



OPEN ENROLLMENT GUIDE

SUMMER

2016

The 5 things you need to consider before selecting your CVT Healthcare Plan



According to a national study, about one half of employees spend only about 15 minutes researching their healthcare plan benefits before making a benefit plan selection.

Choosing the right health insurance plan can have a major impact on your physical and financial health.

The study, conducted by Aflac, found that nine out of 10 people just keep the same benefits each year and that four out of 10 had each wasted \$750 on mistakes in choosing their benefits. That's why it's important to understand your options as CVT's Open Enrollment begins.

Here are five tips that may help you select the right plan for your family. Take time and review them, even if you are happy with your current coverage

1. **Review last year.** Experts recommend that you review how you used your plan last year. How much money did you spend out of pocket? What does your district contribute toward your plan? How often did you visit a healthcare provider? What did you spend on prescription drugs?
2. **Future healthcare needs.** Planning an elective surgery? Planning on having a baby? These could impact your plan, particularly the out of pocket expenditures. Would your current plan cover you at the level you would need?
3. **What is the premium?** Your plan premium should not be the sole factor in your selection but it is a consideration. Keep

in mind that the lower the premium generally the higher the deductible you pay. Higher premiums typically have lower deductibles. So you need to consider how often you will visit providers and what your future needs might be.

4. **Prescription Costs.** Drug costs are skyrocketing and driving up the cost of healthcare. If you have special prescription needs, make sure to check out what your prescription plan options are before selecting one.
5. **Benefit changes.** Be sure to see how your current plan might have changed over the last year. You may want to look at other options. Study CVT's open enrollment guide. See what changes have been made that become effective October 1, 2016. One of the biggest mistakes people make during open enrollment is not understanding changes in their plans year to year. Compare any new plans that may have been negotiated on your behalf for the next plan year and are available for you to choose from versus your existing one.

Need help? CVT provides several decision-making tools and resources to assist Districts, Chapters and Members better understand their medical benefits and make more informed decisions. Visit <http://www.cvtrust.org/tools> to find the Summary of Benefits and Coverage and Plan documents for each plan CVT offers.

Also located on the page is a Medical and Pharmacy Benefit Calculator to assist you in your decision and a series of "Know Your Benefits" booklets that help you understand the different types of plans and how they affect your co-payments. For assistance contact **CVT Member Services** at **(800) 288-9870**.

Your 2016 Open Enrollment Guide

As your healthcare provider and Trust, California's Valued Trust (CVT) is providing you important benefit information for the new 2016-17 plan year, effective October 1, 2016.

The new plan year is quickly approaching, which means many CVT members will soon be assessing their healthcare needs and making necessary adjustments. This special edition of TrustLine is your Open Enrollment Guide. It is designed to be part of our system of record notifications and is intended to inform you about the new plan year benefit changes and also the essential requirements for choosing your benefits. It is devoted to assisting you in making the best plan choices for you and your family by taking advantage of CVT's many tools to help you determine the right coverage.

INSIDE THIS EDITION:

- *Benefit Changes for the 2016-17 Plan Year*
- *HealthEquity Health Savings Account (HSA)*
- *Need hearing aids? New TruHearing aid program*

Join us on our social network for healthy tips and YouTube to learn more about your plans.



Participating In Open Enrollment Made Easy

Providing a smooth open enrollment process to our districts and members is a top priority for CVT. To ensure you choose the best plan for you and your family, participate in an open enrollment meeting scheduled by your district.

CVT continually supports district-specific open enrollment processes and time periods. The following dates and enrollment changes are set by CVT, however, please check with your district to confirm specific dates.

Key dates

- September is CVT's Annual Trustwide Open Enrollment period
- October 1 benefit changes become effective for the new plan year
- Plan years run from October 1 to September 30

To make changes outside the Open Enrollment period you must experience a qualifying event. Eligibility updates must be received within 31 days of a qualifying event. Make sure to notify your Human Resources Department. Contact CVT or your district office for a list of qualifying events. The CVT Active Employee Eligibility Policy Overview can be found under Resources on **www.CVTrust.org** that includes information on qualifying events, eligibility, enrollment, dependent coverage and more.

We encourage you to contact CVT with any questions regarding open enrollment. As your healthcare partner, it's our hope this guide is a valuable resource to ultimately help you choose the plan that fits best. For more information, please contact our Member Services team by calling **(800) 288-9870** or visit our website at **www.CVTrust.org**.



VALERIE CORNUELLE
CVT'S EXECUTIVE DIRECTOR

Pharmacy claims – a major cause of rising healthcare costs

All across California, and the nation for that matter, drug costs are impacting the cost of healthcare for everyone. A recent CVS Health Research Institute study noted that the most vulnerable patients (those with multiple chronic conditions) account for nearly 80 percent of all drug costs. We all need medications from time to time, but it is Specialty drugs that are driving CVT's costs.

Specialty drugs represent a rapidly growing area of total drug expense of both public and private health plans. These drugs, typically used to treat chronic, serious, or life-threatening conditions, such as cancer, hepatitis, rheumatoid arthritis, growth hormone deficiency, and multiple sclerosis, are priced significantly higher than traditional drugs. Total costs can be tens of thousands of dollars a month and can exceed \$500,000 a year for some products. There are usually few if any low-cost generic alternatives.

It is wonderful that these lifesaving drugs do indeed save lives and improve the quality of life for many, but unfortunately, they come at a high price and have a direct impact on CVT members.

Generic drugs have traditionally contributed to normalizing costs and trends, most recently Crestor, Nexium and Celebrex have increased generic dispensing rates. Several generics are expected to be released this year, but the savings associated with generics has slowed as compared to previous years.

To understand how Specialty Drug usage continues to impact rates, consider these points:

- Specialty Drug usage now comprises 32% of total medication costs
- The projected trend is another 20% to 25% increase
- By 2018, Specialty Drugs will represent 50% of all drug spend
- There are over 200 drugs in the specialty pipeline

CVT is doing everything it can to help including member education (e.g., ask the doctor for generics if possible), providing wellness programs and positive counseling efforts. This year alone we negotiated a new contract with CVS/caremark. Without it, the 2016-17 renewal would have been higher.

We at CVT continue to search for solutions through patient literacy and outreach, but until our elected officials exert some measure of control on the high cost of these drugs, healthcare benefits costs for everyone will continue to be impacted.

CVT Privacy Notice Available –

CVT's privacy practices insure the confidentiality of your protected health information (PHI). You can receive a revised Notice of CVT Privacy Practices by visiting the CVT website at www.CVTrust.org or by calling (800) 288-9870. The new provisions inform you of:

1. Your right to receive a notice if a breach occurs that may have compromised the privacy or security of your information.
2. Your right to inspect and obtain a copy of your PHI that is contained in Plan records, subject to limitations permitted by law.

Women's Health and Cancer Rights Act

Your health plan provides benefits for mastectomy related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy (including lymphedema). The plan's usual deductibles and copayments apply. Please keep this newsletter for your records and call CVT if you need more information.





Updates for the 2016-17 Plan Year

Effective October 1, 2016

Updates for Anthem Blue Cross or Blue Shield of California PPO or HDHP Plans.



Alere Health Management Program Ends

An extensive assessment of the Alere Health Management Program for common chronic health conditions was conducted by CVT this year. Due to low participation, the partnership with Alere will end September 30, 2016. CVT is identifying alternative models for a potential replacement in the future.

For those members who are currently engaged with a nurse please continue working with your nurse through the end of September. If you are currently receiving a pharmacy copayment step down because of your engagement in Alere, you will be able to continue in the program for the 2016-17 plan year. This will help to provide support in your course of treatment and compliance with your medications.

Out-of-Pocket (OOP) Maximum

CVT has reduced the family out-of-pocket maximum by capping the amount as a set multiple of the individual maximum.

The family out-of-pocket maximum will now have a limit of 3 times the individual maximum. No one person will pay more than their individual OOP maximum or, collectively, the family will never pay more than 3 times the individual. **See chart below.**

Out of Pocket Maximum Chart

PPO Plans	PPO 1	PPO 2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7	PPO 8	PPO 9	PPO 10	Wellness	Bronze
OOP Maximum												
Individual	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$2,000	\$2,000	\$3,250	\$5,000	\$6,350	\$1,750	\$6,350
Family	\$3,750	\$3,750	\$3,750	\$3,750	\$3,750	\$6,000	\$6,000	\$9,750	\$10,000	\$12,700	\$5,250	\$12,700
X the individual maximum	3x	3x	3x	3x	3x	3x	3x	3x	3x	No change	3x	No change

High Deductible Health Plans (HDHP) and the Affordable Care Act (ACA)

To comply with ACA requirements, CVT's plans effective October 1, 2016 will include an embedded individual out-of-pocket (OOP) maximum of \$6,850 for HDHP-1, HDHP-2 and HDHP-3 family plans.

High Deductible Health Plans (HDHP) and MDLIVE

MDLIVE will continue to provide 24-hour access to board-certified doctors by phone or secure video for HDHP plan members. Consultation fees will increase for HDHP members from \$38 to \$40.

Wellness PPO Plans

2016-17 CVT Wellness PPO Plan subscribers who utilize either the Anthem Blue Cross network or the Blue Shield of CA (BSC) network will have a few incentive changes including:

- NEW! Adding MDLIVE activation and utilization
- Removal of Alere program engagement (due to contract termination)
- Annual credit/reward amounts for the BSC Wellness Plan updated to align with other Wellness Plans (call for details)
- Earn up to \$400 in rewards/credits will continue to be available for each subscriber and enrolled spouse/domestic partner to earn toward out-of-pocket expenses

Updates for Kaiser Permanente HMO Plans

Given the static nature of copayments relative to the ever increasing cost of care, the emergency room copayment will increase to \$100 for Kaiser Permanente Plans 1-6 and the Wellness Plan. The copayment will continue to be waived, if admitted.

Update for CVT Dental Plans

CVT is adding dental implants, with a \$2,000 annual maximum, to unlimited dental plans as part of the base coverage under the prosthodontic benefit. The implant rider buy-up will no longer be necessary, since all CVT dental plans will have an implant benefit as part of the base prosthodontic coverage.





New CVT Programs

CVT Partners with HealthEquity to Offer Health Savings Accounts (HSA)



New for PPO and Kaiser Permanente HDHP Plan Subscribers

Beginning October 1, 2016, members may begin enjoying HealthEquity's HSAs and integrated services if enrolled in one of CVT's 3 HDHP PPO Plans or the Kaiser Permanente HSA Plan. These plans are compliant with requirements set by the Internal Revenue Service (IRS) and are compatible with a HSA.

HealthEquity is the nation's oldest and largest dedicated health savings trustee. CVT HDHP members can have better access to, and control of their Health Savings Account using innovative technology and online tools, and 24/7/365 customer service. They also provide account deposit and expenditure tracking, along with tracking IRS contribution limits within a plan year.

Visit www.HealthEquity.com for more information about our new partner or go directly to www.cvtrust.org/products/healthequity for details on the service and partnership.

Note: Members interested in using the HealthEquity services should contact their District or **CVT Member Services** at **(800) 288-9870** to see if your district has agreed to collaborate with CVT and HealthEquity to provide this new service.

TruHearing Hearing Aid Program. New for All Medical Plan Subscribers



CVT is pleased to announce a new hearing aid program with the TruHearing Select Program for all PPO and HMO medical plan members. While hearing aids normally cost \$2,000 to \$3,000 per aid, CVT members will have options for high quality hearing aids through TruHearing for as little as a \$699 fee per aid. Highlights of the program coverage include:

- \$45 fee for routine hearing exam
- \$699 to \$999 fee per aid on TruHearing Flyte hearing aids (smart phone enabled, 100% digital hearing aids)
- Hearing aid cost includes a 45-day trial period, 3 year warranty, and 48 batteries per aid
- Hearing aids come in 2 different technology levels and full range of styles and colors
- All exams and hearing aid purchases must be made through TruHearing

Watch for details on the TruHearing program being mailed to your home in late summer!

Value Added Benefits and Services

Beacon Health Options Employee Assistance Program (EAP)



The Beacon Health Options Employee Assistance Program (EAP) will continue to be provided to all subscribers with CVT PPO or HMO medical coverage.

The benefits of the EAP include: confidential counseling sessions; legal services, financial services and work/life services. EAP counselors are available 24 hours a day, 7 days a week.

Access is easy and there's no cost to you. Simply go online to www.achievesolutions.net/cvt or call for confidential support or information at **(877) 397-1032**.

Each member must call Beacon Health Options for authorization and referral before receiving services. Claims will not be paid without an authorization.

MDLIVE® Get 24/7 Access to Doctors Anytime, Anywhere.



CVT will continue to offer MDLIVE to all PPO and HDHP subscribers. MDLIVE offers CVT subscribers and their dependents around-the-clock on-demand access to a national network of board-certified doctors and therapists who can diagnose, recommend treatment, and prescribe medication (if appropriate).

MDLIVE can help you when you're at home, at work, or on-the-go. There is a \$5 per consultation fee for PPO members and a \$40 per consultation fee for HDHP members, which applies to the deductible.

GET STARTED NOW. Activate your account by phone or go online. Call **(888) 632-2738** or register at www.mdlive.com/cvt. The MDLIVE APP is also available at www.mdlive.com/getapp for iPhone and Android OS.





Value Added Benefits and Services

MetLife Supplemental Life Insurance



Existing CVT members can still elect supplemental life insurance during open enrollment even if they originally declined it when first offered. You must currently have basic life insurance through your district to qualify for the supplemental coverage through CVT. This supplemental plan requires a direct payment between CVT and our eligible members, not through the district. Please contact CVT at **(800) 288-9870** to confirm eligibility and request a supplemental life packet.

Accordant® Health Management Program

This program is designed to support members who have one of 17 rare, complex conditions such as Crohn’s Disease, Lupus and Rheumatoid Arthritis (RA). It provides personal access to a team of specially trained nurses 24/7 at no cost. Visit **accordant.com** for more information or call **(800) 948-2497** to confirm eligibility and enroll today.

Thank You Sarah for 14 Years of Service!

CVT would like to thank Sarah Howard for over 14 years of service! Sarah joined us as a receptionist before she became part of our accounting team. Sarah helps CVT and its districts with billing, receiving, retiree questions, and processing payments. She works with all of CVT’s districts, which is one of her favorite parts about working here. “All of the contacts and calls are great. I have enjoyed the people I have met and the relationships I have built with the members and employees here at CVT.” Before Sarah joined us she worked in the aircraft industry doing receiving and billing as well. In her spare time she enjoys cooking and sending time with family, especially playing tennis. She also spends time unwinding in her backyard by landscaping and relaxing. Thank you Sarah, we enjoy everything you have done and look forward to many more years!



WELCOME NEW DISTRICTS AND UNITS

We’re proud to welcome the following new districts and units joining CVT this summer. You now belong to a Trust currently serving 240 School Districts and 157,000 total members stretching from Oregon to Mexico. We believe in providing quality, affordable healthcare with a variety of choices to fit our members’ needs. We are pleased that you have joined us.

Salinas Union HSD
Classified

Barstow CCD
Management, Trustees

Beaumont USD
Classified

Colusa COE
Management

Corning UHSD
Management

Gerber Union Elementary
SD Management, Classified

Oroville UHSD
Classified

Palo Verde College
Classified

Paradise USD
Classified

San Ardo Union Elementary SD
Management

Tahoe-Truckee USD
Management, Trustees, Certificated, Classified

Tehama County DOE
Management, Trustees, Certificated, Classified

Red Bluff JUHSD
Management

Palo Verde College
Classified

Please remember that not all information provided in this guide may apply to you. CVT districts/units negotiate different benefit options to meet the needs of their members. If you are in doubt about what coverage you have please contact your district or CVT at **(800) 288-9870**. All benefit changes are effective October 1, 2016.

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

Tehama County DOE - CLASSIFIED

October 1, 2018 - September 30, 2019

BENEFIT	PPO Wellness	HDHP 3	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,500 Family: \$3,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,750 Family: \$5,250	Individual: \$6,250 Family: \$12,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150.	Individual: \$6,350 Family: \$12,700
Doctor Visits (Primary Care Physician)	\$20 Copay	Paid at 60%* after deductible is met	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	\$40 Copay	Paid at 60%* after deductible is met	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 60%* 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 60%*(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 60%*(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 60%* 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	Paid at 90%* after deductible is met	Paid at 60%* 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 60%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 60%* 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 60%* 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
Telehealth	MDLIVE - \$5 copay for non-emergency medical conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - Paid at 60%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions and Behavioral Health.	MDLIVE - \$5 copay for non-emergency medical conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.

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

PPO Plans:

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

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is 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

Tehama County DOE - CLASSIFIED

October 1, 2018 - September 30, 2019

BENEFIT	PPO 4A	PPO 8B	PPO 9B	PPO 10B
Calendar Year Deductible	Individual: \$100 Family: \$300	Individual: \$500 Family: \$1,500	Individual: \$1,000 Family: \$3,000	Individual: \$2,000 Family: \$6,000
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)	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$9,750 ⁽²⁾	Individual: \$5,000 ⁽²⁾ Family: \$10,000 ⁽²⁾	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$20 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met
Doctor Visits (Specialty Physician)	\$20 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	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
Radiation Therapy, Chemotherapy	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
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	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
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	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met
Urgent Care	\$20 Copay	\$30 Copay	\$35 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
Telehealth	MDLIVE - \$5 copay for non-emergency medical conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$35 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, Behavioral Health ⁽²⁾ is paid at 80% after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT.

BENEFIT	PPO 4A		PPO 8B		PPO 9B		PPO 10B	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$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 \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)

PPO Plans:

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

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is 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.



Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2018 to September 30, 2019

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$1,700	\$1,500
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants Nitrous Oxide	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 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.

Protect your vision with VSP.



Get the best in eye care and eyewear with CALIFORNIA'S VALUED TRUST - Plan A, \$10 Copay and VSP® Vision Care.



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location who carries these brands.

See why we're consumers' #1
choice in vision care².

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary

2018-2019

Tehama County DOE - Classified



VSP Provider Network: VSP Signature

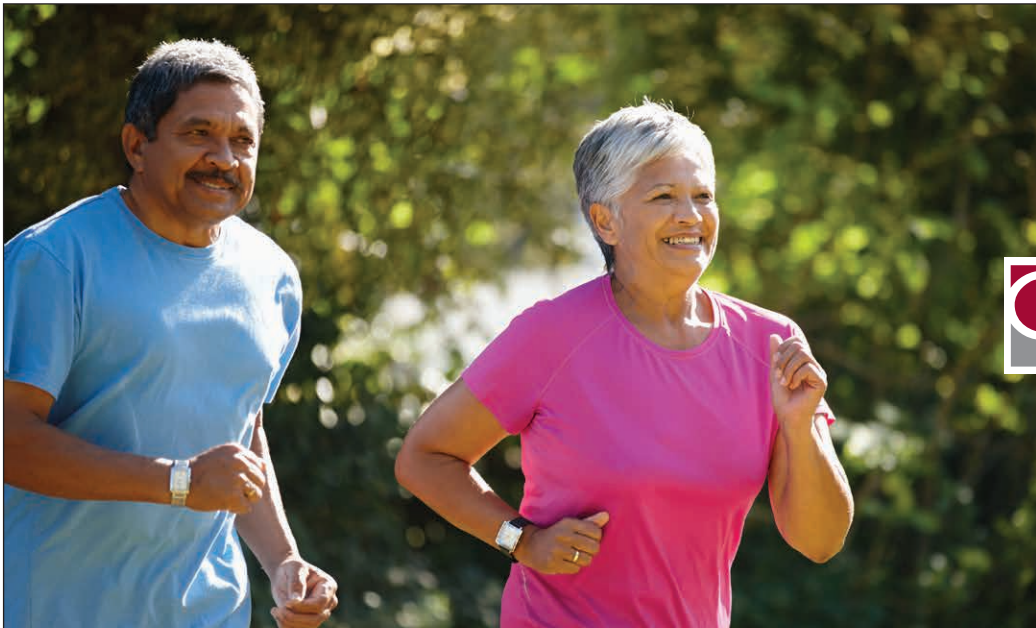
Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Combined with exam	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 24 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 24 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 24 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$50	Progressive Lenses	up to \$75
		Contacts	up to \$105
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.			

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

¹Brands/Promotion subject to change.

²Blueocean Market Intelligence National Vision Plan Member Research, 2014

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**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Education Community

cvtrust.org

2016-17 CVT WELLNESS PPO PLAN WITH ANTHEM NETWORK

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

Better living. More credit.

By enrolling in the Wellness PPO Plan, you and your enrolled spouse/domestic partner will each receive an initial \$50 of credit from CVT just for enrolling. Additional credits can be earned as you put the plan into practice. Each of you may earn up to \$400 per year to be used toward out-of-pocket deductible and coinsurance expenditures, including those of your enrolled dependent children.

Am I eligible?

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

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

Access comprehensive benefits:

Plan overview*

CVT Wellness PPO Plan highlights include:

Earn wellness credits	Up to \$400/individual/year
Who can earn credits	Individual and covered spouse/ domestic partner
Credit rollover	Up to \$1,000 each per year, when re-enrolling in the Wellness Plan
Calendar-year deductible	\$500 individual, \$1,000 family
Coinsurance	Paid at 90% after deductible is met
Calendar-year out-of-pocket maximum†	\$1,750/individual \$12,700/family
Office visit copayment	\$20 primary care physician, \$40 specialist
Preventive care	100% covered
Prescription drug coverage from CVS/caremark	\$7/\$25/\$40 for 30-day supply; \$15/\$60/\$90 for 90-day supply

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

† Includes deductible, coinsurance, medical and pharmacy copays.



GET STARTED

- \$50 credited to your Anthem MyIncentive Account by CVT for member and spouse/domestic partner upon enrollment

EARN MORE CREDITS (Up to \$400/individual/year)

- Online Health Assessment (\$50)
- Healthy Lifestyles Programs (Up to \$225)
- Preventive Care Screening (\$75)
- Enroll in Future Moms Maternity Management Program (Up to \$150)
- Enroll and engage in Accordant Health Management (\$50)
- Personal Choice Activity (Up to \$50)
- Utilize MDLIVE services (\$50)

SPECIAL BENEFITS + REWARDS

- Healthy Lifestyles online program
- Audio Health Library (English & Spanish)
- Accordant Health Management prescription co-pay reduction incentive

USE CREDITS

- For out-of-pocket expenses (deductible & coinsurance) for member, spouse/partner & dependents
- Reimbursement check mailed once member receives EOB for services (min. \$25)
- Credits roll over year to year (max. \$1,000 per person)
- Applied to Wellness PPO Plan only

• You and your enrolled spouse/domestic partner will be able to earn credits by completing key tasks, such as:

- > Completion of the online **Health Assessment**: \$50
- > Completion of **Healthy Lifestyles** online coaching: \$75 up to \$225.
- > **Preventive Care screening**: \$75
- > Enrollment in **Future Moms Maternity Management Program**: \$50 up to \$150
- > **Personal Choice Activity**: \$25 up to \$50
- > **Utilize MDLIVE**: \$50 - On demand access to board certified doctors 24/7 by phone or secure video at www.mdlive.com/cvt
- > Enroll in **Accordant Health Management Program**: \$50 - Call 800.948.2497 to confirm eligibility and enroll.

You may be eligible for reduced pharmacy co-payments for certain condition-related prescriptions when enrolled and engaged with a nurse in an approved Accordant health management program. Does not apply to members enrolled in Medicare/SilverScript. Accordant Health Management program is designed to support CVT members with one of 17 rare, complex conditions such as Hemophilia, Lupus, and Multiple Sclerosis (MS). A complete list of conditions is available on www.cvtrust.org.

In addition, you can access other Anthem Blue Cross services at no extra cost to you.

- Healthy Lifestyles Online Coaching to help members earn rewards in five key areas:
 - > Managing My Weight
 - > Eating Healthier
 - > Being More Active
 - > Dealing with Stress
 - > Quitting Smoking
- Future Moms Maternity Management Program provides individualized support to expectant moms to achieve healthier pregnancies and deliveries
- AudioHealth Library where members can choose from a library of audio recordings containing the latest health information

We are in this with you.

At CVT, we want you to be an active participant in your own healthcare plan. By developing a healthier lifestyle, you can directly impact your quality of life and healthcare costs. We want to help our members with their preventive and health initiatives and we think they should be rewarded for it.

For more information about selecting this as your plan, please contact Member Services at **800.288.9870** or talk to your chapter president about how this may be included in your unit's plan offerings.



LET US HELP YOU PLAN AHEAD

INTRODUCING CVT'S MEDICAL & PHARMACY BENEFIT CALCULATOR

CVT is committed to helping our members make important decisions regarding their healthcare. To assist you in selecting a health plan that meets your specific needs, we've designed an online benefit calculator to provide an estimated cost for your out-of-pocket expenses based on the data you provide.

All you need to do is visit The CVT Benefit Calculator at www.cvtrust.org/calculator/ and provide some basic information. The calculator will do the rest!

Before you give our benefit calculator a try, take a moment to gather the following important information you will need to enter for the most accurate results:

- A list of medical plans available to your unit and what the monthly payroll deduction is for each. Your district office should have this information available.
- Estimate of the total number of physician office visits and prescriptions that you and / or your family had in the past year.

CVT's benefit calculator – just one more way we're helping you meet your healthcare needs.



Go to www.cvtrust.org/calculator/ today, or call CVT Member Services at 800-288-9870 for more information.



HELPFUL PHONE NUMBERS AND WEB SITE ADDRESSES FOR COVERAGES

CVT PRUDENT BUYER INFORMATION		
ANTHEM BLUE CROSS OF CALIFORNIA	(800) 234-4333	www.anthem.com/ca/cvt
ANTHEM BLUE CROSS BLUE CARD PROGRAM (For Anthem Blue Cross Members residing/traveling out of the State of California)	(800) 810-2583	www.bluecares.com
ANTHEM BLUE CROSS PRE-ADMISSION	(800) 274-7767	
OTHER CVT INFORMATION		
ALERE (Health Management Program)	(877) 864-1327	
CALIFORNIA'S VALUED TRUST	(800) 288-9870	www.cvtrust.org
CVS CAREMARK (Pharmacy & Mail Order) (Under 65 Members)	(888) 354-6390	www.caremark.com
CVS CAREMARK / SilverScript (Pharmacy & Mail Order) (Over 65 Members)	(888) 620-1756	www.silverscript.com
DELTA DENTAL OF CALIFORNIA	(866) 499-3001	www.deltadentalins.com
MDLIVE	(888) 632-2738	www.mdlive.com/cvt
METLIFE INSURANCE	(800) 638-6420	
VALUE OPTIONS - EMPLOYEE ASSISTANCE PROGRAM	(877) 397-1032	www.achievesolutions.net/cvt
VISION SERVICE PLAN	(800) 877-7195	www.vsp.com

It is always a good practice to obtain the name of the person you spoke with. If your concern was not handled to your satisfaction, California's Valued Trust can follow-up and assist you with your concern.



**CALIFORNIA'S
VALUED TRUST**
Healthcare Benefits for the Education Community

Who Do I Call?

CALL YOUR DISTRICT OFFICE WHEN...

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

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

CALL CALIFORNIA'S VALUED TRUST WHEN...

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

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

CALL THE CARRIER WHEN...

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

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

Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chicken pox)

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁶
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling (female)^{3,4}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁴
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁴
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles)

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items – age appropriate

- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 0-12 months

Adult preventive drugs and other pharmacy items – age appropriate

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older

Women’s preventive drugs and other pharmacy items – age appropriate

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides ^{4, 5}
- Folic acid for women 55 years old or younger
- Vitamin D for women over 65

¹ The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Customer Care number on your ID card.

² Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

⁴ This benefit also applies to those younger than 19.

⁵ A cost share may apply for other prescription contraceptives, based on your drug benefits.

⁶ Check your medical policy for details.



24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. Our network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.

Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors. We ask parents to establish a child record under their account. Parents must be present on each call for children 18 or younger.

Common Conditions We Treat

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- And More!

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

Pediatric Care

- Cold & Flu
- Constipation
- Ear Infections
- Nausea
- Pink Eye
- And More!

How much does it cost?

Signing up is free, you only pay per consult.
PPO Members - \$5 per consultation
HDHP Members - \$40 per consultation (applies to deductible)



MD Download the App

Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.





TruHearing Hearing Aid Program
New for All Medical Plan Subscribers Starting October 1, 2016

Coming October 1st! CVT is pleased to announce a new hearing aid program called TruHearing Select Program for all medical plan members. While hearing aids normally cost \$2,000 to \$3,000 per aid, CVT members will have options for high quality hearing aids through TruHearing for as little as a \$699 fee per aid.

Program highlights:

- \$45 fee for routine hearing exam
- 2 hearing aids per year when purchased through TruHearing
- \$699 to \$999 fee per aid on TruHearing Flyte hearing aids (smart phone enabled, 100% digital hearing aids)
- 3 follow-up visits with an in-network provider for fitting and adjustment of hearing aids
- 45-day trial period
- 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 batteries per aid
- Hearing aids come in 2 different technology levels and full range of styles and colors
- Members must call TruHearing to verify your benefit and schedule a hearing exam. The TruHearing phone number will be made available to eligible members by mail in September.

How to Get Hearing Aids

1. Look for program details coming to your home in the mail mid-September.
2. A TruHearing phone number will be included in that mailing to contact TruHearing.
3. A TruHearing hearing consultant will verify your coverage and help you set up a hearing exam with an audiologist or hearing instrument specialist in your area.
4. If hearing loss is discovered, your audiologist or hearing instrument specialist will help you choose the right hearing aids and order them through TruHearing.
5. When the hearing aids arrive, you'll return to have them fitted and programmed by your audiologist or hearing instrument specialist.

Look for program details coming in the mail to your home in September with information on how to schedule your appointment with TruHearing after October 1st!



**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Education Community



beacon

health options

How Can the EAP Help You?

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

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

YOUR EMPLOYEE ASSISTANCE PROGRAM

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

1-877-397-1032

www.achievesolutions.net/cvt



EMPLOYEE ASSISTANCE PROGRAM

CONFIDENTIAL SUPPORT
FOR WORK AND LIFE



Privacy is a priority

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

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

1-877-397-1032

www.achievesolutions.net/cvt

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

BENEFITS OF THE EAP INCLUDE:

COUNSELING SERVICES

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

Each covered member can get up to six counseling sessions per benefit year (with a maximum of two courses of treatment). Clinical assistance is available 24 hours a day/7 days a week. As with all EAP services, your conversation will be strictly confidential.

LEGAL SERVICES (Free 30-minute consultation and discounted rates)

Legal support for:

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

FINANCIAL SERVICES (Free 30-minute consultation and discounted rates)

Talk to a financial coach for guidance on:

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

WORK/LIFE SERVICES

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



We help people live
their lives to the
fullest potential.

HOW THE EAP WORKS

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

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

The EAP is here to help

You don't have to handle your concerns on your own. It's OK to ask for help. In fact, seeking help early enables you to take immediate control of your situation and can prevent small issues from turning into big problems. EAP counselors are available 24 hours a day, 7 days a week. Whether your concern is big or small, don't hesitate to call.

ONLINE RESOURCES

Visit the Achieve Solutions website to access articles, videos, calculators and quizzes to help you improve your health and manage life events. You can also search for service providers in your area. The site is available in English and Spanish.

Topics include:

- Depression
- Strengthening marriage and relationships
- Stress management
- Anxiety
- Conflict management
- Weight management
- Communication

YOUR EMPLOYEE ASSISTANCE PROGRAM

Resources, referral and support services for personal success:

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

