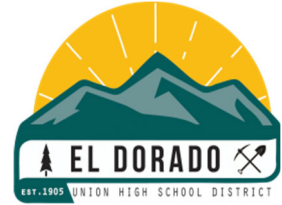


EL DORADO UNION HIGH SCHOOL DISTRICT  
OPEN ENROLLMENT MEMORANDUM



DATE: August 22, 2023  
TO: Management, Confidential & Supervisory Staff  
FROM: Ray Sarlatte & Vince Norwood, Payroll Specialists  
SUBJECT: Open Enrollment Period for CalPERS Medical & CVT Dental/Vision Plans

---

Our Open Enrollment period for changing your health benefit plans offered through CalPERS (Medical) is **September 18 – October 13, 2023** and through CVT (Dental/Vision) is **September 1 – September 30, 2023**. The effective date for changes made to CalPERS (Medical) will be January 1, 2024. The effective date for changes made to CVT (Dental/Vision) will be October 1, 2023.

Please **carefully review the attached rate sheets** for the plans being offered. Rate changes for CVT (Dental/Vision) will be reflected on your September 29, 2023 paycheck and for CalPERS (Medical) will be reflected on your December 19, 2023 paycheck.

**Please use my|CVT (information attached), the online system, to set up your account and to make benefit changes to your Dental/Vision coverage during open enrollment. There are no paper forms to complete by using the my|CVT system. Please remember to check that all dependents are listed before exiting the online portal.**

Changes can now be made to CalPERS (Medical) online through the myCalPERS website at **my.calpers.ca.gov**. We highly encourage employees to take advantage of this new system that is not only convenient for the health coverage enrollment but also gives you access to your CalPERS retirement pension information. The District will still accept the paper enrollment form (HBD-12) attached to this packet for new enrollments and changes.

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:**

**FRIDAY, SEPTEMBER 30, 2023**

**DEADLINE TO MAKE CHANGES THROUGH myCalPERS:**

**FRIDAY, OCTOBER 13, 2023**

**El Dorado Union High School District**  
**MANAGEMENT, SUPERVISORY, CONFIDENTIAL\*\***

**MEDICAL INSURANCE RATES 01/01/2024 - 12/31/2024**

Based on 12 Checks per year and full-time status (8 hours/day)



<b>EDMA</b>
District Paid Cap \$191.00/ Month **

MEDICAL INSURANCE PLANS: CalPERS Available Plans	3 Tier Plan		
	Emp. Only	Emp. + One	Emp. + Family
	Total Cost	Total Cost	Total Cost
Anthem Blue Cross Select (HMO)	\$1,138.86	\$2,277.72	\$2,961.04
Anthem Blue Cross Traditional (HMO)	\$1,339.70	\$2,679.40	\$3,483.22
Blue Shield Access+ (HMO)	\$1,076.84	\$2,153.68	\$2,799.78
Blue Shield Trio (HMO)	\$946.84	\$1,893.68	\$2,461.78
Kaiser (HMO)	\$1,021.41	\$2,042.82	\$2,655.67
PERS Gold (PPO)	\$914.82	\$1,829.64	\$2,378.53
PERS Platinum (PPO)	\$1,314.27	\$2,628.54	\$3,417.10
United HealthCare Alliance (HMO)	\$1,091.13	\$2,182.26	\$2,836.94
United HealthCare Harmony (HMO)	\$937.39	\$1,874.78	\$2,437.21
Western Health Advantage (HMO)	\$807.23	\$1,614.46	\$2,098.80
<b>Dental and Vision Coverage from 10/01/2023 - 09/30/2024</b>			
Dental - Delta Dental - Basic Incentive	\$52.68	\$95.42	\$137.16
Vision - VSP	\$9.94	\$18.47	\$28.44



# Health Benefits Plan Enrollment for Active Employees (HBD-12)

Health Account Management Division  
P.O. BOX 942715  
Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | TTY (877) 249-7442  
FAX (800) 959-6545  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

## SECTION A: Applicant Information

1. <b>Employee Name:</b> (First) _____ (M.I.) _____ (Last) _____			2. <b>Hire Date:</b> (mm/dd/yyyy) _____		
3. <b>CalPERS ID or Social Security Number:</b> _____		4. <b>Date of Birth:</b> (mm/dd/yyyy) _____		5. <b>Gender:</b> Male      Female      Nonbinary	
6. <b>Physical Address:</b> (Street) _____ (City) _____ (State) _____ (ZIP) _____ (County) _____					
7. <b>Mailing Address</b> (If different): (Street) _____ (City) _____ (State) _____ (ZIP) _____ (County) _____					
8. <b>Use Work ZIP Code for Health Eligibility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, enter zip code here: (ZIP) _____</i>					
9. <b>E-mail Address:</b> _____			10. <b>Primary Phone:</b> _____		<b>Alternate:</b> _____

## SECTION B: Type of Action

11.  Enroll in a Health Plan     Add/Delete Dependents     Change Health Plan     Cancel All Coverage     Decline Coverage

## SECTION C: Type of Permitting Event

12.  New Employee     New Contracting Agency     Marriage or Domestic Partnership Date (mm/dd/yyyy): \_\_\_\_\_  Open Enrollment     Move  
 Delete Dependent Due to Death     Divorce or Domestic Partnership Termination     Birth/Adoption     Other: \_\_\_\_\_

13. **Permitting Event Date:** (mm/dd/yyyy) \_\_\_\_\_

14. **Name of Health Plan:** (If changing health plans, list new plan name) \_\_\_\_\_

## SECTION D: Subscriber and Dependent Information (List yourself and all of your dependents)

15. Name (First, M.I., Last)	Relationship Code *1	Gender	Date of Birth (mm/dd/yyyy)	CalPERS ID or Social Security Number	Action	Primary Care Physician
	SELF	M    F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M    F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M    F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M    F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M    F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		M    F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete	

\*1 Relationship Codes: S - Spouse    DP - Domestic Partner    NC - Natural Child    SC - Step Child    AC - Adopted Child    DPC - Domestic Partner Child    PCR - Parent Child Relationship

## SECTION E: Enrollment

16. **To enroll, carefully review the information in this section and check the box:**

**I ELECT TO ENROLL** in (or **MAKE CHANGES TO**) a health benefits plan as indicated above and agree to authorize deductions from (1) my salary to cover my share of the cost of enrollment as it is now or as it may be in the future (2) my retirement allowance to continue health benefits coverage into retirement. **I CERTIFY** that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act.

**I VOLUNTARILY** enroll into the selected Health Plan. **I AGREE** to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan.

**I UNDERSTAND** that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

17. **To decline, carefully review the information in this section and check the box:**

**I DECLINE ENROLLMENT** into the CalPERS Health Program for myself and my dependents.

**I UNDERSTAND** that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90 day waiting period or the OE effective date.

18. **Employee Signature:** \_\_\_\_\_

19. **Date:** (mm/dd/yyyy) \_\_\_\_\_

## SECTION F: CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

### Information Purpose

The information requested is collected pursuant to the Government Code Sections (20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to perform its functions regarding your status.

Please do not include information that is not requested.

### SSN

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction / state contributions
3. Billing of contracting agencies for employee / employer contributions
4. Reports to the CalPERS system and other state agencies
5. Coordination of benefits among carriers

6. Resolve member appeals, complaints, or grievances with health plan carriers

### Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

### Your Rights

You have the right to review your membership files maintained by the system. For questions about this notice, our [Privacy Policy](#), or your rights, please write the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call our Customer Contact Center at 888-CalPERS (888-225-7377).

## SECTION G: Privacy Information

Submission of the requested information is mandatory. The information requested is collected pursuant to the California Government Code (sections 20000 et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians and insurance carriers but only in strict compliance with current statutes regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status.

You have the right to review your CalPERS membership files. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **1-888-CalPERS** (or 1-888-225-7377).

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency requesting an individual to disclose a Social Security account number to inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and State benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program uses Social Security numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and State contribution for State employees.
3. Billing of contracting agencies for employee and employer contributions.
4. Reports to CalPERS and other state agencies.
5. Coordination of benefits among health plans.
6. Resolution of member complaints, grievances and appeals with health plans.

**IMPORTANT:** It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include domestic partnership termination, establishment of a parent-child relationship, acquisition of a dependent child, change of address, marriage, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

## SECTION H: For Employer Use

**Please retain original signed form and all supporting documentation or affidavits in employee file. DO NOT send to CalPERS.**

<b>20. Agency Name:</b>	<b>21. Date of Hire:</b> (mm/dd/yyyy)	<b>22. Retirement System:</b> <input type="checkbox"/> CalPERS <input type="checkbox"/> CalSTRS <input type="checkbox"/> Other
<b>23. CalPERS Employer ID:</b>	<b>24. Division ID:</b>	<b>25. Employee Bargaining Unit/Employee Group:</b>
<b>26. Payroll Office:</b> <input type="checkbox"/> State Controller's Office <input type="checkbox"/> Non Central <input type="checkbox"/> Public Agency Billing	<b>27. Date Received by Employer:</b>	<b>28. Effective Date:</b> (mm/dd/yyyy)

I hereby certify under the penalty of perjury that I am a duly appointed, qualified and acting Health Benefits Officer (HBO) of the above named agency, and the payment by the agency as provided by Section 22870-22905 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made by the Board of Administration, Public Employees' Retirement System, in accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the Act.

<b>29. Health Benefits Officer:</b> (Print name)	<b>30. Signature:</b>	<b>31. Date:</b> (mm/dd/yyyy)	<b>32. Phone Number:</b>
<b>33. Remarks:</b>			

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

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Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).





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.





**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](http://deltadentalins.com)), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

## How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

## What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: [es.deltadentalins.com](http://es.deltadentalins.com).

Create a free Online Services account at [deltadentalins.com](http://deltadentalins.com) to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss [mysmileway.com](http://mysmileway.com) – a great resource for oral health-related tools and tips.

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

# A Look at Your VSP Vision Coverage

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



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

### Value and savings you love.

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

### Provider choices you want.

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

	Preferred private practice and retail in-network choices
	 

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Using your benefit is easy!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



## More Ways to Save

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

bebe CALVIN KLEIN  
COLE HAAN DRAGON.  
FLEXON LACOSTE  
NIKE 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.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).

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