



CALIFORNIA'S
VALUED TRUST

Healthcare Benefits for the Education Community

OPEN ENROLLMENT GUIDE

SUMMER

2019

For 35 years, California's Valued Trust has focused on providing you the best and most responsive member service. In continuing that tradition, the TrustLine is our primary communication vehicle used to provide required notices and insights into issues that impact your healthcare benefits and rates, as well as new services and options with CVT. We invite every member to engage with our Member Services team with questions or feedback regarding any of CVT's healthcare offerings.



Your 2019-2020 Open Enrollment Guide

Make the most of your healthcare benefits

Learn how to make better health plan decisions during open enrollment.

Open enrollment season comes once a year and offers you the ability to re-evaluate your healthcare benefits and those for your family. Now is the time to make some important health and financial decisions such as reviewing your health plan choices for next year. Consider your personal situation—your finances, family health status and preferred healthcare providers and hospitals when choosing your coverage. Be sure to consider any new employee benefit options that can help improve your health, overall financial security and enhance your quality of life.

To support your health decision-making process, here are three tips to help you make the most of your employee benefits during enrollment this year.

1. Build your health care budget.

Looking at your entire household's spending may help you get your arms around your healthcare budget. Knowing your facts can help you make better decisions during annual enrollment. How much did you pay in premiums this year? What are your pharmaceutical costs? How many trips to the doctor, hospital, or emergency room did you or family members make? What about next year?



2. Take time to review your benefits package – what’s changing next year?

Did your bargaining unit add or delete specific health plan options for you to choose from this year? Has your spousal or partner coverage changed? Are there new benefits or wellness incentives you should be considering?

3. Compare different plans

According to a recent Fidelity* health plan survey, 44% of people say it’s easier to stick with the current health plan year over year, versus trying to decide if another choice is better. Now is the time to think differently. Do your homework and take the time to fully understand all the benefit choices now available to you, or you may be leaving money on the table. Compare the benefits, rules, restrictions and costs such as copays, deductibles and out-of-pocket maximums. When choosing your plan, consider your personal situation – your finances, family health status and proximity to frequently used medical services. Open enrollment is the time to reassess which plan best meets your family’s current needs.

*Source: <https://www.fidelity.com/viewpoints/personal-finance/benefits-enrollment-tips>

Please note that all of the information provided in this guide may not apply to you. CVT districts and chapters 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 a CVT Member Services Representative at (800) 288-9870.

It’s also important to understand that being a member of CVT brings you many different partners who are leading carriers in the healthcare industry. By doing so, CVT is able to provide members the best of the best in healthcare products and services at the most affordable prices. Multiple health and welfare benefits are available from CVT to meet the needs of our subscribers. As a result, you may see many different products and provider names associated with your benefits, but it’s important to note that they are your partners through CVT.

2019-2020 CVT Plan Year Update

CVT continues to provide high-quality options at the lowest possible rates for its members. We carefully make important and thoughtful decisions on your behalf when making benefit changes. We encourage you to carefully review the changes below as you consider which plan is best for you and your family.

California’s Valued Trust (CVT) has adopted the following benefit changes **effective October 1, 2019**, for Districts/Chapters with any of the following lines of coverage and networks.

Anthem Blue Cross PPO and Blue Shield of California PPO Plans

Family Deductible and Out-of-Pocket Maximums

A benefit improvement has been made to better align the family deductible and family out-of-pocket maximums. They will now be two times the individual amount (as shown in green below) for PPO Plans 1-10 and the Wellness Plan.

Plans will be changed accordingly as shown in the table below:



2019-2020 Plans	PPO-1	PPO-2	PPO-3	PPO-4	PPO-5	PPO-6	PPO-7	PPO-8	PPO-9	PPO-10	Wellness
Deductible											
Individual	\$0	\$0	\$100	\$100	\$100	\$250	\$250	\$500	\$1,000	\$2,000	\$500
Family	\$0	\$0	\$200	\$200	\$200	\$500	\$500	\$1,000	\$2,000	\$4,000	\$1,000
Out-of-Pocket Max											
Individual	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$2,000	\$2,000	\$3,250	\$5,000	\$6,350	\$1,750
Family	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$4,000	\$4,000	\$6,500	\$10,000	\$12,700	\$3,500



Research shows that it is the price of services, rather than the volume of healthcare services, that is driving up costs. Higher costs mean higher rates for our members. To help address this trend, changes have been made to encourage consumer awareness about where members go for care that can make a significant difference in their out-of-pocket costs and can have an impact on the overall cost of healthcare.

Tiered Emergency Room (ER) Copayments

A study of the Trust’s emergency room (ER) visits for the last 12 months revealed that the Trust paid over \$9 million dollars in non-emergency claims such as headaches, urinary tract infections, lower back pain, diarrhea, acute bronchitis and others. These non-emergency visits to the ER were for conditions that could have been treated in an urgent care facility, by a primary care doctor, or addressed by using available telehealth services such as MDLIVE® at a much lower copay (usually only \$5) to the member and the Trust.



Starting October 1st, non-emergency ER visits will have a \$175 copayment on PPO Plans 1-10 and the Wellness Plan. An emergency ER visit copayment will remain \$100 and will be waived if you are admitted to the hospital.

Hospital Copayments

Hospital facilities that provide emergency, inpatient and outpatient medical care for sick and injured people, generally cost more than independent labs, surgery centers and clinics for the same procedures. If all CVT claims incurred at a hospital were redirected to a more appropriate site-of-care (ambulatory surgical center, independent lab, radiology center, etc.), CVT would have saved significantly in total outpatient claim costs last year.

To address price variability, copayments have been added for the following services if you choose a hospital versus an alternate site of care:

Service	Alternate site of care Copayment
Outpatient Laboratory	\$0
Outpatient Radiology	\$0
Outpatient Surgery	\$0

It’s important to note that adequate access to coverage is available and benefits remain the same if the above outpatient procedures are performed at an independent lab, imaging center or ambulatory surgical center. Members may still choose where they go for services, but there will now be an additional member cost share if the outpatient procedure is performed at a hospital.

Shop4Care

Common shoppable procedures and alternate sites of care examples help illustrate where members can receive care without the additional cost share.

To assist members with price variability and choosing the least expensive site of care for certain shoppable procedures, a new consumer awareness and educational program called Shop4Care has been created with details available at cvtrust.org/shop4care.

The program provides information for CVT members with two helpful cost and care finding tools – one for members with Anthem PPO plans and the other for members with Blue Shield of California PPO plans. These tools are designed to help members protect themselves from overpaying by seeing the cost of service and care before setting up a visit. The Anthem Care & Cost Finder is located at anthem.com/ca and the Blue Shield of California Treatment Cost Estimator may be found at blueshieldca.com.

Services	Alternate Site of Care
Outpatient Laboratory e.g. Comprehensive metabolic panel	Physician’s office, Independent lab
Outpatient Radiology e.g. X-rays, CT scans, MRIs	Imaging Centers, Clinics, Urgent Care
Outpatient Surgery e.g. Colonoscopy, Upper GI, Endoscopy	Ambulatory Surgery Center, Endoscopy Center

Anthem PPO Members can also access the Anthem Care & Cost Finder directly from MyCVT at mycvt.cvtrust.org with a Single Sign-On or SSO. With Single Sign-On, members can connect directly to most CVT benefit partners from MyCVT without having to sign into multiple sites.



MDLIVE Dermatology Services Added

CVT is expanding your current MDLIVE services to include teledermatology. This service gives members access to the largest national network of leading, board-certified dermatologists through a secure website or mobile device.



Members receive a full consultation, complete with a diagnosis, personalized treatment plan and appropriate prescriptions. Dermatologists can diagnose and treat more than 3,000 skin, hair and nail conditions online including: acne, rashes, eczema, suspicious spots and moles, warts and other abnormal bumps, rosacea, psoriasis, alopecia, insect bites, cold sores and more.

The addition of MDLIVE Dermatology services expands the current available MDLIVE telehealth services for non-emergency medical conditions and behavioral health services including psychiatrists and psychologist services.

The PPO plan copay for dermatology consultations will be \$5 and HDHP plans will be subject to the deductible and coinsurance, the same as medical consultations. Behavioral Health copays are the same as a member's specialty physician office visit. Members may access these benefits at MDLIVE.com/cvt or call (888) 632-2738.

Blue Shield of California HMO Access+ and Trio Plans

The in-network physician home visit cost share on these plans has been enhanced to match the in-network primary care office visit cost share as follows:



- **HMO 1** – cost share decreased *from* \$25 to **\$10**
- **HMO 2** – cost share decreased *from* \$25 to **\$15**
- **HMO 3** – cost share decreased *from* \$50 to **\$25**
- **HMO 4** – cost share decreased *from* \$50 to **\$45**

Delta Dental Plans

The following new buy-up dental options for the PPO 100 and PPO 70/30 dental plans will be available to choose from for bargaining groups:



- Basic services paid at 100%
- Crowns/Cast restorations paid at 100%
- Premier Network and Out-of-Network services paid at 50%

Important Drug Information for Anthem HMO Members

Your prescription coverage for your Anthem HMO plan is an important part of your benefit plan. Recently, a letter was sent to you announcing that IngenioRx would start managing your drug plan on July 1, 2019. In addition, you were also sent new ID cards, which contained all of the information needed to access this service at the pharmacy.

Double-check your anthem.com/ca member account to make sure all of your preferences are the way you want them. Don't have an account? Registering at anthem.com/ca is quick and easy. You'll also want to be sure your pharmacy has your most recent Anthem ID card information on file. Have questions about this transition? Give Anthem a call at the Pharmacy Member Services number on your ID card.



CVS Caremark Prescription Drug Plans

Prescription Plan D

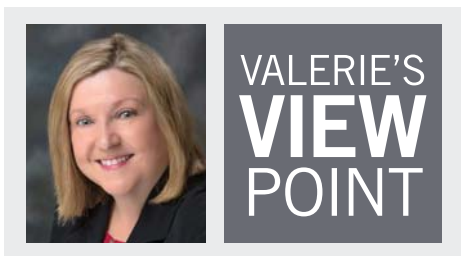
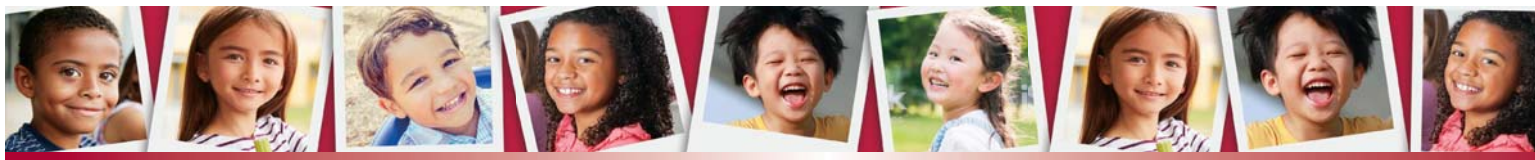


CVT's Prescription Plan D, our lowest cost prescription drug benefit option, has been simplified for ease of use by removing the coinsurance and establishing a flat copayment. A small brand deductible was added to retain the lower premium.

Current Plan D members will have this new plan design in 2019-2020 unless a different pharmacy plan is selected.

Note: Due to Medicare requirements, the plan change is effective October 1, 2019 for Active and non-Medicare Retirees and January 1, 2020 for Medicare Retirees enrolled through SilverScript.

Prescription Plan D	
\$150 Brand Deductible	
30 Day Supply	90 Day Supply
\$10 Generic	\$25 Generic
\$40 Brand Preferred	\$100 Brand Preferred
\$100 Brand Non-Preferred	\$250 Brand Non-Preferred



VALERIE CORNUELLE **CVT'S EXECUTIVE DIRECTOR**

You may recall that several years ago an IBM computer named Watson was featured on the popular TV show, Jeopardy and played against the reigning champions Ken Jennings and Brad Rutter. Watson won the tournament. The software used in programming Watson was so impressive that a few years later IBM introduced it commercially in the healthcare industry to help management decisions in lung cancer.

IBM Watson Health has become a recognized leader in providing a wide range of healthcare data, analytics and IT solutions across a spectrum of healthcare providers, government agencies, and life science companies. California's Valued Trust has partnered with IBM Watson and others to employ strategies, including the use of direct education initiatives and redirection campaigns to save millions of dollars for California school districts and their employees.

We are delighted to announce that CVT has been presented with a 2019 Advantage Award by IBM Watson Health for Consumer/Patient Outreach and Education. The award is for our educational programs and outreach to educate members about the price variability among healthcare providers and facilities.

This award is recognition of how hard CVT has worked to bring down the cost of healthcare to members by finding different solutions and options through the use of insights gleaned from analyzing pricing patterns in claims data to help members and Districts/Chapters to understand that the cost of care is highly dependent on where they go for service.

Our use of data is one way we identify trends that impact renewal and help us make decisions about products and services. It also allows us to be as transparent as possible when delivering annual renewals as it helps members and District/Chapter leadership understand what the cost drivers are in the process.

At CVT, we are committed to doing everything possible to deliver the best healthcare benefits at the most affordable cost. It is our mission and one that we are focused on every day. If you would like any additional information about your benefits or our products and services, please contact **Member Services** at **(800) 288-9870**.

General Information

Women and Health 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.

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 **CVTrust.org** or by calling **CVT Member Services** at **(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

Participating in Open Enrollment Made Easy

Providing a smooth open enrollment process to our districts/chapters 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 newly updated CVT Active Employee Eligibility Policy Overview can be found under Resources on **CVTrust.org**. The overview 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 **CVTrust.org**.



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INSIDE THIS EDITION:

- *Making the Most of Your Benefits*
- *2019-2020 Plan Updates - Effective October 1, 2019*
- *New Emergency Room Copays*

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



Manage your Benefits with MyCVT.com

MyCVT is your online member benefit website, available to active and district-paid retirees, which provides a convenient way to manage your benefits. MyCVT provides on demand information about your coverage, enrollment status, eligibility and links to CVT vendor partners through a single online service. The website is password-protected, secure and confidential!



Visit mycvtrust.org or contact **CVT Member Services** for assistance at **(800) 288-9870**.



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Your 2019-2020 Open Enrollment Guide

This special edition of TrustLine is your 2019-2020 Open Enrollment Guide. It is designed to be part of our system of record notification and is intended to inform you about the new plan year benefit changes and also the essential requirements for choosing your benefits. We encourage you to carefully review the changes inside this issue as you consider which plans are best for you and your family through September 2020.

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CVT complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-288-9870.

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