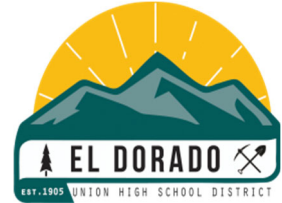


EL DORADO UNION HIGH SCHOOL DISTRICT  
OPEN ENROLLMENT MEMORANDUM



DATE: August 21, 2023  
TO: Certificated Staff  
FROM: Ray Sarlatte & Vince Norwood, Payroll Specialists  
SUBJECT: Open Enrollment Period for CVT Medical/Dental/Vision Plans

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- Our Open Enrollment period for changing your health benefit plans offered through California's Valued Trust (CVT) is **September 1 – September 30, 2023**. The effective date for changes made to CVT will be October 1, 2023. ***If you do not wish to make any changes, your current coverage will remain in place and you need to do nothing.***
- Please **carefully review the attached rate sheets** for the plans being offered. Rate changes for CVT will be reflected on your September 29, 2023 paycheck. Under the new Bargaining Agreement, the Employer CAP is now based on your hire date. The CAP is listed on the rate sheet for your convenience.
- **PLAN CHANGES – The Sutter/AETNA EPO plans have been discontinued, effective 9/30/2023.** New Replacement Plans called Anthem BlueHPN EPO have been added to the list of plans available for selection. Any employee that is currently taking a Sutter/AETNA plan will need to make a new selection during Open Enrollment. **If no selection is entered, coverage will be automatically be set to Anthem PPO Bronze, effective 10/1/2023.**
- **Please use my|CVT (information attached), the online system, to set up your account and to make benefit changes to your coverage during open enrollment. There are no forms to complete by using the my|CVT system. Please remember to check that all dependents are listed before exiting the online portal.**
- Married couples, who are both members of the Faculty Association (FA) must notify the District using the attached CAP Combination Form annually during Open Enrollment.

**For a Summary of Benefits on any of the plans listed, please visit [www.cvtrust.org](http://www.cvtrust.org).**

For questions regarding the Employer CAP or out of pocket expenses, please contact Ray Sarlatte at [rsarlatte@eduhd.net](mailto:rsarlatte@eduhd.net) (or ext. 7223) or Vince Norwood at [vnorwood@eduhd.net](mailto:vnorwood@eduhd.net) (or ext. 7216).

**DEADLINE TO MAKE CHANGES THROUGH my|CVT:**

**SATURDAY, SEPTEMBER 30, 2023**

# El Dorado Union High School District

## CERTIFICATED

### MEDICAL INSURANCE RATES 10/01/2023 - 09/30/2024

Based on 10 Checks per year and full-time status (0.61 to 1.00 FTE)

<b>Certificated - District Paid Cap</b>	
Hired before 7/1/2022	\$1,662.74/Month
Hired after 7/1/2022	\$1,550.00/Month



3 Tier Plan			
MEDICAL INSURANCE PLANS: CVT Available Plans	Emp. Only	Emp. + One	Emp. + Family
	Total Cost	Total Cost	Total Cost
Anthem PPO 1, Rx A	\$1,587.60	\$2,730.00	\$3,445.20
Anthem PPO 3, Rx B	\$1,459.20	\$2,510.40	\$3,166.80
Anthem PPO 6, Rx B	\$1,290.00	\$2,218.80	\$2,799.60
Anthem PPO 8, Rx B	\$1,167.60	\$2,008.80	\$2,533.20
Anthem PPO Bronze	\$726.00	\$1,249.20	\$1,575.60
Anthem PPO HDHP 1	\$877.20	\$1,508.40	\$1,903.20
Anthem PPO Wellness	\$1,308.00	\$2,250.00	\$2,838.00
Kaiser HMO 1	\$1,551.60	\$2,666.40	\$3,362.40
Kaiser HMO 6	\$1,502.40	\$2,581.20	\$3,255.60
Kaiser HMO 7	\$1,428.00	\$2,454.00	\$3,096.00
Kaiser HMO HSA	\$904.80	\$1,554.00	\$1,933.20
Kaiser HMO Wellness	\$1,208.40	\$2,074.80	\$2,619.60
BlueHPN EPO Premier, Rx A	\$1,167.60	\$2,007.60	\$2,533.20
BlueHPN EPO Prime, Rx B	\$1,135.20	\$1,952.40	\$2,463.60
BlueHPN EPO Saver, Rx B	\$1,077.60	\$1,854.00	\$2,338.80
BlueHPN EPO Value, Rx C	\$841.20	\$1,447.20	\$1,825.20
<b>Dental and Vision Coverage from 10/01/2023 - 09/30/2024</b>			
Dental - Delta Dental - Basic Incentive	\$63.22	\$114.50	\$164.59
Vision - VSP	\$11.93	\$22.16	\$34.13

## Faculty Association CAP Combo Form

The Faculty Association has negotiated to allow members that are married to other members of the same bargaining unit to have the ability to combine district provided health and welfare contributions in order to minimize out of pocket costs. Per Article 15 – Insurance Protection/Employee Benefits, married couples that are both members of the certificated bargaining unit may combine district provided health and welfare contributions if the following conditions are met:

1. Both certificated bargaining unit members, if considered full-time for benefits purposes (0.61 FTE or higher) must still select their own medical, dental and vision plan with CVT.
2. The District payroll department must be notified in writing during open enrollment of their desire to combine any contributions remaining after plan selection. Employees will not be able to opt into the program outside of open enrollment unless there has been a qualifying event.
3. Employees must abide by all requirements of the district's health care provider, California's Valued Trust (CVT). Participation in this program does not negate these requirements.

Member Names:

1. \_\_\_\_\_
2. \_\_\_\_\_

Spouse to receive the remaining district contribution after plan selection:

\_\_\_\_\_

Signatures \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_





520 East Herndon Avenue  
Fresno, CA 93720  
(800) 288-9870  
[www.cvtrust.org](http://www.cvtrust.org)

## MyCVT Online Member Open Enrollment

### Quick steps to apply for insurance coverage

MyCVT is a web-based site where you can enroll as a member of California's Valued Trust (CVT), choose a plan from several options that have been selected by your district or unit, and make changes to your plan such as adding dependents or a change of address.

Before you can enroll online, you must first create your account.

#### Getting started

1. To access the site directly from your browser, type: [mycvt.cvtrust.org](http://mycvt.cvtrust.org).
2. You may also access the portal from [cvtrust.org](http://cvtrust.org). Click on the MyCVT logo in the upper, right-hand corner of the page to open up the main portal page.
3. You will need the following information to create your account:
  - Unique email address (you cannot use a shared or group email)
  - Social Security number (do not use dashes in the form)
  - Your district name and classification
  - Password (eight-digits minimum, including 1 uppercase, 1 lowercase, 1 number, and 1 symbol)
  - Date of Birth
  - Your Primary Care Physicians Provider ID and Medical Group Number (For HMO Plans, if you already have a PCP)

#### Creating your account

1. From the MyCVT portal page, select "REGISTER A NEW ACCOUNT" Complete the requested information.
2. **Search for your district name, then select it from the drop down list**, and choose your employee type. Now click Submit.
3. Verify your date of birth.
4. A registration link will be sent to the unique email you submitted.
5. **Click on the link in the email** to complete the registration process.

#### New member open enrollment

1. Login to your MyCVT account at [mycvt.cvtrust.org](http://mycvt.cvtrust.org).
2. On the dashboard page, on the left hand side, will be an "Enroll In New District" button. (pictured below) Click that to continue.

Enroll In New District

## **Personal and Employment information**

1. First you will enter your personal contact information.
2. Enter your employment information by searching for your school district, selecting it from the drop down list and choosing your employee type.
3. Enter the correct benefit effective date, (provided by district office) retirement status, and full or part time employment status.
4. Next enter your Medicare information, if applicable, and other health insurance coverage, if applicable. Click Next to continue.

## **Dependent information**

1. Add dependents by clicking on the blue "Add Dependent" button. Or, click "Skip this step" to continue to plan selection.
2. If adding a dependent, enter all the required dependent information and click "Save" after each dependent has been added.
3. If you need to change any information, the forms can be opened again and edited by clicking the blue link of the dependent's name you want to update on the "Dependent Information" page. Always save every edit. Click the "Remove" button next to any dependent you wish to remove from coverage.
4. Click on "I'm ready for plan selection" to continue.

## **Plan Selection**

1. The next step is to select your plans from the plan choice page. The plan selection will include those bargained benefits available to your unit.
2. Click "Compare Plans" next to the coverage types (Health, Dental, Vision, Life) to see a grid of drop down menus that contain the plans available to you. If you are unsure about which plans to choose, consult your district office for a summary of plans and the options/costs. You can also call CVT Member Services for assistance.
3. If your district does not offer plans for a particular coverage type, the words "No plans available" will appear next to that coverage type.
4. The check boxes next to your dependents allows you to choose to have them covered or not by certain benefits.
5. Once you have completed selecting your plans for all of the available coverage types, click "I'm Ready to Review My Application" to continue.

## **Submit your completed enrollment**

1. The Review page gives a summary of the plans selected and displays any dependents you have added. Click on the blue "Submit" button to submit your application.
2. Once your application has been submitted, any documents that are required will be listed. If you have the documents in a digital version available to upload, use the "Choose File" to select the file and "Upload" button to upload the documents. When the document has been successfully uploaded, that document section will appear as green.
3. If you do not have the documents available at that time, you can login at a later time to upload them. There will be a count of documents required in the submitted enrollment section when you login.
4. You can print your enrollment form for your records by clicking the "Print your enrollment" button located on the bottom portion of the page.
5. Your submitted application and documents will be reviewed by your district and then submitted to CVT for review and approval.

## **Questions**

If you have any questions about how to create your account, help is only a phone call away. Contact your district office or CVT Member Services at (800) 288-9870.

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

## EI Dorado Union High SD - CERTIFICATED

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

BENEFIT	PPO 1, Rx A	PPO 3, Rx B	PPO 6, Rx B	PPO 8, Rx B
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%* 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: \$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>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay	<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
<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 100%* <b>Hospital</b> - \$50 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*	<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 100%* <b>Hospital</b> - \$75 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*	<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 100%*	Paid at 100%* 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 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <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 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <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 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* 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 100%* <b>Hospital</b> - \$250 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%*	<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 100%* Unlimited days, Semi-private room	Paid at 100%* 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 copay, paid at 100%*	<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 100%*	<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>	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
<b>Home Health Care</b>	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* 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 1, Rx A		PPO 3, Rx B		PPO 6, Rx B		PPO 8, Rx B	
<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> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (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 \$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)

**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**

**EI Dorado Union High 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	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. 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. 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	
<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>	
<b>Prescription Drugs</b>	<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)	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:**

\* 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 HMO Health Plans with Kaiser Permanente**

**EI Dorado Union High SD - CERTIFICATED**

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

BENEFIT	HMO 1	HMO 6	HMO 7	HMO Wellness	HMO HSA
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	\$0	Self-Only Coverage: \$2,000 (A family of one member) Family Coverage: \$2,800 (Each member in a family of two or more members) Family Coverage: \$4,000 (Entire family of two or more members)
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Not applicable
<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	Self-Only Coverage: \$3,000 (A family of one member) Family Coverage: \$3,000 (Each member in a family of two or more members) Family Coverage: \$6,000 (Entire family of two or more members)
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 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>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	<b>Primary Care Physician</b> - \$30 copay after deductible is met <b>Specialty Physician</b> - \$30 copay after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay	\$10 copay after deductible is met
<b>Outpatient Radiology</b>	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	<b>Preventive X-rays, screenings, lab tests:</b> Paid at 100%, No deductible <b>MRI, most CT, and PET scans:</b> \$50 per procedure after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary	\$100 copay after deductible is met
<b>Physical Therapy</b>	\$10 Copay	\$25 Copay	\$35 Copay	\$20 Copay	\$30 copay after deductible is met
<b>Chiropractic</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Acupuncture</b>	\$10 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician	\$30 copay after deductible is met Referral by plan physician
<b>Outpatient Surgery</b>	\$10 Copay	\$25 Copay	\$250 Copay	\$500 Per Procedure	\$150 copay per admission after deductible is met
<b>Hospital Inpatient</b>	Paid at 100%*	\$250 Copay	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room	\$250 copay per admission after deductible is met

BENEFIT	HMO 1		HMO 6		HMO 7		HMO Wellness		HMO HSA	
<b>Hospital Emergency Room</b>	\$100 Copay Copay waived if admitted as in-patient		\$100 Copay Copay waived if admitted as in-patient		\$100 Copay Copay waived if admitted as in-patient		\$100 Copay (Copay waived if admitted as in-patient)		\$100 copay per visit after deductible is met	
<b>Urgent Care</b>	\$10 Copay		\$25 Copay		\$35 Copay		\$20 Copay		\$30 copay after deductible is met	
<b>Home Health Care</b>	Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)	
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call 1-888-576-6225	
<b>Medical Decision Support</b>	N/A		N/A		N/A		N/A		N/A	
<b>Employee Assistance Program (EAP) through Carelon</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>		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>	
<b>Prescription Drugs</b>	<b>Retail</b> \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<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)	<b>Retail</b> \$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)	<b>Retail</b> \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	<b>Mail Order</b> \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)	<b>Retail</b> \$10 Generic \$30 Brand (30 day supply) \$20 Generic \$60 Brand (31-60 day supply) \$30 Generic \$90 Brand (61-100 day supply) <b>After Deductible is Met</b>	<b>Mail Order</b> \$10 Generic \$30 Brand (Up to 30 day supply) \$20 Generic \$60 Brand (31 - 100 day supply) <b>After Deductible is Met</b>

**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).

**CVT EPO Health Plans with Anthem High Performance (BlueHPN) and CVS/caremark**

**EI Dorado Union High SD - CERTIFICATED**

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

BENEFIT	EPO Premier, Rx A	EPO Prime, Rx B	EPO Saver, Rx B	EPO Value, 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 100% after deductible is met	Paid at 90% 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 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,250 Family: \$6,500	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 copay per visit; deductible waived <b>Specialty Physician</b> - \$20 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$10 copay per visit; deductible waived <b>Specialty Physician</b> - \$10 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$30 copay per visit; deductible waived <b>Specialty Physician</b> - \$30 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$45 copay per visit; deductible waived <b>Specialty Physician</b> - \$45 copay per visit; deductible waived
<b>Preventive Care / Immunizations</b>	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
<b>Outpatient Laboratory</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met
<b>Outpatient Radiology</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100% after deductible is met	Paid at 90% 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 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met
<b>Physical Therapy</b>	\$20 copay per visit; deductible is waived	\$10 copay per visit; deductible is waived	\$30 copay per visit; deductible is waived	\$45 copay per visit; deductible is waived
<b>Chiropractic</b>	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year
<b>Acupuncture</b>	\$20 copay per visit; deductible is waived	\$10 copay per visit; deductible is waived	\$30 copay per visit; deductible is waived	\$45 copay per visit; deductible is waived
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100% after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%	<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>Hospital Inpatient</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met
<b>Hospital Emergency Room</b>	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 100%	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 90%	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 80%	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 80%
<b>Urgent Care</b>	\$20 copay per visit; deductible waived	\$10 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$45 copay per visit; deductible waived
<b>Home Health Care</b>	Paid at 100% 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 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
<b>Telehealth</b>	MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. 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. 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. 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. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance

BENEFIT	EPO Premier, Rx A		EPO Prime, Rx B		EPO Saver, Rx B		EPO Value, Rx C	
<b>Employee Assistance Program (EAP) through Carelon</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>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (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 \$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)



**California's  
Valued Trust**

Healthcare Benefits for the Education Community

## El Dorado Union High SD

### Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2023 to September 30, 2024

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	\$2,400	\$2,000
<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**), 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 **mymileway.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

El Dorado Union HSD



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.  
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