

# 2023-2024 OPEN ENROLLMENT



## **Review 2023-24 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 31st. 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

RIPON UNIFIED

# ANNUAL HEALTH FAIR



**FRIDAY, AUG 4TH, 2023 | 9:45 AM - 12:00 PM**  
**RIPON HIGH ABEYTA-HORTIN GYM**

- MEET WITH INSURANCE AND BENEFIT VENDORS
- MEET WITH OTHER LOCAL BUSINESSES
- ENTER TO WIN RAFFLE PRIZES!

**IF YOU DO NOT TAKE DISTRICT HEALTH INSURANCE, WE INVITE YOU  
TO STOP BY AND LEARN ABOUT OTHER VOLUNTARY DEDUCTIONS**

# CVT Health Insurance Rates

Plan Year: October 2023 - September 2024

Effective: 10/1/2023  
(9/30/23 Paycheck)

Full Time Employee (1.0 FTE)	District Paid Contribution/Month		Calculate Your Monthly Cost
	Employee	Family	
	Medical CAP	<b>646.47</b>	<b>995.39</b>
	Total Annual District Contribution	7,757.64	11,944.73
		<b>Employee</b>	<b>Family</b>
<b>ANTHEM PPO-4 RX-B 90%</b>	Premium	\$1,176.00	\$2,376.00
\$100/\$200 Deductible \$1,250/\$2,500 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$529.53</b>	<b>\$1,380.61</b>
<b>ANTHEM WELL-1 RX-C 90%</b>	Premium	\$1,098.00	\$2,218.00
\$500/\$1,000 Deductible \$1,750/\$3,500 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$451.53</b>	<b>\$1,222.61</b>
<b>ANTHEM PPO-6 RX-B 80%</b>	Premium	\$1,083.00	\$2,188.00
\$250/\$500 Deductible \$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$436.53</b>	<b>\$1,192.61</b>
<b>ANTHEM PPO-8 RX-C 80%</b>	Premium	\$968.00	\$1,956.00
\$500/\$1,000 Deductible \$3,250/\$6,500 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$321.53</b>	<b>\$960.61</b>
<b>ANTHEM HDHP-1 RX-H1 90%</b>	Premium	\$736.00	\$1,487.00
\$1,500/\$3,000 Deductible \$4,250/\$8,500 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$89.53</b>	<b>\$491.61</b>
<b>ANTHEM PPO-10 RX-C 80%</b>	Premium	\$743.00	\$1,501.00
\$2,000/\$4,000 Deductible \$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$96.53</b>	<b>\$505.61</b>
<b>KAISER HMO-3 100%</b>	Premium	\$1,167.00	\$2,354.00
\$0 Deductible   \$1,500/\$3,000 MOP \$20 Copay	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$520.53</b>	<b>\$1,358.61</b>
<b>KAISER HMO-4 (w/ Chiro) 100%</b>	Premium	\$1,153.16	\$2,328.39
\$0 Deductible   \$1,500/\$3,000 MOP \$30 Copay	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$506.69</b>	<b>\$1,333.00</b>
<b>KAISER 6 100%</b>	Premium	\$1,154.00	\$2,329.00
\$0 Deductible   \$1,500/\$3,000 MOP \$25 Copay	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$507.53</b>	<b>\$1,333.61</b>
<b>KAISER 7 100%</b>	Premium	\$1,105.00	\$2,230.00
\$0 Deductible   \$1,500/\$3,000 MOP \$35 Copay	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>\$458.53</b>	<b>\$1,234.61</b>
<b>CVT BRONZE PLAN 70%</b>	Premium	\$610.00	\$1,232.00
\$5,000/\$10,000 Deductible \$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$646.47	\$995.39
	<b>employee cost</b>	<b>-\$36.47</b>	<b>\$236.61</b>
<b>Delta Dental Premier - Incentive Plan</b>	<b>employee cost</b>	<b>\$99.39</b>	<b>\$99.39</b>
<b>VSP Vision</b>	<b>employee cost</b>	<b>\$22.08</b>	<b>\$22.08</b>
	<b>Total employee selection</b>	<b>\$</b>	
	<b>x 12 mos/ 11 paychecks</b>	<b>\$</b>	

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, 2023 - September 30, 2024**

BENEFIT	PPO 4, Rx B	PPO 6, Rx B	PPO 8, Rx C	PPO 10, Rx C
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	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
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$2,000 <sup>(2)</sup> Family: \$4,000 <sup>(2)</sup>	Individual: \$3,250 <sup>(2)</sup> Family: \$6,500 <sup>(2)</sup>	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 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
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*
<b>Hospital Inpatient</b>	Paid at 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
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
<b>Home Health Care</b>	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	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
<b>Medical Decision Support</b>	Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)

**PPO Plans:**

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

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

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

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

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

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

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

**Ripon Unified SD - CERTIFICATED**

**October 1, 2023 - September 30, 2024**

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

BENEFIT	PPO Wellness, Rx C		PPO HDHP 1	PPO Bronze	
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<b>Medical Decision Support</b>	Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance	Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance	
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<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 90%* after deductible is met	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</b> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

**PPO Plans:**

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

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

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

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

**CVT HMO Health Plans with Kaiser Permanente**

**Ripon Unified SD - CERTIFICATED**

**October 1, 2023 - September 30, 2024**

BENEFIT	HMO 3	HMO 4 w/Chiro	HMO 6	HMO 7
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	\$0
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$25 Copay <b>Specialty Physician</b> - \$25 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialty Physician</b> - \$35 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	Most tests paid at 100%*			
<b>Outpatient Radiology</b>	Most services paid at 100%*			
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Per Trip If Medically Necessary
<b>Physical Therapy</b>	\$20 Copay	\$30 Copay	\$25 Copay	\$35 Copay
<b>Chiropractic</b>	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
<b>Acupuncture</b>	\$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
<b>Outpatient Surgery</b>	\$20 Copay	\$30 Copay	\$25 Copay	\$250 Copay
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	\$250 Copay	\$250 Copay
<b>Hospital Emergency Room</b>	\$100 Copay Copay waived if admitted as in-patient			
<b>Urgent Care</b>	\$20 Copay	\$30 Copay	\$25 Copay	\$35 Copay
<b>Home Health Care</b>	Paid at 100%* (Limits)			
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>			
<b>Medical Decision Support</b>	N/A	N/A	N/A	N/A
<b>Employee Assistance Program (EAP) through Carelton</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>

BENEFIT	HMO 3		HMO 4 w/Chiro		HMO 6		HMO 7	
Prescription Drugs	<b>Retail</b>		<b>Retail</b>		<b>Retail</b>		<b>Retail</b>	
	\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	\$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)	<b>Mail Order</b> \$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](http://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, 2023 to September 30, 2024

<b>Benefits and Covered Services*</b>	<b>PPO Network **</b>	<b>Premier Network and Out of Network **</b>
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	\$1,900	\$1,500
<b>Diagnostic &amp; Preventive (D&amp;P) Services</b> 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% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Endodontics</b> (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Prosthodontics</b> Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

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

\*\* See back for additional details

## What are my Delta Dental Network options?

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

## How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website ([deltadentalins.com](http://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](http://es.deltadentalins.com).

Create a free Online Services account at [deltadentalins.com](http://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](http://mysmileway.com) – a great resource for oral health-related tools and tips.

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

# A Look at Your VSP Vision Coverage

With VSP and CALIFORNIA'S VALUED TRUST - Plan C \$10 Copay, your health comes first.



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

### Value and savings you love.

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

### Provider choices you want.

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

	Preferred private practice and retail in-network choices
	 

### 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](http://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.



## More Ways to Save

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

bebe	CALVIN KLEIN
COLE HAAN	DRAGON.
FLEXON	LACOSTE
	and more

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

+

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

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

**Your VSP Vision Benefits Summary  
2023-2024  
Ripon Unified School District - Certificated**



**PROVIDER NETWORK: VSP Signature**

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10 for exam and glasses	Every 12 months
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart®/Sam's Club®/Costco® frame allowance</li> </ul>	Combined with exam	Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Combined with exam	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every 12 months
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

**YOUR COVERAGE GOES FURTHER IN-NETWORK**  
 With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.  
 +Coverage with a retail chain may be different or not apply.  
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.  
 To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).  
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 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM  
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