



2024-2025 OPEN ENROLLMENT



Review 2024-25 plans and rates

Review rates and compare plans using the information in this Open Enrollment Packet and the Open Enrollment email that states your current plan selections.

01

Join us at the Health Fair

Meet with vendors for medical, dental, and vision insurance to learn more about value added benefits, plan changes, and more.

02

Make changes if needed

If you would like to make a change, please notify Payroll by August 23rd. We will provide you the appropriate forms.

03

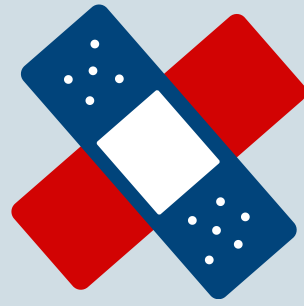
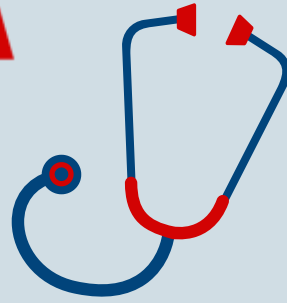
Changes take effect October 1st

On September 30th, new rates will be reflected on your paycheck. All plan changes will be effective on October 1st.

04

PAYROLL@RIPONUSD.NET

For changes or questions,
please use our payroll email
or call 209-599-2131



Healthy Staff...
Happy Students

JOIN US FOR

RIPON UNIFIED'S ANNUAL HEALTH FAIR

TUESDAY, AUGUST 6TH, 2024 | 11:00 AM - 12:30 PM
RIPON HIGH SCHOOL LIBRARY

MEET WITH INSURANCE AND BENEFIT VENDORS

ENTER TO WIN RAFFLE PRIZES!

COMPLETE TB SCREENING

ASK PAYROLL, BENEFIT, AND HR QUESTIONS

CVT Health Insurance Rates

Plan Year: October 2024 - September 2025

**Effective
October 1, 2024**

Name: _____

Full Time Employee (1.0 FTE)

District Paid Contribution/Month
Employee Family

Medical CAP **652.94** **1,005.35**

Total Annual District Contribution 7,835.28 12,064.20

			Employee	Family	Calculate Your Monthly Cost
Anthem PPO-4 RX-B 90% <small>\$100/\$200 Deductible \$1,250/\$2,500 Max Out of Pocket</small>	Premium		\$1,223.00	\$2,471.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$570.06	\$1,465.65	
Anthem Wellness-1 RX-C 90% <small>\$500/\$1,000 Deductible \$1,750/\$3,500 Max Out of Pocket</small>	Premium		\$1,141.00	\$2,306.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$488.06	\$1,300.65	
Anthem PPO-6 RX-B 80% <small>\$250/\$500 Deductible \$2,000/\$4,000 Max Out of Pocket</small>	Premium		\$1,126.00	\$2,275.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$473.06	\$1,269.65	
Anthem PPO-8 RX-C 80% <small>\$500/\$1,000 Deductible \$3,250/\$6,500 Max Out of Pocket</small>	Premium		\$1,006.00	\$2,033.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$353.06	\$1,027.65	
Anthem HDHP-1 RX-H1 90% <small>\$1,600/\$3,200 Deductible \$5,000/\$10,000 Max Out of Pocket</small>	Premium		\$766.00	\$1,547.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$113.06	\$541.65	
Anthem PPO-10 RX-C 80% <small>\$2,000/\$4,000 Deductible \$6,350/\$12,700 Max Out of Pocket</small>	Premium		\$773.00	\$1,561.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$120.06	\$555.65	
Kaiser HMO-3 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$20 Copay</small>	Premium		\$1,280.00	\$2,582.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$627.06	\$1,576.65	
Kaiser HMO-4 (w/ Chiro) 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$30 Copay</small>	Premium		\$1,264.16	\$2,552.39	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$611.22	\$1,547.04	
Kaiser 6 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$25 Copay</small>	Premium		\$1,266.00	\$2,555.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$613.06	\$1,549.65	
Kaiser 7 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$35 Copay</small>	Premium		\$1,212.00	\$2,446.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		\$559.06	\$1,440.65	
Anthem Bronze Plan 70% <small>\$5,000/\$10,000 Deductible \$7,000/\$14,000 Max Out of Pocket</small>	Premium		\$624.00	\$1,260.00	
	Dist CAP		\$652.94	\$1,005.35	
	employee cost		-\$28.94	\$254.65	
Delta Dental Premier - Incentive Plan	employee cost		\$99.39	\$99.39	
Signature VSP Vision	employee cost		\$22.08	\$22.08	
Total employee selection					\$
x 12 mos/ 11 paychecks					\$

Documents Required to Add Dependents:
Spouse: Marriage Certificate or Front Page of Tax Return
Children: Birth Certificates

CVT Health Insurance Rates

Plan Year: October 2024 - September 2025

**Effective
October 1, 2024**

Name:

Part Time Employee (.52 FTE Example)

District Paid Contribution/Month
Employee Family

Medical CAP	339.53	522.78
-------------	---------------	---------------

Total Annual District Contribution	4,074.35	6,273.38
------------------------------------	----------	----------

			Employee	Family	Calculate Your Monthly Cost
Anthem PPO-4 RX-B 90% <small>\$100/\$200 Deductible \$1,250/\$2,500 Max Out of Pocket</small>	Premium		\$1,223.00	\$2,471.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$883.47	\$1,948.22	
Anthem Wellness-1 RX-C 90% <small>\$500/\$1,000 Deductible \$1,750/\$3,500 Max Out of Pocket</small>	Premium		\$1,141.00	\$2,306.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$801.47	\$1,783.22	
Anthem PPO-6 RX-B 80% <small>\$250/\$500 Deductible \$2,000/\$4,000 Max Out of Pocket</small>	Premium		\$1,126.00	\$2,275.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$786.47	\$1,752.22	
Anthem PPO-8 RX-C 80% <small>\$500/\$1,000 Deductible \$3,250/\$6,500 Max Out of Pocket</small>	Premium		\$1,006.00	\$2,033.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$666.47	\$1,510.22	
Anthem HDHP-1 RX-H1 90% <small>\$1,600/\$3,200 Deductible \$5,000/\$10,000 Max Out of Pocket</small>	Premium		\$766.00	\$1,547.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$426.47	\$1,024.22	
Anthem PPO-10 RX-C 80% <small>\$2,000/\$4,000 Deductible \$6,350/\$12,700 Max Out of Pocket</small>	Premium		\$773.00	\$1,561.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$433.47	\$1,038.22	
Kaiser HMO-3 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$20 Copay</small>	Premium		\$1,280.00	\$2,582.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$940.47	\$2,059.22	
Kaiser HMO-4 (w/ Chiro) 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$30 Copay</small>	Premium		\$1,264.16	\$2,552.39	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$924.63	\$2,029.61	
Kaiser 6 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$25 Copay</small>	Premium		\$1,266.00	\$2,555.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$926.47	\$2,032.22	
Kaiser 7 100% <small>\$0 Deductible \$1,500/\$3,000 MOP \$35 Copay</small>	Premium		\$1,212.00	\$2,446.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$872.47	\$1,923.22	
Anthem Bronze Plan 70% <small>\$5,000/\$10,000 Deductible \$7,000/\$14,000 Max Out of Pocket</small>	Premium		\$624.00	\$1,260.00	
	Dist CAP		\$339.53	\$522.78	
	employee cost		\$284.47	\$737.22	
Delta Dental Premier - Incentive Plan	employee cost		\$99.39	\$99.39	
Signature VSP Vision	employee cost		\$22.08	\$22.08	
			Total employee selection	\$	
			x 12 mos/ 11 paychecks	\$	

Documents Required to Add Dependents:
Spouse: Marriage Certificate or Front Page of Tax Return
Children: Birth Certificates

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

Ripon Unified SD - CERTIFICATED

October 1, 2024 - September 30, 2025

BENEFIT	Wellness, Rx C	HDHP 1	Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,600 Family: \$3,200 (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: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.	Individual: \$7,000 Family: \$14,000
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Primary Care Physician - Paid at 90%* after deductible is met Specialist Physician - 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 Specialist Physician - Subject to deductible then 70% copay per visit
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	\$150 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	Wellness, Rx C		HDHP 1		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	
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)	Retail⁽⁴⁾ Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30 Day-Supply)	Mail Order⁽⁴⁾ Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90 Day-Supply)	Retail⁽⁴⁾ Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order⁽⁴⁾ 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 visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

(4) 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

Ripon Unified SD - CERTIFICATED

October 1, 2024 - September 30, 2025

BENEFIT	PPO 4, Rx B	PPO 6, Rx B	PPO 8, Rx C	PPO 10, Rx C
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$6,500 ⁽²⁾	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	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%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	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 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%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	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	Paid at 80%* after deductible is met (Copay, if applicable) 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%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 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 4, Rx B		PPO 6, Rx B		PPO 8, Rx C		PPO 10, 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	
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⁾	
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)	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)	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 visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.
- (3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).
- (4) 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 HMO Health Plans with Kaiser Permanente

Ripon Unified SD - CERTIFICATED

October 1, 2024 - September 30, 2025

BENEFIT	Kaiser 3	Kaiser 4 w/Chiro	Kaiser 6	Kaiser 7
Calendar Year Deductible	\$0	\$0	\$0	\$0
Coinsurance	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
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay	Primary Care Physician - \$25 Copay Specialist Physician - \$25 Copay	Primary Care Physician - \$35 Copay Specialist Physician - \$35 Copay
Preventive Care / Immunizations	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%*
Outpatient Radiology	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%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Per Trip If Medically Necessary
Physical Therapy	\$20 Copay	\$30 Copay	\$25 Copay	\$35 Copay
Chiropractic	Not Covered	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture	Not Covered	Not Covered
Acupuncture	\$20 Copay Referral by Plan Physician	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic	\$25 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician
Outpatient Surgery	\$20 Copay	\$30 Copay	\$25 Copay	\$250 Copay
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	\$250 Copay
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
Urgent Care	\$20 Copay	\$30 Copay	\$25 Copay	\$35 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.
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⁾

BENEFIT	Kaiser 3		Kaiser 4 w/Chiro		Kaiser 6		Kaiser 7	
Prescription Drugs	Retail		Retail		Retail		Retail	
	\$10 Generic		\$10 Generic		\$10 Generic		\$10 Generic	
	\$20 Brand (Up to 30 Day Supply)	Mail Order	\$20 Brand (Up to 30 Day Supply)	Mail Order	\$20 Brand (Up to 30 Day Supply)	Mail Order	\$30 Brand (Up to 30 Day Supply)	Mail Order
	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic
	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$20 Generic	\$30 Brand (30 Day Supply)
	\$30 Generic	\$20 Generic	\$30 Generic	\$20 Generic	\$30 Generic	\$20 Generic	\$60 Brand (31-60 Day Supply)	\$20 Generic
	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$30 Generic	\$60 Brand (31-100 Day Supply)
							\$90 Brand (61-100 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.



**California's
Valued Trust**

Healthcare Benefits for the Education Community

**Ripon Unified School District
Certificated**

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2024 to September 30, 2025

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

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

** See back for additional details

What are my Delta Dental Network options?

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

How do I find a Delta Dental dentist?

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

How does my Delta Dental incentive plan work?

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

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%

Percentage paid for certain benefits as long as you visit the dentist each year.

What are my online resources?

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

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

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

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss **mymileway.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 \$10 Copay), your health comes first.



VSP® Vision Care provides you personalized eye care at VSP network locations with low or no 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 which provide offers from VSP and leading industry brands totaling more than \$3,000 in savings.

Provider choices you want.

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

	Preferred private practice and retail in-network choices
	

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.

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee. This protects you from the unexpected when you go to a Premier Edge location whether it's accidentally broken or damaged glasses, your prescription changes or if you don't love the glasses you chose. Visit vsp.com/zerocopy for details.



More Ways to Save

Extra

\$20

to spend on

Featured Frame Brands†

bebe	Calvin Klein
COLE HAAN	DRAGON
FLEXON	LONGCHAMP PARIS
	and more

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

+

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

2024-2025

Ripon Unified School District - Certificated

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



BENEFIT	DESCRIPTION	PREMIERMAX	COPY WITH OTHER VSP
		COPY WITH PREMIER EDGE PROVIDERS	NETWORK PROVIDERS
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$0	\$10 for exam and glasses
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease Every 12 months 	\$0	Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam	\$20 per exam
PRESCRIPTION GLASSES			
FRAME[†]	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance Every 12 months 	Combined with exam	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam	Combined with exam
LENS ENHANCEMENTS[‡]	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Tints/Light-reactive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$80 - \$90 \$120 - \$160 \$0	\$0 \$80 - \$90 \$120 - \$160 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	Up to \$60
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor <p>Exclusive Member Extras</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values. 		

[†]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. Premier Edge is not available for some members in the state of Texas.

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

©2024 Vision Service Plan. All rights reserved.

VSP and WellVision Exam are registered trademarks, and VSP LightCare, VSP Premier Edge, and VSP PremierMax are trademarks of Vision Service Plan.

2024-2025 Renewal and Program Updates



Healthcare Benefits for the Education Community

www.cvtrust.org

“

Thank you for entrusting your healthcare needs to CVT. Taking care of our members is at the heart of what we do, and we remain committed to bringing you the best health benefits, programs and solutions for your benefit dollar.

~Valerie Cornuelle, Executive Director

Plan Changes and Enhancements



Helping members manage and reverse Type 2 Diabetes, and reduce reliance on diabetic medications

CVS Total Diabetes Care: Through this voluntary program, CVT members with diabetes receive customized interventions and personalized dietitian appointments across five key clinical impact areas:

- Lifestyle and comorbidity management
- Medication optimization or reduction
- Monitoring blood glucose
- Preventive screenings
- Medication adherence

CVT is excited to bring this program to all PPO/EPO members.



Dedicated support for those taking obesity management medications (ie: Wegovy and Zepbound)

CVS Weight Management Program: Designed to drive sustainable lifestyle changes, medication adherence, better health outcomes and plan cost savings.

CVT members receive dedicated support from:

- Dedicated care team
- Registered dietitian
- Endocrinologist
- Primary care physician
- Digital app

Effective 8/1/2024: All PPO/EPO members taking a GLP-1 for weight loss will be **required** to participate in the CVS Weight Management Program in order for their medication to be covered by the pharmacy benefit.



The best doctors, eyewear and service for CVT members

VSP is offering an enhanced set of services for CVT members, which includes:

- Increased frame and lens allowances
 - Frame allowance increased to \$200
 - Contact lens allowance increased to \$150
- Essential Medical Eye Care supplemental coverage for urgent and non-urgent medical eye care with a \$20 exam copay
- VSP PremierMax coverage giving members more out-of-pocket savings at VSP Premier Edge locations

Plan Changes and Enhancements



Health Savings Account (HSA) and Bronze Plan changes

CVT has reviewed its Health Savings Account (HSA) and Bronze Plans and have adjusted to ensure more cost-effective plan options, while ensuring compliance with IRS guidelines.

	CURRENT PLANS					APPROVED: 10/1/2024				
	HDHP1	EPO HSA	HDHP2	HDHP3	BRONZE	HDHP1	EPO HSA	HDHP2	HDHP3	BRONZE
DEDUCTIBLE:										
Individual	\$1,500	\$1,500	\$2,000	\$1,500	\$5,000	\$1,600	\$1,600	\$2,600	\$6,500	\$5,000
Family	\$3,000	\$3,000	\$4,000	\$3,000	\$10,000	\$3,200	\$3,200	\$5,200	\$13,000	\$10,000
OUT-OF-POCKET MAX:										
Individual	\$4,250	\$4,250	\$5,250	\$6,250	\$6,350	\$5,000	\$5,000	\$6,000	\$8,000	\$7,000
Family	\$8,500	\$8,500	\$10,500	\$12,500	\$12,700	\$10,000	\$10,000	\$12,000	\$16,000	\$14,000
Individual in a Family	\$6,900	\$6,850	\$6,900	\$6,900	n/a	\$5,000	\$5,000	\$6,000	\$8,000	n/a
COINSURANCE:										
	10%	20%	20%	40%	30%	30%	20%	20%	30%	30%
Office Visit (Primary Care Physician/Specialist)	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	\$60 (first 3) / Ded. + \$70	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + \$60/\$80	\$60 (first 3) / Ded. + \$70
RXCOPAY:										
Generic / Formulary / Non-Formulary	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + \$25 Ded. + \$50 Ded. + \$80	Ded. + \$25 Ded. + \$50 Ded. + \$80	Ded. + \$25 Ded. + \$50 Ded. + \$50	Ded. + \$25 Ded. + \$50 Ded. + \$50	Ded. + \$25 Ded. + \$50 Ded. + \$50	Ded. + \$25 Ded. + \$50 Ded. + \$80

	CURRENT KAISER HSA	10/1/2024 KAISER HSA
DEDUCTIBLE:		
Self-Only Coverage	\$2,000	\$2,000
Family Coverage (Each member in a family of two or more members)	\$3,000	\$3,200
Family Coverage (Entire family of two or more members)	\$4,000	\$4,000
OUT-OF-POCKET MAX:		
Self-Only Coverage	\$3,000	\$3,200
Family Coverage (Each member in a family of two or more members)	\$3,000	\$3,200
Family Coverage (Entire family of two or more members)	\$6,000	\$6,000



Improving time-to-care by leveraging technology, coaching and lifestyle medicine

Wellvolution is Blue Shield's website-based platform that includes a whole network of digital clinical programs at no cost to members over 18 years of age.

CVT will be retiring the EngagementPoint mobile app on September 30, 2024. CVT members can easily access their plan benefits through the Blue Shield mobile app or blueshieldca.com.

Wellvolution offers CVT members top-rated programs to help build healthier lifestyles:

- Personalized and on-demand tools
- Clinically proven health programs
- Wellvolution is offered at no additional cost to Blue Shield members

Plan Changes and Enhancements



A new primary care doctor's office is now open for PPO members and retirees in Monterey County

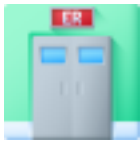
Altais Medical Clinic, located in Salinas, is now open and accepting new patients.

- Easy-to-access care, including virtual care and extended hours
- Same or next-day appointments
- 24/7 phone access for urgent care needs
- English and Spanish
- Insurances accepted: Anthem Blue Cross, Blue Shield of California, Medicare

Location: 535 E. Romie Lane, Suite 2, Salinas, CA 93901

Phone number: (831) 652-8150

Website: altais.com/altais-medical-group-salinas/cvt



Emergency Room (ER) copay change

- Previously the copays were \$100 for emergent ER visits, and \$175 for non-emergent ER visits.
- The emergency room copay for PPO Plans 1-10 and the Wellness Plan will be \$150 regardless of whether the visit is emergent or non-emergent.



CVT ends its partnership with Alight (ConsumerMedical) effective 9/30/2024

Alight provided members with "surgical avoidance" consultation and second opinion services. CVT offers value-added services that meet the same needs:

- Carrum Health offers a clinical review of surgical recommendations
- Contact your carrier concierge team for expert guidance on medical conditions



Program Reminders

In addition to the program enhancements, CVT offers members more resources designed to make healthcare easier to navigate, be more convenient and save money.



A world-class medical and surgery benefit sponsored by CVT

Carrum Health makes it easier to get the best surgical care available with lower out-of-pocket costs. Carrum partners with top quality hospitals—both in California and around the country—to give CVT members access to the best doctors and the best care.

Who is eligible for Carrum Health?

Employees, pre-65 retirees and covered dependents enrolled in a CVT PPO or EPO plan.

WHAT ARE THE BIGGEST BENEFITS OF USING CARRUM HEALTH?

The **ABSOLUTE** best care

Access to the most qualified doctors at world-class hospitals

ZERO member out-of-pocket costs

All surgery costs, including travel (if needed) are covered*

EASY to use

Carrum's team and technology provide complete wraparound support for CVT members

*Members in HSA-qualified plans must first meet the IRS minimum deductible requirements

NON-EMERGENCY SURGICAL CARE*:

- Musculoskeletal (*ie: hip, knee, shoulder, spine, etc*)
- Heart
- Weight loss

*Visit carrum.me/cvt to see a full list of procedures

WORLD-CLASS CANCER CARE

- Comprehensive breast cancer treatment*
- Virtual support from a team of cancer specialists
- Peer-to-peer consults with world-class oncologists

*In the Greater Los Angeles County area

Find out more about Carrum

Visit: carrum.me/ CVT

Call: (888) 855-7806

Download: Carrum Health mobile app.



Anthem Health Guides

 California's
Valued Trust
Your Health. Our Commitment.



Call an Anthem Health Guide today!

Wish you had help navigating all of your benefits? Talk to an Anthem Health Guide today.

Health guides can help you make sense of your Anthem Blue Cross benefits, as well as all of the value-added benefits that you get through CVT.

Anthem Health Guides are available Monday through Friday from 8 a.m. to 6 p.m. and can be reached at (800) 234-4333, or via the CHAT feature in your Sydney Health mobile app.



Don't have the Sydney mobile app yet?



Scan this QR code to download it today!



Avoid the mountain of paperwork.

Call your Anthem Health Guide today!

Need help understanding your billing? Wish you had help navigating all of your benefits? Talk to an Anthem Health Guide today.

Health guides can help you make sense of your Anthem Blue Cross benefits, as well as all of the value-added benefits that you get through CVT.

Anthem Health Guides are available Monday through Friday from 8 a.m. to 6 p.m. and can be reached at (800) 234-4333, or via the CHAT feature in your Sydney Health mobile app.

Call an Anthem Health Guide at (800) 234-4333

Scan here to download Sydney Health app



Anthem  California's Valued Trust

Anthem Blue Cross and Blue Shield of California, Anthem Health Services, and Anthem Health Plan are trademarks of Anthem Blue Cross and Blue Shield of California. © 2023 Anthem Blue Cross and Blue Shield of California. All rights reserved. Offered through an arrangement with California HealthCare Services. A separate company offering products and services on behalf of your health plan (2023).

Anthem. 

MDLIVE

CVT California's
Valued Trust
Your Health, Our Commitment.

40
th
ANNIVERSARY



Skip the emergency room. Use MDLIVE! Providing urgent care, dermatological and behavioral health care when you need it without a copay.

URGENT CARE

Talk to a doctor in as little as 15 minutes when you need care fast, including prescriptions and short-term renewals of existing medications.

- On-demand 24/7 or schedule a time that works for you.
- Board-certified MDLIVE doctors care for more than 80 common conditions and have an average of 15 years of experience.
- Get professional care after hours, weekends, holidays, and whenever you can't see your primary care physician.
- A reliable and affordable alternative to urgent care clinics or the ER.
- A summary of your visit can be shared with your local doctor upon request.

DERMATOLOGY

Fast, customized care for skin, hair, and nail conditions.

- From suspicious spots and rashes to cold sores and fungal infections, MDLIVE board-certified dermatologists deliver reliable care for skin, hair, and nail conditions.
- No long waits or appointments required.
- Simply answer questions about your condition and upload photos to your secure MDLIVE account.
- Diagnosis and treatment plan in less than 72 hours, most cases are less than 24 hours, including prescriptions when appropriate.
- Over 90% of patients have their issue resolved on the first consultation.
- Largest national network of board-certified, telehealth dermatologists.

BEHAVIORAL HEALTH

Virtual behavioral health includes care for adults, children and teens ages 10 and up* and includes:

- Help with talk therapy and coping strategies from licensed therapists
- Assessments and medication management from board-certified psychiatrists
- On-going support from youth to adulthood on the same platform and with the same provider

Call MDLIVE AT (888) 632-2738, or login at mdlive.com/cvt to register or access MDLIVE resources.

MDLIVE

Save Up to 60% on Brand-Name Hearing Aids



Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000,* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

In addition to great pricing, TruHearing provides you with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

vsp exclusive
member extras

TruHearing®

truhearing.com/vsp

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

**Learn more about this VSP Exclusive Member Extra at
truhearing.com/vsp or call 877.396.7194 with questions.**

*Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit <http://www.vsp.com/offers/special-offers/hearing-aids/truhearing>. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.