RIPON UNIFIED 2025-2026 OPEN ENROLLMENT

Review 2025-26 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.



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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

03.

If you would like to make a change, please notify Payroll by August 25th. We will provide you the appropriate forms.

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

RIPON UNIFIED Annual HEALTH FAIR

Friday, August 1

Ripon High School North Gym 8:15am - 9:45am

Healthy Staff. Happy Students!

Join Us

- Meet with insurance and benefit vendors
- Enter to win raffle prizes!
- TB Screening
- Ask Payroll, Benefit, and HR questions

CVT Health Insurance Rates

Plan Year: October 2025 - September 2026

Full Time Employee (1.0	O FTE)	District Paid Contri	ibution/Month		October 1, 2025
		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	D
Anthem PPO-4 RX-B 90%	Premium	\$1,343.00	\$2,714.00		Documents Required Add Dependents:
\$100/\$200 Deductible \$1,250/\$2,500 Max Out of Pocket	Dist CAP	\$652.94	\$1,005.35		Spouse: Marriage Certificate or Front
	employee cost	\$690.06	\$1,708.65		Page of Tax Return
Anthem Wellness-1 RX-C 90% \$500/\$1,000 Deductible	Premium	\$1,254.00	\$2,532.00		Children: Birth Certificates
\$1,750/\$3,500 Max Out of Pocket	Dist CAP	\$652.94	\$1,005.35		
	employee cost	\$601.06	\$1,526.65		
Anthem PPO-6 RX-B 80% \$250/\$500 Deductible	Premium	\$1,237.00	\$2,499.00		
\$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$652.94	\$1,005.35		
	employee cost	\$584.06	\$1,493.65		
Anthem PPO-8 RX-C 80%	Premium	\$1,105.00	\$2,232.00		
\$500/\$1,000 Deductible \$3,250/\$6,500 Max Out of Pocket		\$652.94	\$1,005.35		
	employee cost	\$452.06	\$1,226.65		
Anthem HDHP-1 RX-H1 90%	Premium	\$840.00	\$1,698.00		
\$1,600/\$3,200 Deductible \$5,000/\$10,000 Max Out of Pocket		\$652.94	\$1,005.35		
	employee cost	\$187.06	\$692.65		
Anthem PPO-10 RX-C 80% \$2,000/\$4,000 Deductible \$6,350/\$12,700 Max Out of Pocket	Premium	\$848.00	\$1,714.00		
		\$652.94	\$1,005.35		
	employee cost	\$195.06	\$708.65		
Kaiser HMO-3 100% \$0 Deductible \$1,500/\$3,000 MOP \$20 Copay	Premium	\$1,428.00	\$2,882.00		
	Dist CAP	\$652.94	\$1,005.35		
	employee cost	\$775.06	\$1,876.65		
Kaiser HMO-4 (w/ Chiro) 100% \$0 Deductible \$1,500/\$3,000 MOP		\$1,410.16	\$2,846.39		
\$30 Copay	Dist CAP	\$652.94	\$1,005.35		
	employee cost	\$757.22	\$1,841.04		
Kaiser HMO-6 100% \$0 Deductible \$1,500/\$3,000 MOP	Premium	\$1,413.00	\$2,851.00		
\$25 Copay	Dist CAP	\$652.94	\$1,005.35		
	employee cost	\$760.06	\$1,845.65		
Kaiser HMO-7 100%	Premium	\$1,353.00	\$2,730.00		
\$0 Deductible \$1,500/\$3,000 MOP \$35 Copay	Dist CAP	\$652.94	\$1,005.35		
	employee cost	\$700.06	\$1,724.65		
Anthem Bronze Plan 70% \$5,000/\$10,000 Deductible \$7,000/\$14,000 Max Out of Pocket	Premium	\$685.00	\$1,384.00		
		\$652.94	\$1,005.35		
	employee cost	\$32.06	\$378.65		
Delta Dental Premier - Incentive Plan	employee cost	\$104.36	\$104.36		
Signature VSP Vision	employee cost	\$23.19	\$23.19		
	-	Total emplo	oyee selection	\$	
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CVT Health Insurance Rates

Plan Year: October 2025 - September 2026

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Part Time Employee (.52 FT	E Example)	District Paid Contri			October 1, 2025
	-	Employee	Family		
Tables all the	Medical CAP	339.53	522.78		
Iotal Annual Dis	trict Contribution	4,074.35	6,273.38	Coloulate Verm	
	-	Employee	Family	Calculate Your Monthly Cost	Documents Required
Anthem PPO-4 RX-B 90% \$100/\$200 Deductible	Premium	\$1,343.00	\$2,714.00		Add Dependents:
\$1,250/\$2,500 Max Out of Pocket		\$339.53	\$522.78		Spouse: Marriage Certificate or Front
	employee cost	\$1,003.47	\$2,191.22		Page of Tax Return Children: Birth
Anthem Wellness-1 RX-C 90% \$500/\$1,000 Deductible	Premium	\$1,254.00	\$2,532.00		Certificates
\$1,750/\$3,500 Max Out of Pocket	Dist CAP	\$339.53	\$522.78		
	employee cost	\$914.47	\$2,009.22		
Anthem PPO-6 RX-B 80% \$250/\$500 Deductible	Premium	\$1,237.00	\$2,499.00		
\$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$339.53	\$522.78		
	employee cost	\$897.47	\$1,976.22		
Anthem PPO-8 RX-C 80%	Premium	\$1,105.00	\$2,232.00		
\$500/\$1,000 Deductible \$3,250/\$6,500 Max Out of Pocket	Dist CAP	\$339.53	\$522.78		
	employee cost	\$765.47	\$1,709.22		
Anthem HDHP-1 RX-H1 90%	Premium	\$840.00	\$1,698.00		
\$1,600/\$3,200 Deductible \$5,000/\$10,000 Max Out of Pocket		\$339.53	\$522.78		
	employee cost	\$500.47	\$1,175.22		
Anthem PPO-10 RX-C 80%	Premium	\$848.00	\$1,714.00		
\$2,000/\$4,000 Deductible \$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$339.53	\$522.78		
	employee cost	\$508.47	\$1,191.22		
Kaiser HMO-3 100% \$0 Deductible \$1,500/\$3,000 MOP	Premium	\$1,428.00	\$2,882.00		
\$0 Deddetible \$1,500,55,000 Mol \$20 Copay	Dist CAP	\$339.53	\$522.78		
	employee cost	\$1,088.47	\$2,359.22		
Kaiser HMO-4 (w/ Chiro) 100% \$0 Deductible \$1,500/\$3,000 MOP	Premium	\$1,410.16	\$2,846.39		
\$30 Copay	Dist CAP	\$339.53	\$522.78		
	employee cost	\$1,070.63	\$2,323.61		
Kaiser HMO-6 100% \$0 Deductible \$1,500/\$3,000 MOP	Premium	\$1,413.00	\$2,851.00		
\$0 Deddctible \$1,500/\$5,000 MOF \$25 Copay	Dist CAP	\$339.53	\$522.78		
	employee cost	\$1,073.47	\$2,328.22		
Kaiser HMO-7 100% \$0 Deductible \$1,500/\$3,000 MOP	Premium	\$1,353.00	\$2,730.00		
\$35 Copay	Dist CAP	\$339.53	\$522.78		
	employee cost	\$1,013.47	\$2,207.22		
Anthem Bronze Plan 70% \$5,000/\$10,000 Deductible \$7,000/\$14,000 Max Out of Pocket		\$685.00	\$1,384.00		
		\$339.53	\$522.78		
	employee cost	\$345.47	\$861.22		
Delta Dental Premier - Incentive Plan	employee cost	\$104.36	\$104.36		
Signature VSP Vision	employee cost	\$23.19	\$23.19		
	-	Total empl	oyee selection	\$	
	=				

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

Ripon Unified SD - CERTIFICATED

October 1, 2025 - September 30, 2026

BENEFIT	Wellness, Rx C	HDHP 1	Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,700 Family: \$3,400 (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 (Copay, if applicable)
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 (Copay, if applicable)
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 (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%*	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, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive. com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Virtual Physical Therapy	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%, after deductible is met. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
	Retail ^(4,9)	Mail Order ^(4,9)	Retail ^(4,9)	Mail Order ^(4,9)	Retail ^(4,9)	Mail Order ^(4,9)
	\$7 Generic	\$15 Generic	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then
Prescription Drugs	\$25 Pref	\$60 Pref	\$25 Generic Copay	\$50 Generic Copay	\$25 Generic Copay	\$50 Generic Copay
	\$40 Non-Pref	\$90 Non-Pref	\$50 Brand Copay	\$100 Brand Copay	\$50 Brand Copay	\$100 Brand Copay
	(30-Day Supply)	(90-Day Supply)	(30 Day-Supply)	(90 Day-Supply)	(30-Day Supply)	(90-Day Supply)

PPO Plans:

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

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health 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

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

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

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

Ripon Unified SD - CERTIFICATED

October 1, 2025 - September 30, 2026

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	l, Rx B	PPO	6, Rx B	PPO 8	3, Rx C	PPO 1	0, Rx C
Telehealth	medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or		medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT			
Virtual Physical Therapy	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		virtual musculoskeletal (MSK) benefits by		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .		Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy .	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing . com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ^(4,9) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ^(4,9) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ^(4,9) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ^(4,9) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ^(4,9) \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ^(4,9) \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail ^(4,9) \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ^(4,9) \$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

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

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



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

Find out more about Carrum

Visit: carrum.me/CVT

Call: (888) 855-7806

Download: Carrum Health mobile app.

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



Anthem Health Guides





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?



QR code to

Avoid the mountain of paperwork.

Call your Anthem Health Guide today!

(800) 234-433



Anthem 💿 🎒



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



CVT HMO Health Plans with Kaiser Permanente

Ripon Unified SD - CERTIFICATED

October 1, 2025 - September 30, 2026

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 SimpleTherapy ; \$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 SimpleTherapy ; \$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.
Virtual Physical Therapy	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing. com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

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

Skip the trip to the doctor's office

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

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		-

E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice, usually within 2 to 3 hours, from a Kaiser Permanente provider.



Phone appointment

Schedule an appointment to talk with a doctor or nurse over the phone – just like an in-person visit.^{1,2} Appointments are often available same day or next day.

	•
VIN	

Email

Message your doctor's office with nonurgent questions anytime and get a response usually within 2 business days.¹



Video visit

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



Mail-order pharmacy

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

Ready to make an appointment?

- Sign in to **kp.org** or use the Kaiser Permanente app.
- Call us 24/7 at **1-833-574-2273** (TTY **711**).
- Visit **kp.org/getcare** to learn more about your care options.

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.



Connect with a wellness coach today

Say hello to better health

Ready to start moving in a healthier direction?

Changing your habits can be hard, but working with a wellness coach can help you make it happen. You'll get one-on-one guidance and support from one dedicated coach who can help you set goals, stick to them, and, most importantly, see results.

What do you want to work on?

Wellness coaching can get you started on a healthy path – and give you tools, resources, and encouragement to help you see it through. It can help you:

- Achieve a healthy weight
- Stop using tobacco
- Become more active
- Reduce stress
- Eat healthier

How wellness coaching works

Our wellness coaches are health educators with expertise in preventive health care and behavior-change counseling. They don't tell you what to do – they use your goals to create a customized action plan and help you discover techniques that work for you.

Make the first move

Call **1-866-862-4295,** Monday through Friday, to make an appointment. Coaching is offered in English and Spanish,¹ no referral is needed, and there's no charge for Kaiser Permanente members.² For more information, visit **kp.org/coaching**.

¹Spanish-speaking wellness coaches are not available in Hawaii.

²Information about the coaching services you receive will be included in your electronic health record and accessible by your Kaiser Permanente care team (not available for Kaiser Foundation Health Plan of Washington members at this time).

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., 601 Union St., Suite 3100, Seattle, WA 98101







Ripon Unified School District Certificated

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2025 to September 30, 2026

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 outof-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides costsaving 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'sfee.

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.)



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.

Best of Both

Coordinate two plans with dual coverage

Delta Dental PPO™ Delta Dental Premier®



Are you or your family members covered under two dental plans? Dual coverage doesn't mean your benefits are doubled, but it can mean added savings on dental costs.

As soon as you're covered under two dental carriers, let your dental office know. Delta Dental will coordinate with your other carrier to share the cost of your treatment.

Basic concepts

- When you're covered under two plans, one plan is considered your **primary carrier**. This carrier will pay a larger portion of your benefits, leaving a smaller amount to your **secondary carrier**. You can find out how to identify your primary carrier on the back of this flyer.
- Check the plan booklet for your secondary carrier to see if you have a non-duplication of benefits clause. If you do, your benefit will be slightly less than standard dual coverage.

How does dual coverage help me save?

How much you save depends on whether your secondary carrier has a **non-duplication of benefits clause**.¹

Type of coverage	Primary carrier covers	Secondary carrier covers	Your coverage pays
No dual coverage	50%	N/A	50%
Standard dual coverage	50%	80%	100%
Dual coverage with non- duplication of benefits	50%	80%	80%

¹ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan. If your primary or secondary carrier is an HMO-type plan, please contact Customer Service for details.



deltadentalins.com/enrollees

Which is my primary carrier?



If you have any questions about how your employer-sponsored or Marketplace plan coordinates benefits with another plan, please call Customer Service.

² If a court decree establishes a different order of benefits for a dependent child's coverage, that decision applies instead.

Contact us

Delta Dental of California: **888-335-8227** California School District Employees: **866-499-3001**

Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**

Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

Delta Dental PPO[™] and Delta Dental Premier[®] are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by notfor-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO provides a dental provider organization (DPO) plan.

Where's My ID Card?

If you've been looking for your dental plan ID card, we have good news for you: **You don't need one!**

Just tell your dental office the **Delta Dental company** through which you receive benefits and provide your **name**, your **date of birth**, your **enrollee ID number** (or Social Security number) and the **name of your employer**.

Got dependents on your plan? Tell them to provide your details.

Want an ID card anyway?



Print one from your computer

- Go to deltadentalins.com
- Log in to your online account > Click on **Print ID Card** > Print



Pull it up on your smartphone

- Download the **Delta Denta**l app (by the Delta Dental Plans Association) from the App Store or Google Play
- Log in > Select My ID card

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 36.8 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 78 million people in the U.S.



deltadentalins.com/enrollees

A Look at Your VSP Vision Coverage

With VSP and California's Valued Trust (Plan C \$10 Copay), your health comes first.



vsp

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.



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/zerocopay** for details.



California's

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

Your VSP Vision Benefits Summary 2025-2026 **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 COPAY WITH PREMIER EDGE PROVIDERS	COPAY WITH OTHER VSP NETWORK PROVIDERS	
COVERAGE WITH A VSP PROVIDER				
WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery 12 months	\$0	\$10 for exam and glasses	
RETINAL SCREENING	 Images of the inside of the eye, used to screen for potential signs of eye disease Every 12 months 	\$0	Up to \$39	
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam	\$20 per exam	
PRESCRIPTION GL	ASSES			
FRAME ⁺	 \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance Every 12 months 	Combined with exam	Combined with exam	
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam	Combined with exam	
LENS ENHANCEMENTS [*]	 Standard progressive lenses Premium progressive lenses Custom progressive lenses 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)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	Up to \$60	
ADDITIONAL Glasses and Sunglasses • Discover all current eyewear offers and savings at vsp.com/offers. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, includin enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% saving VSP provider within 12 months of your last WellVision Exam. Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor				
	 Exclusive Member Extras Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on entertainment health and wellness travel and more with VSP Simple Values. 			

- 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.

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



CVT Benefits, Programs and Resources

As a member of California's Valued Trust (CVT), you and your eligible dependents have access to a variety of resources designed to improve your health and/or reduce your out-of-pocket health care costs. In the list below, you will find your health plans, as well as the additional resources and programs available to you. Website addresses and phone numbers are also provided, should you wish to get additional information.



My CVT Online Benefits Portal:

Log into <u>MyCVT.cvtrust.org</u> to enroll in your insurance, view benefit coverage, print an ID card (PPO), upload documentation for enrolling dependents, changes for open enrollment and qualifying events.



CVT Member Services:

Call (800) 288-9870 or use the CHAT feature available at cvtrust.org.

PPO/EPO/HMO Enrollees



Aetna: PPO plan network for medical coverage. Aetna.com, or call (866) 307-6062.



Anthem Blue Cross: Plan network for medical coverage including Anthem Health Guide support. Anthem.com/ca, or call (800) 234-4333.



Download the Sydney Mobile app.



Blue Shield of California: Plan network for medical coverage including Blue Shield of California Concierge support. Blueshieldca.com

- Blue Shield PPO: Call Connect Member Services at (888) 499-5532.
- Blue Shield Trio HMO: Call Shield Concierge Line: (855) 747-5800.
- Blue Shield Access+ HMO: Call Member Services at (855) 256-9404.



SimpleTherapy (Blue Shield): Blue Shield PPO members will access a network of providers for occupational therapy, physical therapy, chiropractic care, acupuncture and speech therapy.

SimpleTherapy.com, or call (877) 519-8839.



Teledoc: Telehealth benefits for Blue Shield of California HMO members include medical consultations with board-certified doctors, prescriptions for non-emergency conditions, urgent care for minor illnesses and injuries, chronic disease management and mental health support. <u>Teledochealth.com</u>, or call **(800) 835-2362**.



Wellvolution: A health platform that offers a select collection of lifestyle programs, tools, and apps to qualified members at no extra cost.

These programs can help you lose weight, control type 2 diabetes, reduce your risk of developing type 2 diabetes, manage anxiety and depression, quit smoking, improve sleep, reduce stress, boost your resilience and more. Visit <u>wellvolution.com</u> to learn more.



CVS Caremark: Prescription plan coverage.

<u>Caremark.com</u>, or call (888) 354-6390.



CVS Transform Diabetes Care:

A personalized program that will help make it easier to keep your diabetes and other conditions in check so you can live well, stay motivated and achieve your best health.

Call CVS' dedicated Transform Diabetes Care team at **(800) 348-5238**.

CVS Weight Management Program:

If your doctor has prescribed medication specifically to help you lose weight, the CVS Weight Management Program is designed to help you achieve lasting results.

cvs.co/nutritionsupport, or call (800) 207-2208.

Kaiser Permanente Enrollees

Register for all resources to your healthcare and wellbeing resources as a Kaiser Permanente enrollee.



KP.org, or call (800) 464-4000.



SimpleTherapy (Kaiser Permanente): If you have a Kaiser Permanente plan that includes a chiropractic or acupuncture rider, this is for you.

cvtchiro.com, or call (877) 519-8839.

Additional CVT Benefits and Programs



Accordant: Making the management of your complex health conditions easier with added support – at no extra cost. Accordant nurses are available 24/7.

<u>Accordant.com</u>, or call **(800) 948-2497**.



Carelon Wellbeing Employee Assistance Program (EAP): Counseling, Legal, Financial, Work/Life Balance support.

Carelonwellbeing.com/cvt, or call (877) 397-1032.



Carrum Health: Surgical and oncology (cancer) centers of excellence focused on quality providers and surgeons.

<u>Carrum.me/cvt</u>, or call (888) 855-7806.



CredibleMind: A safe, evidence-based first stop where you can find solutions to a wide range of issues. It provides an upstream prevention tool that assists you wherever and however you like to learn. Visit <u>cvt.crediblemind.com</u> to learn more.



Delta Dental: Dental benefit overview, find a dental provider, estimate your cost and much more. Deltadentalins.com, or call (866) 499-3001.



MDLIVE: Telehealth benefits for primary care, urgent care, behavioral health and dermatology at \$0 copay. <u>MDLIVE.com/cvt</u>, or call **(888) 632-2738**.



Solera4me: Solera4me is a 16-week no-cost program that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.

<u>Gosolera.com/cvt</u>, or call (844) 612-2949.



TruHearing: TruHearing will significantly lower your out-of-pocket costs on hearing aids. <u>TruHearing.com</u>, or call **(844) 222-3389**.



VSP: Vision benefits overview, find an optical provider, online frame store and much more. <u>VSP.com</u>, or call (800) 877-7195.



No cost health screenings available through Quest Diagnostics

All members enrolled in a CVT medical plan (including Kaiser Permanente) can have a comprehensive health screening at no cost. The screening measures blood pressure, Body Mass Index and blood work levels to determine:



At-home colorectal screening kits (eligible for members over 45)

To participate:

- my.questforhealth.com
- Enter Password: CVT2025