



California's
Valued Trust

Healthcare Benefits for the
Education Community



LANCASTER SCHOOL DISTRICT - CERTIFICATED
Health & Welfare Benefits
October 2023 - September 2024





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California's
Valued Trust

Medical Plans

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

Lancaster SD - CERTIFICATED

October 1, 2023 - September 30, 2024

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx B	PPO 7, Rx C
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	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
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	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
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	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

BENEFIT	PPO 1, Rx A		PPO 3, Rx A		PPO 4, Rx B		PPO 7, Rx C	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelton	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (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 Alight 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.

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

Lancaster SD - CERTIFICATED

October 1, 2023 - September 30, 2024

BENEFIT	PPO Wellness, Rx C	PPO HDHP 1	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,500 Family: \$3,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$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
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Paid at 90%* after deductible is met	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Acupuncture	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
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (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)
Urgent Care	\$20 Copay	Paid at 90%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 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	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 90%* after deductible is met	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order 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 Alight 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.



2023-24 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, 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**.



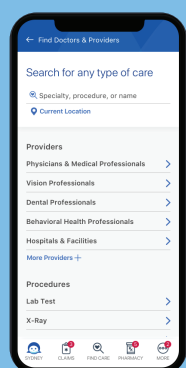
Connect with the care that's right for you

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.

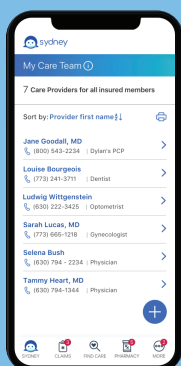
How to use Find Care

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:



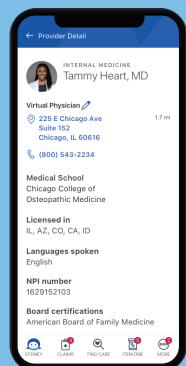
1

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



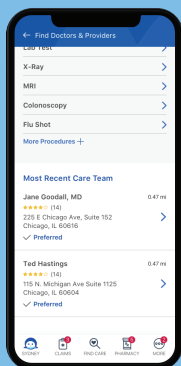
2

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. 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.



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 Blue Shield of California and CVS/caremark

Lancaster SD - CERTIFICATED, CLASSIFIED

October 1, 2023 - September 30, 2024

BENEFIT	HMO 2, Rx B	
Calendar Year Deductible	\$0	
Coinsurance	Paid at 100%*	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	
Doctor Visits	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay with PCP referral; \$30 Copay Access+ Specialist option ⁽⁷⁾	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Laboratory	Paid at 100%*	
Outpatient Radiology	Doctor Visit - \$15 Copay Outpatient - Paid in full	
Durable Medical Equipment	Paid at 100%*	
Ambulance - Ground / Air	\$100 Copay	
Physical Therapy	\$15 Per Visit	
Chiropractic	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) ⁽⁶⁾	
Acupuncture	Not Covered	
Outpatient Surgery	\$100 for Ambulatory Surgical Center \$150 for OutPatient Hospital	
Hospital Inpatient	Physician paid at 100%* Inpatient facility services - \$250 copay per admission Skilled Nursing - \$50 per day copay; Semi private room	
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient)	
Urgent Care	\$15 Copay	
Home Health Care	\$15 Per Visit (limited to 100 visits per calendar year)	
Telehealth	Paid at 100% for non-emergency care, call Teladoc 24/7 at (800) 835-2362	
Medical Decision Support	N/A	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)

Blue Shield HMO Plans:

*** For Covered Expenses Only**

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications for prescription plans A, B, C (includes Wellness), D, ValuRx, and the Bronze Plan.

(6) Chiropractic benefits are offered through ASH.

(7) To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

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



It's easy to find a doctor online

Follow the instructions below for 24/7 access to the most up-to-date listings of primary care physicians (PCPs), specialists and hospitals.

Find doctors and hospitals in California

- Access+ HMO® plan: Go to blueshieldca.com/networkhmo
- Trio HMO plan: Go to blueshieldca.com/networktriohmo

How to find your PCP's ID number

You may need your selected PCP's ID number when you enroll in an HMO plan for the first time. To find this number, search for your doctor using our Find a Doctor tool. Then, click on your doctor's name and select View details under "Primary Care Physician ID."

Have questions?

If you have any questions about the Trio HMO plan, call Shield Concierge at **(855) 747-5800**, 7 a.m. to 7 p.m. PST, Monday through Friday. For the other plans, call Member Services at **(855) 256-9404**, 7 a.m. to 7 p.m. PST, Monday through Friday.

Local Access+ HMO and Access+ HMO are registered trademarks of Blue Shield of California. Shield Spectrum PPO, Added Advantage POS and Access+ SaveNet plan are service marks of Blue Shield of California.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

CVT HMO Health Plans with Kaiser Permanente

Lancaster SD - CERTIFICATED

October 1, 2023 - September 30, 2024

BENEFIT	HMO 1 w/Chiro	HMO 2 w/Chiro	HMO 3 w/Chiro	HMO 7 w/Chiro	HMO Wellness w/Chiro
Calendar Year Deductible	\$0	\$0	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$15 Copay	\$20 Copay	\$35 Copay	\$20 Copay
Chiropractic	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	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
Acupuncture	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	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
Outpatient Surgery	\$10 Copay	\$15 Copay	\$20 Copay	\$250 Copay	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$15 Copay	\$20 Copay	\$35 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225
Medical Decision Support	N/A	N/A	N/A	N/A	N/A
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	HMO 1 w/Chiro		HMO 2 w/Chiro		HMO 3 w/Chiro		HMO 7 w/Chiro		HMO Wellness w/Chiro	
Prescription Drugs	Retail \$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)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic (31-100 Day Supply)	Retail \$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)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic (31-100 Day Supply)	Retail \$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)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic (31-100 Day Supply)	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic (31-100 Day Supply)	Retail \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	Mail Order \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 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.

Get the Total Package

2023–2024 Kaiser Permanente HMO Plan with Wellness Program

With CVT's **2023–2024 Kaiser Permanente HMO Plan with Wellness Program**, healthy living adds up! Earn up to \$400 in pre-paid gift cards for subscribers and their spouses or domestic partners by completing activities that keep you healthy.

This plan is only offered through CVT as a bargained benefit that specifically targets preventive health activities. It's about addressing and promoting good health as a way of life and being rewarded for it.

Visit kp.org/engage to register and accept the annual HIPAA authorization. Your first \$200 pre-paid gift card is earned by being up to date on your biometric screenings, including your blood pressure, blood sugar (glucose), total cholesterol and Body Mass Index (BMI), and by completing the online Total Health Assessment. A second \$200 pre-paid gift card can be earned by being up to date on your cancer screenings and by completing a Healthy Living Program class online or a Wellness Coaching session by phone. The time frame for completing the activities and earning your rewards ends **September 30, 2024**.

This plan is available for your district and/or unit to choose as one of CVT's Kaiser Permanente HMO plan options. For more information about selecting this plan, please contact CVT Member Services at **1-800-288-9870** or talk to your chapter president about how this may be included in your unit's plan offerings.



Access comprehensive benefits. Plan highlights* include:

Earn wellness credits	Up to \$400/individual/year
Who can earn credits	Individual and covered spouse/ domestic partner
Grace Period	90-day grace period at the end of the plan year to redeem rewards
Calendar-year deductible	\$0 individual, \$0 family
Coinsurance	Paid at 100%
Calendar-year out-of-pocket maximum	\$1,500/per member \$3,000/family
Office visit copayment	\$20 primary care physician, \$40 specialist
Preventive care	Paid at 100%
Prescription drug coverage from CVS/caremark	Mail order: \$10 generic/ \$25 brand (30-day) Retail: \$20 generic/ \$50 brand (100-day)

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

Up to \$400 in Pre-paid Gift Cards for Getting Active About Your Health

Plan subscribers and spouses or domestic partners can earn rewards by completing the following:

- Earn **\$200** for being current on your preventive screenings (blood pressure, cholesterol, blood sugar [glucose], BMI) and by completing the online Total Health Assessment.
- Earn a second **\$200** for being up to date on your cancer screenings and completing one Healthy Living Program class online or a Wellness Coaching session by phone.

The rewards program is only open to CVT members and their spouses or domestic partners enrolled in this plan.

The Kaiser Permanente Difference

As a Kaiser Permanente member, you'll get the coverage you need, plus much more:

- A wide choice of personal physicians
- Personalized care at convenient locations
- Secure online tools to help you manage your care
- Extended access to care and advice



Healthcare Benefits for the Education Community

520 E. Herndon Avenue
Fresno, CA 93720

800-288-9870

cvtrust.org



California's
Valued Trust

Dental & Vision Plans

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2023 to September 30, 2024

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$1,900	\$1,500
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$500 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

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

** See back for additional details

What are my Delta Dental Network options?

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

How do I find a Delta Dental dentist?

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

How does my Delta Dental incentive plan work?

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

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

What are my online resources?

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

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

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

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

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

A Look at Your VSP Vision Coverage

With VSP and CALIFORNIA'S VALUED TRUST - Plan C \$5 Copay W/2nd Pair, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private
practice
doctors

Visionworks

Quality vision care you need.

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

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

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vision care

 **California's
Valued Trust**
Healthcare Benefits for the Education Community

More Ways to Save

Extra

\$20

to spend on
Featured Brands[†]

bebe	CALVIN KLEIN
COLE HAAN	DRAGON.
FLEXON	LACOSTE
	and more

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

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**Up to
40%**

**Savings on
lens enhancements[‡]**

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary 2023-2024

Lancaster SD - Certificated & Classified



PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$5 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none">\$170 featured frame brands allowance\$150 frame allowance20% savings on the amount over your allowance\$80 Walmart®/Sam's Club®/Costco® frame allowance	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesTints/Light-reactive lensesPremium progressive lensesCustom progressive lensesAverage savings of 40% on other lens enhancements	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$120 allowance for contacts and contact lens exam (fitting and evaluation)15% savings on a contact lens exam (fitting and evaluation)	\$0	Every 12 months
ADDITIONAL PAIRS OF EYEWEAR			
FRAME*	<ul style="list-style-type: none">\$170 featured frame brands allowance\$150 frame allowance20% savings on the amount over your allowance\$80 Walmart/Sam's Club/Costco frame allowance	\$20 for frame and lenses	Every 12 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Combined with Frame	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$120 allowance for additional contacts	\$0	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.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.		
	Routine Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilitiesAfter surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.			

*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.

+Coverage with a retail chain may be different or not apply.

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

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted



Additional Resources



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/ca/register to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health. 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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Get care when and where you need it through your Blue Shield health plan. As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc® doctors are available 24/7 by phone or video.



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- For short-term prescription refills

Get the care you need

Teladoc doctors can treat many medical conditions including:

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- Allergies
- Bronchitis
- Respiratory infection
- Sinus problems
- And more

Meet the doctors

All Teladoc doctors:

- Are practicing primary care physicians, pediatricians, and family physicians
- Have an average of 20 years of experience
- Are board certified and licensed
- Are credentialed every three years

Get started with Teladoc

1 Set up account

Visit www.teladoc.com/bsc, complete the required information, and click on Set up account. You can also call Teladoc at **1-800-Teladoc** (835-2362) for help.

2 Provide medical history

Complete your medical history by clicking on *Medical Information*. Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Teladoc can help you complete your medical history over the phone. Call **1-800-Teladoc** (835-2362).

3 Request a consult

Once your account is set up, request a consult anytime you need care.

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Access+HMO & Trio Plans

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anytime for a
copay of \$0**

Get quality care whenever you need it

With Kaiser Permanente, you have many options available to get the world-class care you depend on for all your health needs – day or night. Here's how:

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Talk with a clinician over the phone for the same high-quality care as an in-person visit.^{1,2} Schedule an appointment or get fast, personalized support 24/7.



Video visit

Meet face-to-face with a clinician by video from your smartphone, tablet, or computer.^{1,2} Appointments are optional.



24/7 care advice

Talk with a Kaiser Permanente clinician anytime day or night for advice.



E-visit

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



Email

Message your doctor's office with nonurgent health questions anytime through your kp.org account.



Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.³

Making an appointment is easy

Go online:

To choose the kind of care you need, visit **kp.org/getcare** or sign in to the Kaiser Permanente app – and avoid hold times on the phone. For Colorado or Washington members, chat online with a doctor through your kp.org account.

Call us 24/7:

Find your location information below.

California

- Northern California: **1-866-454-8855**
- Southern California: **1-833-574-2273**

Colorado

303-338-4545 or **1-800-218-1059**

Georgia

404-365-0966

Hawaii

- Oahu: **808-432-2000**
- Maui: **808-243-6000**
- Hawaii Island: **808-334-4400**
- Kauai: **808-246-5600**

Maryland/Virginia/Washington, D.C.
1-800-777-7904

Oregon/SW Washington

- Portland: **503-813-2000**
- All other areas: **1-800-813-2000**

Washington

1-800-297-6877

TTY
711

1. Where appropriate and available. 2. 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. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

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**U.S. board-certified doctors with an
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We treat over 50 routine medical conditions including:

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- Fever
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- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More

MD

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DID YOU KNOW...

You have a Medical Ally to help get the expert medical care you deserve?



If you are facing a medical condition or considering surgery, it is important to find a highly qualified healthcare team you can trust. As part of your benefits, you have access to a Medical Ally for **personalized and confidential one-on-one support to help you make medical decisions with confidence.**

Your Medical Ally can help you:

- Understand the **risks and benefits of surgery**
- Get a **second opinion**
- Manage the day-to-day **stress of a condition**
- Ask your doctor the **right questions**
- Understand any **medical diagnosis** & learn about all available **treatment options**



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To register, enter company code **CVT**

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Considering surgery? Know your options.

Many common conditions have more than one effective treatment option, yet patients are often presented with only one choice.

If your doctor recommends elective lower back surgery, hip or knee replacement, weight loss surgery or hysterectomy, you may qualify for a **\$400 prepaid card*** just for learning more about your treatment options.

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.

*To be eligible, engage with a Medical Ally for one of the elective surgeries above and complete a survey. You must start the program at least 30 days before a planned surgery date. Emergency procedures do not qualify for the incentive, and other restrictions may apply. Prepaid Mastercard® issued by MetaBank®, Member FDIC. Card terms apply. Card is courtesy of Alight; Awards may be taxable.



Carelon Wellbeing

We're here for life's challenges

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

Counseling

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

Sessions are strictly confidential.

Legal and financial services

We can help you find discounts on legal and financial services and assist you with having a safe, confidential discussion with an expert.

Work/life support

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

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

achievesolutions.net/cvt | 877-397-1032







Take the Path to a Healthier You

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


WHAT'S INCLUDED



**A custom program
that works**



**A FREE Fitbit
activity tracker***



**On-demand health
coaching**

Best of all, it's at no additional cost to you

Visit **Solera4Me.com/CVT** to get started

Prefer to talk to a person? Call Solera at **844-612-2949** TTY: 711, Monday through Friday from 6 a.m. to 6 p.m. PT.

*For members who complete program participation requirements. Requirements vary, check with your program for details. Applies to certain Fitbit® models. Limited to 1 per person. Solera Health reserves the right to substitute an alternate activity tracker. Solera Health is an independent company that provides wellness services on behalf of your health plan. Fitbit, Betr, Habitnu, Virgin Pulse, and Weight Watchers® are independent companies that offer health and wellness programs, products and services to members of your health plan.

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*Network is subject to change. The remaining trademarks are property of their respective owners.

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 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 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.

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.



The One Stop Shop For Mental Wellbeing Resources.

CredibleMind is the free online platform that brings together expert rated and vetted videos, podcasts, apps, online programs, books and articles all in one easy to use place.

Confidential, anonymous, and available 24/7, with CredibleMind you can learn new skills, understand your own mental health, take a mental health assessment and browse our library of thousands of mental wellbeing resources.



Get started today by signing up and taking a mental health assessment.

By signing up, you will have access to: past assessment results to track improvement over time, your favorite resources, and handpicked CredibleMind resources right to your email!

No matter what you are going through, CredibleMind has resources to help with science-backed evidence you can trust.

Some assessments you'll find on CredibleMind are:

- Is it Job Stress or Burnout?
- Are You Mindful or Is Your Mind Full?
- How Strong Is Your Resilience Network
- What's Your Meditation Style?
- What's your Mental Health Profile?
- Dive into Your Personality Big 5!



Helpful Phone Numbers and Website Addresses
October 1, 2023 – September 30, 2024

CVT Preferred Provider Organization (PPO) Plan with Anthem Blue Cross and CVS/caremark		
California's Valued Trust (CVT) Member Services	(800) 288-9870	www.cvtrust.org
Anthem Blue Cross Dedicated CVT Claims Unit	(800) 234-4333	www.anthem.com/ca/cvt
Anthem Global Core – Care outside the United States	(800) 810-2583	www.bluecares.com
CVS/caremark Prescription Drug Benefit (Active members and non-Medicare retirees)	(888) 354-6390	www.caremark.com
SilverScript Prescription Drug Benefit (Medicare retirees)	(888) 620-1756	www.silverscript.com
AccordantCare Health Management Program (Rare, complex conditions)	(800) 948-2497	www.accordant.com
Alight – Free, expert medical guidance for any condition (Enter company code CVT)	(888) 361-3944	www.mymedicalally.alight.com
MDLIVE – 24/7 non-emergency access to doctors, therapists and psychiatrists	(888) 632-2738	www.mdlive.com/cvt
TruHearing Select Discount Hearing Aid Program	(844) 300-0134	www.truhearing.com/select
Carelon Employee Assistance Program (EAP)	(877) 397-1032	www.achievesolutions.net/cvt
Solera4Me Diabetes Prevention Program	(877) 486-0141	www.solera4me.com/cvt
CVT Health Maintenance Organization (HMO) Plan with Blue Shield of California & Kaiser Permanente		
Blue Shield of California Member Services – Find a provider assistance, Change Provider, Pharmacy assistance	(855) 256-9404	www.blueshieldca.com
Teladoc 24/7 non-emergency access to doctors and mental health professionals	(800) 835-2362	www.teladoc.com/bsc
Kaiser Permanente Member Services – Find a provider assistance, Change Provider, Pharmacy assistance	(800) 464-4000	www.kp.org
Additional Coverage Information		
Delta Dental of California	(866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com



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 claim
- For provider referral

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