Choosing YOUR Coverage:

1. Go to <u>https://mycvt.cvtrust.org</u>



2. Enter the email address and password that you chose when signing up.



Is your district not listed above? Click here to add coverage to a new district.

4. Enter in ALL required information. Required information is marked with an (*).

5. EMPLOYMENT INFORMATION:

- When entering the School District, Tehama County Department of Education will automatically become an option after typing the first three letters: "TEH"
- If selecting "**YES**" for retired, you will only have to answer the Employee Type, by selecting "**NO**", you will also be prompted to fill in if you are Full Time or Part Time employee, as well as what your Employee Type is.
- **IMPORTANT:** If you currently waive **medical** benefits but take dental/vision/life (any combination), please contact Payroll at 528-7353 or HR at 528-7388 for how to enroll without medical.

6. MEDICARE INFORMATION - Answer the following two questions as it pertains to you. Then click NEXT



- 8. Enter Dependents Information. If supporting documents are required to complete your enrollment, you will have an opportunity to upload them to your account after submitting your application.
- 9. Drop down choices for Dependents are:

Dependents					
Add Dependent					
Dependent Type					
Dependent Type*					
· · ·					
Ple					
Domestic Partner					
Child					
Stepchild					
Dependent of Domestic Partner					
Legal Guardianship					
Adopted					
Gender*					
Female					
 Male 					
Social Security Number*					

Fill in ALL required information for each dependent you are adding.

10. After adding your dependents, click on:



County S

11. The next screen will allow you to choose what plan you want for yourself and your Dependents (if you have them). When you use the drop down option you should see the following :

Goverage for Maggie Morales My account Log o					
1 Your Information 2 Dependent Information 3 Plan Selection 4 Review					
Plans					
Member 1 Image: Base of the state of the					
Besic S2,000 Annual Maxif Dep 2 Ø Dep 1 Ø Compare Plans					
Member 1 @ Plan B \$10.00 Deductuble * Dep 2 @ Compare Plans					

Please note that the Dental and Vision plans vary depending on what Unit you are. There is only one option per unit in the drop down menu.

oental	Member 1 Dep 2	(Basic, \$2,000 Annual Maxir V Choose a plan		
	Dep 1		Basic, \$2,000 Annual Maximum, Prosthodontics 70/30, Nitrous Oxide		
ion 🗤	Member 1	¥.	Plan B \$10.00 Deductible 🔻		
Vision	Member 1 Dep 2	I.	Plan B \$10.00 Deductible Choose a plan		

12. When you are finishing selecting the plan of your choice, click on:

I'm Ready to Review My Application

13. If the summary of your coverage looks correct, simply hit the submit botton. If by chance you need to make changes, be sure to click the **BACK button** instead of the back arrow in the web browser. This should take you back to the previous screen and allow you to make changes.

Once you have **REVIEWED** and **AUTHORIZED** your application please click:



14. After clicking submit, you may be taken to a screen that says "Your Application Has Been Submitted!" If you have dependents on your plan, this DOES NOT mean you are done! You will need to provided the required SUPPORTING DOCUMENTS of the dependents you are adding to your plan. Documents listed in yellow below must be submitted before any adds, terminations or changes will be processed. To add a document simply follow the following steps:

Upload

- First scan document and Save.
- Click on Choose File



Files must be less than 3 MB. Allowed file types: pdf jpg jpeg tif tiff png. • Once uploaded the documents that were orignially listed in yellow will turn to green, which means your upload was successful.

Birth Certificate	g birth certificate20151130 0015 - copy - copy.pdf (369.91 KB)	
Bitti Oettineate		Remove

What to expect after you have uploaded all supporting documents:

What Happens Next?

1. Your district will review your enrollment and attached documents for any discrepancies.

a. If you were unable to upload your documents, please turn them in at your district office

2. Once approved by your district, your enrollment will be submitted to CVT for approval and processing.

a. Your changes will not be reflected on your coverage page until your effective date and your district and CVT have approved the application

3. If you chose a medical plan you will receive one of the following cards in the mail (Anthem BlueCross and BlueShield subscribers will receive a single mailer from CVT and CVS Caremark). These cards serve as both your medical and prescription ID cards and are issued in the subscriber's name only.

CAREMAR Anthem RxBIN 004336 Pudent Duger Plan RxGPD RX1234 XDBGP1XXXXX Suser (80840) 9151014609 GP2XGP3XX ID 123456789 01 Name Joe Test	DXBIN 004336 RxPCN ADV RxGSP RX1234 Susuer (80840) 9151014609 DD 123456789 01 Name Joe Test	Kaiser Foundation Health Plan, Inc. Northern California Region Medical Record No. Dere of Birth DOL23123 10/29 Name: First M Last DC000 NCR BHC 1 For information about your Health The breaths 1-880-464-400 For information about your Health The breaths 1-880-464-400 For information about your Health The breaths 1-880-464-400
Caremark Anthem/BlueCross	Caremark BlueShield	Kaiser Permanente

Please visit http://cvtrust.org/resources/forms.php to find and download required forms.

Print your enrollment	Back to your account	
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PLEASE SAVE AND/OR PRINT FOR YOUR RECORDS!