payroll Deduction	
				Annual	Monthly		Annual	Monthly		Annual	Monthly		Annual	Monthly
Medical	Dental	Vision												
Employee Only	Emp	Emp	7,301.60	1,465.48	146.55	6,845.25	1,921.83	192.18	5,476.20	3,290.88	329.09	4,563.50	4,203.58	420.36
Employee Only	Emp+1	Emp+1	7,301.60	2,092.60	209.26	6,845.25	2,548.95	254.90	5,476.20	3,918.00	391.80	4,563.50	4,830.70	483.07
Employee Only	Family	Family	7,301.60	2,829.40	282.94	6,845.25	3,285.75	328.58	5,476.20	4,654.80	465.48	4,563.50	5,567.50	556.75
Employee+1 Dependent	Emp	Emp	12,016.00	2,536.88	253.69	11,265.00	3,287.88	328.79	9,012.00	5,540.88	554.09	7,510.00	7,042.88	704.29
Employee+1 Dependent	Emp+1	Emp+1	12,016.00	3,164.00	316.40	11,265.00	3,915.00	391.50	9,012.00	6,168.00	616.80	7,510.00	7,670.00	767.00
Employee+1 Dependent	Family	Family	12,016.00	3,900.80	390.08	11,265.00	4,651.80	465.18	9,012.00	6,904.80	690.48	7,510.00	8,406.80	840.68
Family Coverage	Emp	Emp	15,301.60	2,881.64	288.16	14,345.25	3,837.99	383.80	11,476.20	6,707.04	670.70	9,563.50	8,619.74	861.97
Family Coverage	Emp+1	Emp+1	15,301.60	3,508.76	350.88	14,345.25	4,465.11	446.51	11,476.20	7,334.16	733.42	9,563.50	9,246.86	924.69
Family Coverage	Family	Family	15,301.60	4,245.56	424.56	14,345.25	5,201.91	520.19	11,476.20	8,070.96	807.10	9,563.50	9,983.66	998.37

### NOTES:

**Benefits Cap:** The District benefits cap allocation for 2022-23 is a three-tiered sliding cap. The cap is determined by the number of enrolled (the employee plus any dependents) in a medical plan (Blue Cross PPOs or Kaiser HMOs). The cap is \$9,127 for employee-only medical coverage, \$15,020 for employee plus one dependent, \$19,127 for employee plus two or more dependents. Eligible part-time employees receive a pro-rata share of the annual allowance. A monthly payroll deduction will be taken September through June for employees who select a plan that exceeds the selected cap.

**Eligible Part-Time Employees:** Eligible part-time employees are those who work 0.5 FTE or greater.