



HUMAN RESOURCES

OPEN ENROLLMENT

Date: August 19, 2019
To: Confidential Employee

Welcome to the 2019-2020 benefit year open enrollment! San Joaquin Delta College will be accepting plan changes from August 19th – August 31st. Any changes or additions an employee makes to their benefit package will take effect on October 1, 2019.

2019-2020 Employer Health Care Contribution: For those individuals who have a cost share, the District's 2019-2020 employer health care contribution amount will be \$21,799.68 annually or \$1,816.64 monthly. For the employees who are receiving a health insurance credit (HIC), the employer health care credit will be \$1,459.81 monthly. If your premium costs is, between \$1,459.81 and \$1,816.64 you will not have a cost share nor will you be receiving a health insurance credit.

If you will be making changes to your current elections, calculation sheets are available online and should be forward to Human Resources – Benefits for processing. To complete the form, simply enter your name, medical, dental and vision premium amounts in the boxes provided. The sheet will **automatically calculate** for you! Scanned copies of the calculation sheet are permitted, however, they must include your signature. If you are not making any plan changes, your current elections will automatically rollover and do not require a calculation sheet to be completed. (<https://www.deltacollege.edu/dept/hr/EmployeeBenefits2.html>)



LOWER FAMILY DEDUCTIBLE AND OUT-OF-POCKET MAXIMUMS:

Previously, the family deductible and out-of-pocket maximum (OPM) was three times the amount of the individual deductible and OPM. For example, if you had Anthem Blue Cross Plan 4A, you would have had an individual deductible of \$100 and OPM of \$1,250. A family would have had a deductible of \$300 and \$3,750. Starting October 1st, a family on Plan 4A will have a \$200 deductible and a \$2,500 out-of-pocket maximum.

TIERED EMERGENCY ROOM (ER) COPAYMENTS: A study of the Trust's emergency room 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 conditions that could have been treated in an urgent care facility, by a primary care doctor or addressed by using the telehealth services such as MDLIVE at a much lower copay. Starting October 1st, non-emergency ER visits will have a \$175.00 copayment. The copayment will be \$100.00 if the member is admitted to the hospital.

HOSPITAL COPAYMENTS for OUTPATIENT LABORATORY, RADIOLOGY, SURGERY: 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. Members may still choose where they go for services, but there will be an additional member cost share if the outpatient procedure is performed at a hospital.

To assist members with price variability and choosing the least expensive sit of care for certain shoppable procedures, a new consumer awareness educational program called Shop4Care has been created with details available at cvtrust.org/shop4care. Anthem Blue Cross members can also access the Anthem Care and Cost Finder directly from myCVT.

SERVICE	HOSPITAL COPAYMENT	ALTERNATE SITE OF CARE COPAYMENT
Outpatient Laboratory	\$50	\$0 Physician's Office, Independent lab
Oupatient Radiology	\$75	\$0 Imaging Center, Clinics, Urgent Care
Outpatient Surgery	\$250	\$0 Ambulatory Surgery Center, Endoscopy Center

Pre or Post Tax? If your benefit package exceeds the employer contribution, your contribution will automatically **default** to a **PRE-TAX** deduction. If you prefer your employee contribution to be on a POST tax basis, you must elect the post-tax option during your open enrollment by selecting the POST tax check box on the calculation sheet and submitting it to Human Resources - Benefits. If you are currently electing POST tax option, you will need to complete the 2019-2020 calculation sheet indicating POST to prevent the pre-tax default.



Flexible Spending Account: The District has elected the \$500.00 rollover option for our Flexible Spending Account – Medical. Contributions are limited to \$2,700.00 for the medical FSA and \$5,000.00 for the dependent care FSA with the plan year beginning 10/01/2019 and ending 09/30/2020.

American Fidelity Assurance (AFA) will be on campus September 24th, 25th, 26th and 27th to enroll individuals in the upcoming FSA plan year. Individuals must re-enroll each plan year. Make an appointment by calling 1-800-365-8306 Option 1 or book online at <https://benefits.americanfidelity.com/delta-college/>

Appointments will be limited so please make every effort to keep your elected appointment time.

INDIVIDUAL BENEFIT APPOINTMENTS with Suzanne Franco will be held on August 21st from 9:00 to 12:00, August 27th from 9:30 to 1:00 and August 30th from 7:30 to 11:30 in 15 min increments. To schedule an appointment, please call the Human Resources department at ext. 5056. **If you are not making any changes to your current elections, your coverage will automatically transfer to the new plan year.**



SAN JOAQUIN **DELTA COLLEGE**

Anthem Blue Cross



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

San Joaquin Delta College - MANAGEMENT, TRUSTEES, POLICE OFFCR ASSN, CONFIDENTIAL ONLY

October 1, 2019 - September 30, 2020

BENEFIT	PPO 2A	PPO 3A	PPO 4A	PPO 6A
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$50 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$50 copay, then paid at 80%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$75 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$75 copay, then paid at 80%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	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 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$250 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 copay, then paid at 80%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met
Urgent Care	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Home Health Care	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 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

BENEFIT	PPO 2A		PPO 3A		PPO 4A		PPO 6A	
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (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 visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

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

San Joaquin Delta College - MANAGEMENT, TRUSTEES, POLICE OFFCR ASSN, CONFIDENTIAL ONLY

October 1, 2019 - September 30, 2020

BENEFIT	PPO Wellness	HDHP 2	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,750 Family: \$3,500	Individual: \$5,250 Family: \$10,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150.	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Paid at 80%* after deductible is met	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90% after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* 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		HDHP 2	PPO Bronze	
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - Paid at 80%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical and dermatology conditions and Behavioral Health.	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	
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Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is met	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:

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This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.



**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Education Community

cvtrust.org

2019-20 CVT WELLNESS PPO PLAN WITH ANTHEM NETWORK

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

Better living. More credit.

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

Am I eligible?

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

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

Access comprehensive benefits:

Plan overview*

CVT Wellness PPO Plan highlights include:

Earn wellness credits	Up to \$400/individual/year
Who can earn credits	Individual and covered spouse/ domestic partner
Credit rollover	Up to \$1,000 each per year, when re-enrolling in the Wellness Plan
Calendar-year deductible	\$500 individual, \$1,000 family
Coinsurance	Paid at 90% after deductible is met
Calendar-year out-of-pocket maximum†	\$1,750/individual \$3,500/family
Office visit copayment	\$20 primary care physician, \$40 specialist
Preventive care	100% covered
Prescription drug coverage from CVS/caremark	\$7/\$25/\$40 for 30-day supply; \$15/\$60/\$90 for 90-day supply

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

† Includes deductible, coinsurance, medical and pharmacy copays.

Be good to yourself...and start earning wellness credits!

Healthy living adds up. Earn up to \$400 by doing any of these reward activities between October 1, 2019 and September 30, 2020.

<input type="checkbox"/>	\$50 Enrollment Credit	You can earn \$50 in wellness credit just for enrolling in CVT's Wellness PPO Plan with the Anthem Network.
<input type="checkbox"/>	\$50 RealAge Test	You and your spouse/domestic partner can each earn wellness credits for completing the online (*) RealAge Test.
<input type="checkbox"/>	\$75 Healthy Lifestyles Program (Up to \$225)	Make health your lifestyle. Sign up to learn how to lose weight, quit smoking, manage insomnia and more in our series of online programs.
<input type="checkbox"/>	\$25 Personal Choice activity (Up to \$50)	Participate in a group activity of your choice. You and your spouse/domestic partner can each earn \$25 in wellness credits up to \$50 each per year. Go to www.cvtrust.org to complete your Personal Choice Activity Form.
<input type="checkbox"/>	\$75 Preventive Care Visit	When you complete your Preventive Care visit (such as a mammogram or annual visit) you and your spouse/domestic partner can each earn \$75 in wellness credits.
<input type="checkbox"/>	Up to \$150 Future Mom's Maternity Management (3 Tiers)	Enroll and participate with online nurses. You can earn \$50 per tier. (Tier 1 – 1st trimester, Tier 2 – Prior to due date, Tier 3 – Post partum). To get started, please call 866-664-5404 .
<input type="checkbox"/>	\$50 Accordant Care Health Management	Enroll and participate in any Accordant Care Health Management program and earn \$50 in wellness credits.
<input type="checkbox"/>	\$50 MDLive Utilization Credit	Register and utilize the MDLive® telephonic/online doctor visit and earn a one time \$50 wellness credit.
<input type="checkbox"/>	\$50 ConditionCare Credit	Enroll and participate in ConditionCare if you have asthma, diabetes, COPD, CAD or Heart Failure and earn \$50 in wellness credits. Call 800.621.2232 to sign-up.
<input type="checkbox"/>	\$50 Solera, a diabetes prevention program	Take a 1 minute survey to see if you qualify at solera4me.com/cvt . If you do, you earn \$50 in wellness credits.

*To get started, log in to the Anthem website www.anthem.com/ca and register to begin earning credits. The wellness credit program runs from October 1, 2019 through September 30, 2020, and is open to members of California's Valued Trust and their spouses or domestic partners who are 18 years and older, Anthem members, and enrolled in the PPO plan with the Wellness Program.





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

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

Who are our doctors?

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

Are my children eligible?

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

Common Conditions We Treat

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

When should I use MDLIVE?

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

How much does it cost?

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



MD Download the App

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

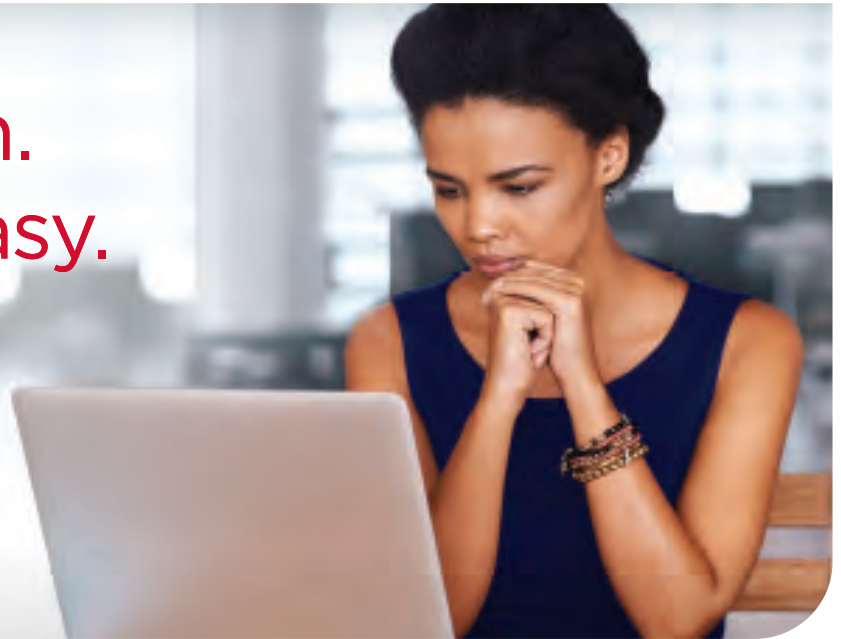


Pediatric Care

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

Life can be tough. Getting help is easy.

MDLIVE's caring counselors
and psychiatrists are always
ready to listen



We all have rough patches. It's just part of living. Managing stress or life changes can be overwhelming, but it's easier than ever to get help right in the comfort of your own home. CVT offers PPO members (non-Medicare) MDLIVE Behavioral Health, virtual behavioral health services that give you access to caring, compassionate counselors, and psychiatrists.



Secure, private video sessions with an experienced counselor or psychiatrist who is licensed in your state.



Affordable, confidential virtual treatment for a variety of behavioral health needs.



Free online tools to help you find the right kind of help at the right time.



Use the MDLIVE app to stay in touch with your counselor or psychiatrist with push notifications, appointment reminders and secure messaging.



Don't go through it alone.
Sign up with MDLIVE today.

MDLIVE.com/cvt
888-632-2738

Conditions we can help you address:

- Depression
- Anxiety
- Life Transitions
- Trauma and Loss
- Substance Use
- Relationships
- And more

Signing up is free and you only pay per consult. In most cases, Behavioral Health consultation fees are the same as your physician office visit.

e-prescriptions can be sent to your local pharmacy (if required).

MD Download the MDLIVE App



Coming Oct 1st!

You can visit a dermatologist online with MDLIVE.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on-the-go.



MDLIVE gives you fast access to a network of leading, board-certified dermatologists who can diagnose and treat more than 3,000 skin, hair and nail conditions online.

Why MDLIVE Dermatology?



A visit takes less than 10 minutes to complete. Tell us about your condition. Send a few photos. No appointment necessary.



Dermatologists can send prescriptions right to your nearest pharmacy.



Get a diagnosis within 24 hours on average. Waiting to see a dermatologist could take days, weeks or even months.



Very affordable and easy appointments from wherever you are.

Conditions We Treat:

- Acne
- Rashes
- Eczema
- Suspicious Spots and Moles
- Warts and Other Abnormal Bumps
- Inflamed or Enlarged Hair Follicles
- Rosacea
- Psoriasis
- Alopecia
- Insect Bites
- Cold Sore

Your virtual doctor is here. Join for free today!



Download the app.
Join for free. Visit a doctor.

MDLIVE.com/cvt
888-632-2738



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

IMPORTANT INFORMATION

Access all your benefits with CVT's member identification (ID) card!

Your CVT member identification (ID) card is your golden ticket to accessing both your medical and pharmacy benefits.

Watch your mail to receive your combination medical and pharmacy benefit card from CVT and CVS Caremark in approximately three to four weeks. If you need to access to your medical and/or prescription coverage before receiving your ID card, you can print your ID card (non-Medicare members only) by logging in to CVT's online member portal. Visit mycvt.cvtrust.org now to register and access your personal CVT benefits.

PPO plan members, your card is only in your name, but it may be used for all eligible dependents.

If you ever misplace your card or would like to order additional cards for family members, please call CVT's Member Services at **800.288.9870**.

Your CVT member identification (ID) card

Callouts for the ID card fields:

- Prescription Code for Drug Store: RxBIN 004336
- Prescription Group Number: RxPCN ADV
- Caremark Use Only: RxGRP RX2788
- Prescription ID Number: Issuer (80840)
- Employee Name: ID Name JOHN Q SAMPLE
- Medical ID Number: XDB
- Medical Group Number: GRP

Other card details: CVS/caremark, CALIFORNIA'S VALUED TRUST, Anthem, Prudent Buyer Plan, PPO logo, and various phone numbers and website information.

Look for your ID card in this envelope

California's Valued Trust
Attn: Benefits Department
520 East Herndon Avenue
Fresno, CA 93720

U.S. POSTAGE
s00.46⁰
NOV 00 2013
ZIP 12345
000006789

Personal and confidential – please open right away
Your prescription and medical benefits have arrived

John Q Sample
9501 E. Shea Blvd
Scottsdale, AZ 85260

Looking for a doctor?

Finding one online is fast and easy

Use our online **Find a Doctor** tool to look for doctors, hospitals, labs and other health care providers in your Anthem Blue Cross plan. Check if your favorite doctor is part of your plan, or look for one near you. Avoid getting care from doctors outside of your plan if you can — it will cost you more or your plan may not cover it all.



Here's all you need to do:

If you're a member

Go to anthem.com/ca, select the member icon  and log in.


Under *Useful Tools* on the right, select **Find a Doctor**.

Next, select a type of doctor, place or name.
Select **Search**.

1

If you're not a member yet

Go to anthem.com/ca.

Select **Menu**  and then choose **Find a Doctor**.

2

First answer a few questions, so we can help find you the right plan and doctor in your plan. Then enter or select the plan/network*.

Next, select a type of doctor, place or name.
Select **Search**.

3

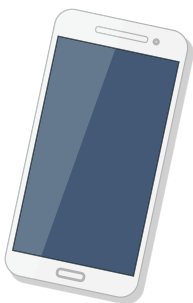
Select a doctor to see more information, such as:

- Training
- Specialties
- Languages spoken
- Address (including a map)
- Phone number

Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App Store® or Google Play™. Just search for Anthem Anywhere and download the app.

*If you don't know the name of the plan or network, check with your human resources department or benefits administrator.



In order to be covered by the Preferred Provider Organization (PPO), hip and knee replacements and certain inpatient spine surgeries MUST be performed at an Anthem Blue Cross Blue Distinction + Center.

Blue Distinction+ for hip, knee and spine

Quality of care

For particular surgeries, some hospitals deliver better outcomes than others. Hospitals meeting the requirements for the Blue Distinction+ (BD+) designation outperform their peers in the areas that impact patient health care the most – quality, safety and efficiency. BD+ Centers meet affordability criteria and deliver better results – **including fewer complications and readmissions – than other hospitals.**

For a specific list of hip, knee and spine procedures that are part of the program, please call Anthem Customer Service at **1-800-234-4333**.

Finding a Blue Distinction+ designated hospital

It's easy to find Blue Distinction Centers for Specialized Care:

1. Log in to anthem.com/ca.
2. Choose **Menu**.
3. Under **Care** select **Find a Doctor**.
4. Choose **Continue as Guest**.
5. Complete the questions shown to the right and hit **Continue**.
6. Choose from the drop down that you want to search "Hospitals and Facilities", then Select "All Specialties" and include the City, State and ZIP code (for better results, set your search radius to 50 miles).
7. Then choose **Recognition/Awards** shown on the screen below and select **Knee & Hip Replacement or Spine Surgery**, to search for Blue Distinction Center+ facilities.

Find a Doctor [Encontrar un doctor](#)

To find a doctor or hospital, first tell us about yourself and we'll help you find the right plan and network to search.

How do you get insurance?
Through my employer

What state do you want to search in?
California

What type of care are you searching for?
Medical
Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

Select a plan/network
Blue Cross PPO (Prudent Buyer) - Large Group

Cancel Continue

Specialty
Additional Options
Recognition/Awards

- Blue Distinction Total Care
- Enhanced Personal-Health Care

Blue Distinction Centers
Expertise in delivering specialty care

- Bariatric Surgery
- Cardiac Care Centers
- Complex & Rare Cancers
- Knee & Hip Replacement
- Maternity Care
- Spine Surgery
- Transplants

For more options:
Return to Search

Blue Distinction Center
Transplants

Other Certifications

KECK HOSPITAL OF USC
Specialty: Acute Care Hospital
Compare

CHILDRENS HOSPITAL LOS ANGELES
Specialty: Acute Care Hospital
Distance: 4.0 miles away
4650 W SUNSET BLVD,
LOS ANGELES, CA 90027, Los Angeles
Driving distance & directions
Telephone: 323.660.2450

GLENDALE ADVENTIST MEDICAL CENTER
Specialty: Substance Abuse-Inpatient, Acute Care Hospital, Outpatient Psychiatric
Distance: 6.7 miles away
1509 WILSON TER,
GLENDALE, CA 91206, Los Angeles
Driving distance & directions
Telephone: 818.409.8027

HUNTINGTON MEMORIAL HOSPITAL
Specialty: Acute Care Hospital, Inpatient Psychiatric
Distance: 7.8 miles away
100 CALIFORNIA BLVD



(continues on reverse)

- You may also find the Blue Distinction designations on the Provider Details page – simply select the provider name and choose the “Quality Snapshot.”

The screenshot displays a search interface for finding a doctor. On the left, a map shows the Los Angeles area with several location markers. Below the map, there are filters for 'Distance' (within 50 miles) and 'Specialty'. The main results area shows a 'CARE PROVIDER' for 'NORTH RIDGE HOSPITAL MEDICAL CENTER', which is 18.5 miles away. The provider's specialty is listed as 'Acute Care Hospital'. A 'Quality Snapshot' pop-up is visible on the right, detailing 'Blue Recognitions and Awards' for the hospital, including Blue Distinction+ Center+ for Knee/Hip, Blue Distinction+ Center for Cardiac, and Blue Distinction+ Center for Maternity. It also features a 'Hospital In-Network' status with a green checkmark.

If you need help finding a surgeon who practices at a Blue Distinction+ hospital, you may want to ask your primary care doctor or orthopedic specialist to assist you. There is also often an Orthopedic Program Director at each Blue Distinction+ hospital who can assist you with finding surgeons that are part of their program, as well as provide you detailed information about what their program offers.

Travel Assistance

If there is no Blue Distinction+ center within 50 miles from where you live, a travel benefit is available to you. It pays for travel for the patient and a companion. It also includes a concierge service that coordinates with both the patient and the medical providers. Anthem Customer Service can connect you with Health Base to access the CVT Travel Benefit. A representative at Health Base will help with travel and appointments including medical record collection and transfer.

If you have any questions, you can call Anthem Customer Service at 1-800-234-4333.





Your medical decisions just got a whole lot easier.



You have a Medical Ally to help with any medical condition.

- Support from our team of nurses, physicians and other healthcare professionals over the phone, via secure email or texting
- Information to help you better understand your medical condition and treatment options
- Help getting a second opinion when you need one
- Recommendations for the best local, in-network doctors and hospitals for your needs
- Guidance on the right questions to ask your doctor

Information and guidance on these important areas:

1. **Diagnosis**
2. **Treatment options**
3. **Doctors**
4. **Hospitals**
5. **Coping with your condition**



Earn a **\$400 Gift Card!**

Has your doctor recommended surgery?

We'll help you understand the risks and benefits before you decide. If you or your spouse are considering any of the surgeries below, you could receive a **\$400 gift card** for participating at least 30 days before your surgery!*

- Lower back surgery
- Hip or knee replacement
- Weight loss surgery
- Hysterectomy

*To be eligible for a gift card, start the program at least 30 days before your surgery date for one of the surgeries above and complete a survey at the end. Gift card is provided by ConsumerMedical; recipient is responsible for any applicable taxes. Call for more details.

Enroll Today

- www.myconsumermedical.com
To register, enter company code **CVT**
- Call 1-888-361-3944**
Monday – Friday, 5:30 a.m. to 8:00 p.m. Pacific
- MyMedicalAlly app**
Download free from the App Store or Google Play



Need a little ...

*or a lot of support for
your health condition?*



Let ConditionCare be your wellness guide

Managing an ongoing health condition isn't easy. And having a little extra help and encouragement can make all the difference. That's why we offer ConditionCare, a **no-cost health and wellness program** that provides tools, resources and support to members and their covered dependents with:*

- Asthma (pediatric or adult)
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Diabetes, types 1 and 2 (pediatric or adult)
- Heart failure (HF)

If you or a loved one under your insurance plan has any of the conditions named above, you can participate at no extra cost.

Signing up for ConditionCare is easy!

We'll call you or you can call us toll free at 800-621-2232. When we talk, we'll verify your identity, ask you a few questions about your health and invite you to join the program.

Once enrolled in ConditionCare, you get:



Educational resources, like email newsletters.



24/7 access to a nurse care manager for health questions.



Depending on your health, you may be asked to complete a health questionnaire. Your answers will help us figure out how to best support you.



Then, we'll put you in touch with a nurse care manager, who'll provide guidance on reaching your health goals. He or she will also follow up periodically to offer encouragement and advice.

To really take advantage of the program, we encourage you to register on anthem.com and opt in for email communication.



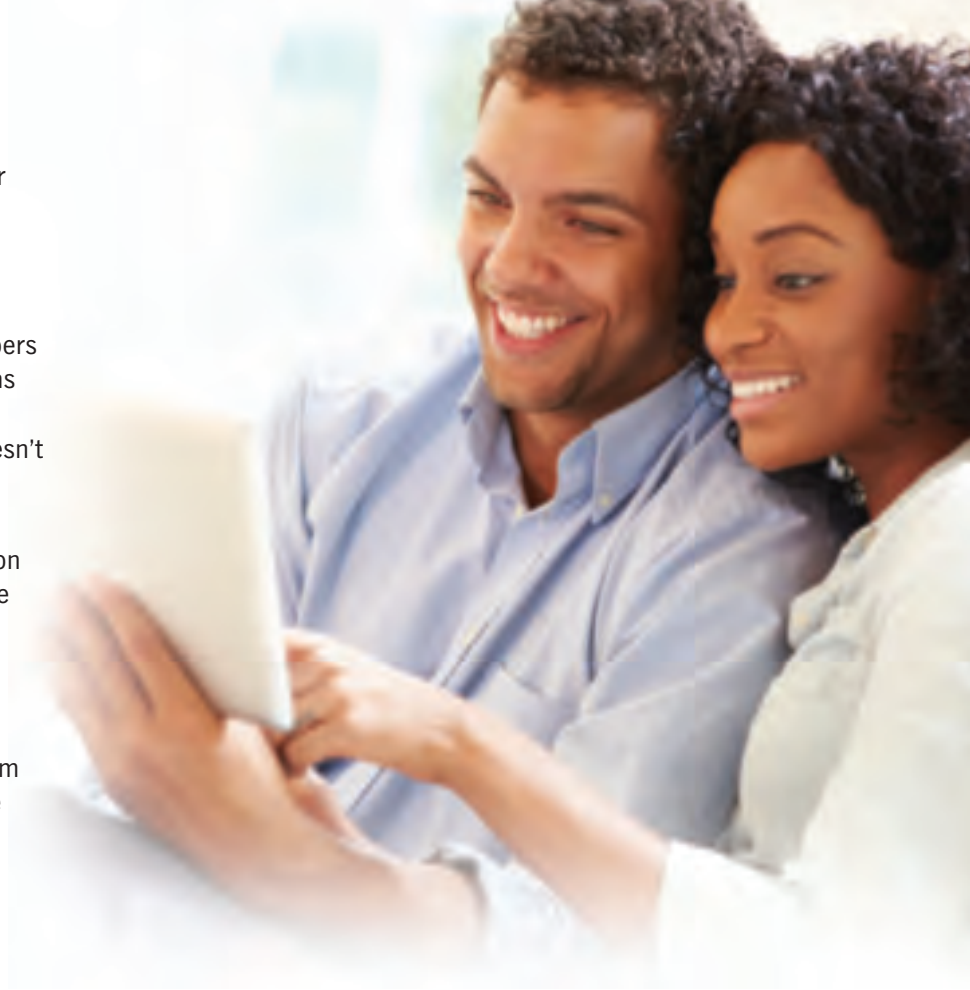
ConditionCare doesn't replace your doctor. Instead, our nurse care managers work with your doctor to help you follow your care plan.



You and your covered family members can stay in ConditionCare as long as you keep your health plan and the program is offered. Taking part doesn't affect your monthly payments.



Please note: The health information you share with ConditionCare nurse care managers, your doctor and other health professionals is kept confidential and used only to develop your care plan. Plus, every time we call, we'll ask you to confirm your name and date of birth before talking about your health.



We're here to help

Call ConditionCare at 800-621-2232 today!



You have choices

that can save you a lot

Estimate your health care costs and see your options

Sometimes, the cost of health care can be more than what you expect when you need a procedure, service or lab work. But when you know what your cost will be ahead of time, you can plan ahead. With our Estimate Your Cost tool, you can find out costs and compare facilities and providers based on cost and quality ratings for procedures – before you get them. It puts you in control of where and how you spend your health care dollars.

Don't pay too much

Use the Estimate Your Cost tool to **get an idea of what you'll pay** before you get a procedure.

Peace of mind comes when you plan ahead. The Estimate Your Cost tool was designed to help you feel better about where you go for care.

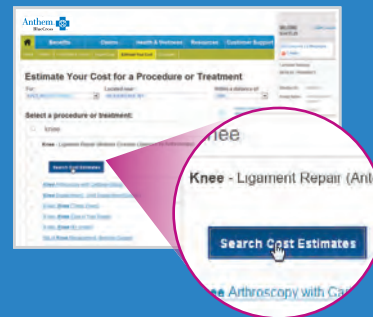
The Estimate Your Cost tool is easy to use

Just follow these steps to get the information you want:

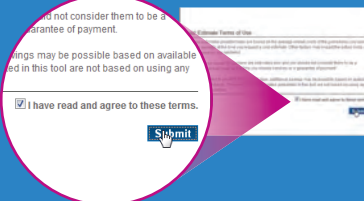


1. Log in to anthem.com/ca.

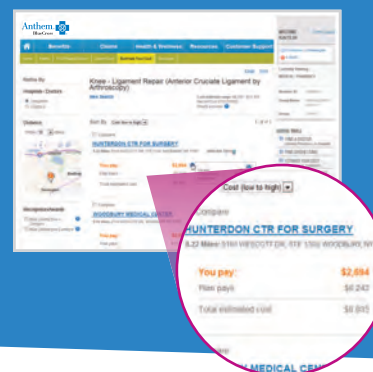
2. Choose **Estimate Your Cost**.



3. Enter the location you want, how far you want to travel and the procedure needed. Then, choose **Search Cost Estimates**.



4. Agree to the Terms of Use and choose **Submit**.



5. Take a look at the list of providers in our network and the estimated costs for the procedure.





SAN JOAQUIN **DELTA COLLEGE**

BLUE SHIELD of CALIFORNIA



CVT Trio HMO Health Plans with Blue Shield of California

**San Joaquin Delta College - FT FACULTY, CLASSIFIED, MANAGEMENT, TRUSTEES, ADJUNCT FACULTY, PT -CLASSIFIED,
POLICE OFFCR ASSN, CONFIDENTIAL ONLY**

October 1, 2019 - September 30, 2020

BENEFIT	Trio HMO PLAN 1 †	Trio HMO PLAN 2 †
Calendar Year Deductible	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay with PCP referral; \$30 Copay Trio+ Specialist option ⁽⁵⁾	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay with PCP referral; \$30 Copay Trio+ Specialist option ⁽⁵⁾
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*
Outpatient Radiology	Doctor Visit - \$10 Copay Outpatient - Paid in full	Doctor Visit - \$15 Copay Outpatient - Paid in full
Durable Medical Equipment	Paid at 100%*	Paid at 100%*
Ambulance - Ground / Air	\$100 Copay	\$100 Copay
Physical Therapy	\$10 Per Visit	\$15 Per Visit
Chiropractic	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) ⁽⁴⁾	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) ⁽⁴⁾
Acupuncture	Not Covered	Not Covered
Outpatient Surgery	Paid at 100%*	\$100 for Ambulatory Surgical Center \$150 for OutPatient Hospital
Hospital Inpatient	Physician paid at 100%* Inpatient facility services- Paid at 100%* Skilled Nursing-paid at 100%* Semi private room	Physician paid at 100%* Inpatient facility services- Paid at 100%* \$250 copay per admission Skilled Nursing - \$50 per day copay; Semi private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient)	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$15 Copay
Home Health Care	\$10 Per Visit (limited to 100 visits per calendar year)	\$15 Per Visit (limited to 100 visits per calendar year)
Telehealth	\$5 Copay For non-emergency care, call Teladoc 24/7 at (800) 835-2362	\$5 Copay For non-emergency care, call Teladoc 24/7 at (800) 835-2362
Medical Decision Support	N/A	N/A
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	Trio HMO PLAN 1 †	Trio HMO PLAN 2 †
Prescription Drugs	Retail \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 Mail Order \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 Tier 4 Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	Retail \$10 Tier 1 \$20 Tier 2 \$35 Tier 3 Mail Order \$20 Tier 1 \$40 Tier 2 \$70 Tier 3 Tier 4 Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply

Blue Shield Trio HMO Plans:

* For Covered Expenses Only

(†) This plan is available only in certain California counties and cities "Service Area" as described in the Evidence of Coverage.

You must live and/or work in this select Service Area in order to enroll in this plan.

This HMO plan also utilizes an Accountable Care Organization (ACO) for its provider network.

Except for Emergency Services, Urgent Services when the Member is out of the Service Area, or when prior authorized, all services must be obtained through the Member's Personal Physician and within the ACO provider network to be covered.

This health plan uses the ACO HMO provider network.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment)

(4) Chiropractic and Acupuncture (outside the Medical Group) benefits are offered through ASH.

(5) To use the Trio Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Trio provider group that offers the Trio Specialist feature.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

Blue Shield of California is excited to offer Teladoc™ – a new and convenient way to access quality care.

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your non-emergency medical issues through phone or video consults. When you need care, a Teladoc doctor is just a call or click away.



Use Teladoc

- If you're considering the ER or urgent care center for a non-emergency
- On vacation, on a business trip, or away from home
- For short-term prescription refills

Get the care you need

Teladoc doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

Meet our doctors

All Teladoc doctors:

- Are practicing PCPs, pediatricians and family physicians
- Have an average of 15 years' experience
- Are board certified and licensed
- Are credentialed every three years

Get started with Teladoc

1 Set up account

Visit Teladoc.com/bsc, complete the required information and click on *Set up account*. You can also call Teladoc for assistance.

2 Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Web: Log in to Teladoc.com/bsc and click *My Medical History*.

Mobile: Log in to Teladoc.com and complete the *My Health Record* section. Visit Teladoc.com/mobile to download the app.

Phone: Teladoc can help you complete your medical history over the phone. Call **1-800-Teladoc** (835-2362).

3 Request a consult

Once your account is set up, request a consult anytime you need care.

Talk to a doctor anytime for a small copay of \$5

©2016 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission.

Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone and video consultations are available 24 hours a day, seven days a week.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.



SAN JOAQUIN **DELTA COLLEGE**

Kaiser Permanente



CVT HMO Health Plans with Kaiser Permanente
San Joaquin Delta College - MANAGEMENT, TRUSTEES, CONFIDENTIAL ONLY

October 1, 2019 - September 30, 2020

BENEFIT	Kaiser 1	Kaiser 2	Kaiser 5	Kaiser 6	Kaiser Wellness
Calendar Year Deductible	\$0	\$0	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay	Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay
Outpatient Radiology	Radiation Therapy:Paid at 100%* Chemotherapy:\$10 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$15 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$35 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$25 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$40 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$15 Copay	\$35 Copay	\$25 Copay	\$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$15 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$15 Copay	\$35 Copay	\$25 Copay	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	\$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 (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$15 Copay	\$35 Copay	\$25 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225
Medical Decision Support	N/A	N/A	N/A	N/A	N/A
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	Kaiser 1		Kaiser 2		Kaiser 5		Kaiser 6		Kaiser Wellness	
Prescription Drugs	Retail		Retail		Retail		Retail		Retail	
	\$5 Generic		\$5 Generic		\$10 Generic		\$10 Generic		\$10 Generic	
	\$10 Brand (Up to 30 Day Supply)	Mail Order	\$10 Brand (Up to 30 Day Supply)	Mail Order	\$20 Brand (Up to 30 Day Supply)	Mail Order	\$20 Brand (Up to 30 Day Supply)	Mail Order	\$25 Brand (30-day supply)	Mail Order
	\$10 Generic	\$5 Generic	\$10 Generic	\$5 Generic	\$10 Generic	\$10 Generic	\$10 Generic	\$10 Generic	\$20 Generic	\$10 Generic
	\$20 Brand (31-60 Day Supply)	\$10 Brand (30 Day Supply)	\$20 Brand (31-60 Day Supply)	\$10 Brand (30 Day Supply)	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$20 Generic (31-60 Day Supply)	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$25 Brand (up to 30 day supply)
	\$15 Generic (31-100 Day Supply)	\$10 Generic (31-100 Day Supply)	\$15 Generic (31-100 Day Supply)	\$10 Generic (31-100 Day Supply)	\$30 Generic (31-100 Day Supply)	\$20 Generic (31-100 Day Supply)	\$30 Generic (31-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$20 Generic (31-60 day supply)	\$20 Generic (31-60 day supply)
	\$30 Brand (61-100 Day Supply)	\$20 Brand (61-100 Day Supply)	\$30 Brand (61-100 Day Supply)	\$20 Brand (61-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$40 Brand (61-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$50 Brand (31-60 day supply)	\$50 Brand (31-60 day supply)
									\$30 Generic (31-100 day supply)	\$50 Brand (31 - 100 day supply)
									\$75 Brand (61-100 day supply)	

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.



**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Education Community

cvtrust.org

GET THE TOTAL PACKAGE

2019–2020 Kaiser Permanente HMO Plan with Wellness Program

With CVT's **2019-2020 Kaiser Permanente HMO Plan with Wellness Program**, healthy living adds up! Earn up to \$400 in Visa® gift cards for subscribers and their spouses or domestic partners by completing activities that keep you healthy.

This plan is only offered through CVT as a bargained benefit that specifically targets preventive health activities. It's about addressing and promoting good health as a way of life and being rewarded for it.

Visit kp.org/engage to register and accept the annual HIPAA authorization. Your first \$200 Visa gift card is earned by being up to date on your biometric screenings, including your blood pressure, blood sugar (glucose), total cholesterol and Body Mass Index (BMI), and by completing the online Total Health Assessment. A second \$200 Visa gift card can be earned by being up to date on your cancer screenings and by completing a Healthy Living Program class online or a Wellness Coaching session by phone. The time frame for completing these activities and earning your two \$200 Visa gift card rewards is October 1, 2019 and September 30, 2020.

This plan is available for your district and/or unit to choose as one of CVT's Kaiser Permanente HMO plan options. For more information about selecting this plan, please contact CVT Member Services at **1-800-288-9870** or talk to your chapter president about how this may be included in your unit's plan offerings.

Access comprehensive benefits

Plan highlights* include:

Earn wellness credits	Up to \$400/individual/year
Who can earn credits	Individual and covered spouse/ domestic partner
Grace Period	90-day grace period at the end of the plan year to redeem rewards
Calendar-year deductible	\$0 Individual, \$0 Family
Coinsurance	Paid at 100%
Calendar-year out-of-pocket maximum	\$1,500/per member \$3,000/family
Office visit copayment	\$20 primary care physician, \$40 specialist
Preventive care	Paid at 100%
Prescription drug coverage	Mail order: \$10 generic/ \$25 brand (30-day) Retail: \$20 generic/ \$50 brand (100-day)

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



KAISER PERMANENTE®
kp.org



Up to \$400 in Visa® Gift Cards for Getting Active About Your Health

Plan subscribers and spouses or domestic partners can earn rewards by completing the following:

- Earn **\$200** for being current on your preventive screenings (blood pressure, cholesterol, blood sugar {glucose}, BMI) and by completing the online Total Health Assessment.
- Earn a second **\$200 Visa gift card** for being up to date on your cancer screenings and completing one Healthy Living Program class online or a Wellness Coaching session by phone.

The rewards program is only open to CVT members and their spouses or domestic partners enrolled in this plan.

The Kaiser Permanente Difference

As a Kaiser Permanente member, you'll get the coverage you need, plus much more:

- A wide choice of personal physicians
- Personalized care at convenient locations
- Secure online tools to help you manage your care
- Extended access to care and advice



**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Education Community

520 E. Herndon Avenue
Fresno, CA 93720

800-288-9870

cvtrust.org



KAISER PERMANENTE®
kp.org

Be good to yourself and enjoy the rewards



California's Valued Trust believes that knowing your numbers is the necessary foundation for good health. **This year we will offer a \$200 Visa reward card for completing your biometric screenings and online Total Health Assessment. A second \$200 Visa reward card can be earned for being up-to-date on your cancer screenings and completing one online healthy lifestyle program or Wellness Coaching by Phone sessions.** You will get credit for biometric and cancer screenings you are already current on, so you might have rewards waiting! In total, you'll be able to earn \$400 in Visa reward cards.

Go to kp.org/engage and enter your Kaiser Permanente log-in and password. If you do not currently have an account, click "Register for an account" to create one. Sign on starting October 1, 2019 and begin to earn rewards for the activities you complete before September 30, 2020.

<input type="checkbox"/> \$200	Biometric screenings & Total Health Assessment	<ul style="list-style-type: none">Go to a KP lab to check your blood pressure, total cholesterol, glucose, and body-mass index (BMI). Send a message to your physician via www.kp.org to find out which screenings you need; remember, you may have already completed this.Learn how your behaviors affect your health with an online questionnaire; visit www.kp.org/tha. The results will be analyzed and you will receive a personal action plan to inspire your move to wellness.
<input type="checkbox"/> \$200	Cancer Screenings & (1) Healthy Lifestyle Program or Wellness Coaching by Phone	<ul style="list-style-type: none">Get a breast, cervical, and/or colon cancer screening. Send a message to your physician via www.kp.org to find out which screenings you need; remember, you may have already completed some or all of your cancer screenings.Learn how to lose weight, quit smoking, manage insomnia, reduce stress, and more with our online programs. To view all the programs available, visit www.kp.org/healthylifestyles.Team up with a trained wellness coach to set and reach your goals like lowering stress or managing weight. To schedule a session, call 1-866-862-4295, Monday through Friday from 6 a.m. to 7 p.m. (Pacific); you can learn more by visiting www.kp.org/wellnesscoaching.

On the website, look for this check mark once you've completed an activity.

Get started at www.kp.org/engage

The rewards program runs from October 1, 2019 through September 30, 2020 and is open to subscribers of California's Valued Trust and their spouses or domestic partners. Program participants must be Kaiser Permanente members and enrolled in the HMO Plan with Wellness program.

Wellness program rewards are available to all eligible participants. If you think you can't meet a requirement for a reward because of your health, you may be able to earn it doing something else. Please contact your employer or union to learn more. They'll help you find a way to earn the same reward based on what's right for your health. If you like, your doctor can also be a part of this decision.

Need Help?
Contact KP Rewards Customer Service at 866-300-9867





SAN JOAQUIN **DELTA COLLEGE**

Delta Dental of CA





Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2019 to September 30, 2020

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	Unlimited	Unlimited
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 3 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants : \$2000 Annual Max	Paid at: 70,80,90,100% *	Paid at: 70,80,90,100% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details

What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (deltadentalins.com), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

How does my Delta Dental incentive plan work?

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

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

What are my online resources?

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

Create a free Online Services account at deltadentalins.com to:

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

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

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



Delta Dental PPO 70/30 Plan Summary of Benefits

Effective October 1, 2019 to September 30, 2020

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	\$25 per person / \$75 per family per calendar year
Calendar Year Maximum Benefit	\$1,500	\$1,500
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 3 X-rays	Paid at: 100% *	Paid at: 70% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 80% *	Paid at: 60% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Endodontics (root canals)	Paid at: 80% *	Paid at: 60% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 60% *	Paid at: 50% *
Prosthodontics Bridges Dentures Implants	Paid at: 60% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$4,000 12 Month Wait: No	Paid at: 100% *	Paid at: 100% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details

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<i>Most potential savings with Delta Dental PPO dentists</i>	<i>Some savings with Delta Dental Premier dentists</i>	<i>No savings with non-Delta Dental dentists</i>
<ul style="list-style-type: none">➤ Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment.➤ You'll usually pay less when you visit a Delta Dental PPO dentist.➤ When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.	<ul style="list-style-type: none">➤ Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees.➤ Premier dentists will not bill you above their contracted fees, so you still receive some cost protections not available with a non-Delta Dental dentist.	<ul style="list-style-type: none">➤ Non-Delta Dental 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.

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

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

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

Estimate Your Costs



Looking to budget your dental costs? Try the Cost Estimator. This feature of Delta Dental's Online Services gives you a personalized estimate of how much you'll pay for your next dentist visit.

Whether you're getting braces or need a cavity filled, you'll choose from the top reasons for visiting the dentist, written in everyday language. The Cost Estimator organizes information logically, so you don't need to be concerned whether the service involves multiple procedure codes or visits.

Advantages

- **Easy to use.** Questions guide you through the process, letting you add services to your visit, like getting x-rays or a cleaning alongside your dental exam.
- **Based on real data.** Your cost estimate is calculated from actual claims Delta Dental has processed, updated daily.
- **Personalized.** You'll get a customized cost based on your actual benefits, taking into account any maximums and remaining deductible.
- **Available on desktop and mobile.** Get an estimate on your computer, tablet or phone.

Features

- **Change your dentist.** Want to know if you'd save by switching to another dentist? Test it out by comparing up to five dentists.
- **Personalize your procedure.** Specify which tooth is being treated, the type of filling you need or whether you're going to a specialist. The price will be calculated accordingly.
- **Keep track of your benefits.** A handy sidebar shows the current status of any deductibles and annual and lifetime maximums.



Try it out

Ready to get an estimate?

1. Log in to your account at **deltadentalins.com**.
(If you don't have one yet, click on **Register**.)
2. Click on the **Cost Estimator** link by your name.

How to navigate

Start by selecting the service you need. As you explore, you can answer additional questions (like "Which tooth?" or "Are you a new patient?") to further customize your results. If you've been using your dental benefits, your current dentist will show up by default, but if you want to see other options, just click on **Select dentists to compare**. Whenever you're ready, click **See cost**.

The screenshot shows the Delta Dental Cost Estimator interface. At the top, it says "I need a filling" and "on October 24, 2016 for John Smith Delta Dental PPO". Below this, there are two dentist options. The first is Mike Jones, a General Dentist Out-of-Network, with a typical cost of a filling at \$17.80 out-of-pocket. The second is Jane Smith, a General Dentist In-Network, with a typical cost of a filling at \$7.50 out-of-pocket. To the right, there are sections for "Current Benefits" showing "Calendar Individual Maximum \$1639.10 of \$2000.00 available" and "Lifetime Individual Maximum \$1800.00 of \$1800.00 available". Below that is "About This Visit" which states "Includes a typical silver-colored filling for a back tooth. Consult your dentist for actual treatment and diagnosis." At the bottom, there is a breakdown of costs: Typical Submitted Fees* \$285.00, Network Savings -\$210.00, Delta Dental Pays -\$67.50, and You Pay =\$7.50. Callout boxes provide instructions: "Click on I need to go back to the full list of procedures.", "Looking for a procedure not listed? Scroll to the bottom of the page for a link to a longer list.", "Can't find what you're looking for? Try the Delta Dental Plans Association Cost Estimator to find more procedures. Although you won't be able to find your specific costs based on your level of benefits, you will be able to find the average dentists fees for that procedure in your area.", "Clicking on Explain cost details will expand the breakdown of how your estimate was calculated.", "To change the dentists shown, click on Change compared dentists. Select your options, then click on Show cost.", and "The benefits sidebar will show the current status of your maximums and deductibles, if applicable." and "This section summarizes the type of visit or procedure selected."

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental PPOSM is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.



SAN JOAQUIN **DELTA COLLEGE**

Vision Service Plan





Protect
your vision
with VSP.

Get the best in eye care and eyewear with CALIFORNIA'S VALUED TRUST - Plan C, \$10 Copay, 2nd Pair, CCL and VSP® Vision Care.



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

You'll like what you see with VSP.

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

Using your VSP benefit is easy.

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

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

Choice in Eyewear

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

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

Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary

2019-2020

San Joaquin Delta College - Clsfd, Mgmnt, Conf, POA & Trustees



VSP Provider Network: VSP Signature

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

Contact us. **800.877.7195** | vsp.com

¹Brands/Promotion subject to change.

²Blueocean Market Intelligence National Vision Plan Member Research, 2014

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Browse with benefits.



See why Eyeconic® is the most seamless way to buy eyewear online.



Eyeconic connects your eyewear, your insurance coverage, and the VSP® doctor network.

Your vision and wellness come first with VSP. Now, your benefit includes **eyeconic.com**,® an eyewear store for VSP members.

When you choose Eyeconic, you'll enjoy:

- Applying your benefit directly to your purchase.
- Browsing a huge selection of contact lenses and designer frames 24/7—and using the virtual try-on feature.
- Buying without risk—Eyeconic offers free shipping and returns. Plus, if you find the same merchandise at a lower price, we'll refund the difference.*
- Personal attention—Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation.
- Peace of mind—Eyeconic will verify your prescriptions and perform a 25-point inspection.



You get exclusive savings year round.

Already used your benefits for the year? As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic.



It's easy to use your VSP benefit.

1. **Create an account at vsp.com.** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.** You can connect to your VSP benefits, upload your prescription and order your glasses following your WellVision Exam.®



Just a few of the great brands you can choose from at Eyeconic!

Nine West
Nike
Lacoste
Flexon®
Calvin Klein
bebe®

Get started today.
It's more seamless.
More human.
More Eyeconic.

*Terms and conditions apply. Visit eyeconic.com/faqs for more details.

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Laser VisionCareSM Program



With the VSP Laser VisionCare Program, you'll enjoy a safe and successful path to better vision. In addition to fully covered visits before and after your procedure to your VSP® doctor, you'll get special pricing on services from a VSP-contracted laser vision center.



VSP Laser VisionCareSM Program

Enjoy Discounted Pricing¹



VSP offers special pricing with participating centers, which means up to hundreds of dollars in savings for you. Contact a center near you to learn more about their pricing.

How to Use Your Benefit



1. Visit vsp.com to learn what to expect during your procedure. If you don't already have a provider, you can also find a VSP Laser VisionCare doctor and confirm your eligibility.
2. Make an appointment with a participating VSP doctor to schedule a complimentary screening. If you're a candidate for laser surgery, your VSP doctor will provide pre-operative care, coordinate your procedure with a VSP-contracted laser vision center, and co-manage your treatment plan.²
3. After your procedure, be sure to return to your VSP doctor for post-operative care and ongoing management of the health of your eyes and vision. You may be able to use your VSP frame benefit for non-prescription sunglasses to protect your eyes from the sun. Ask your VSP doctor for details.

Learn more. vsp.com | 800.877.7195

1. The VSP Laser VisionCare Program is a discount plan only. Discounts only apply to services received from a VSP participating laser center. No monetary benefits are payable to members under this program. 2. The laser vision correction screening and consultation with your VSP provider are complimentary. If you have a pre-operative exam and don't proceed with the procedure, your VSP provider may charge an exam fee up to \$100.

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SAN JOAQUIN **DELTA COLLEGE**

GENERAL INFORMATION





MyCVT Online Member Enrollment

Quick steps for account set-up

MyCVT is a web-based site where you can enroll as a new 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 beneficiaries or a change of address.

MyCVT can be accessed by most computer browsers, including Microsoft Internet Explorer Version 7-9, Mozilla Firefox, Safari and Goggle Chrome. If you don't have any of these browsers you may not be able to access the site.

Getting started

1. To access the site directly from your browser, type: <https://mycvt.cvtrust.org>.
2. You may also access the portal from www.cvtrust.org. Select "Resources" from the menu bar at the top of the home page.
3. Next click on MyCVT to open up the main portal page.
4. 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 (six-digits minimum)
 - Date of Birth

Creating your account

1. From the MyCVT registration page, select "Create new account." Complete the requested information and submit.
2. Verify your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. Click on the link in the email to complete the registration process.

You're ready to go!

1. Now you're logged into the MyCVT portal and are ready to complete your member enrollment.
2. Or, if you want to come back later and complete enrollment, simply log-out. When you're ready to return, use your newly set up Username and Password to access your account.
3. If you've forgotten your password, don't worry. Select "Request new password" on the login page and follow the directions sent to your account email.

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



www.cvtrust.org

ANNUAL OPEN ENROLLMENT PERIOD

CVT's annual open enrollment is the month of September. Any changes made during the annual open enrollment will be effective October 1. During the month of September:

- a full time or part time employee may elect to change his or her medical plan selection and participate in a different plan offered by the group.
- a full time or part time employee may terminate or add eligible dependents to medical, vision, or dental coverage.
- a part time employee may terminate or add medical, vision, or dental coverage.

Plan Selection or Coverage Changes

Plan selection changes by a full time or part time employee or adding or terminating coverage of a part time employee or the eligible dependent(s) of a full time or part time employee, **will not be allowed at any other time than the annual open enrollment period unless:** 1) an open enrollment period is requested by the district due to the completion of negotiations, or 2) an employee experiences a qualifying event listed below:

- a marriage
- a divorce
- the birth of a child
- the adoption of a child
- court ordered guardianship of a minor child
- the requirements of domestic partnership are met
- the effective date of a 25% increase in the employer/employee portion of contribution to the benefit package.
- the effective date of an increase in the number of hours worked by the employee
- the termination of employment of the person through whom the employee's dependent was previously covered
- a change in the employee's employment status or a change in the employment status of the individual through whom the employee's dependent was previously covered
- the **involuntary** termination of the other plan under which the employee's dependent was covered
- the cessation of an employer's contribution toward an employee's or dependent's coverage
- the death of a person through whom an employee's dependent was previously covered as a dependent
- acquiring coverage
- gaining Medicare
- death of subscriber or covered spouse

Written application for additions, terminations, and coverage changes must be made within 31 days of the qualifying event. If application is not made within 31 days, an employee will have to wait until the next annual open enrollment period or another qualifying event is experienced to make any changes. Additions, terminations, or coverage changes will be effective on the first day of the month following the receipt of a

EMPLOYEE ASSISTANCE PROGRAM

CONFIDENTIAL SUPPORT FOR WORK AND LIFE



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

The EAP is here to help

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

BENEFITS OF THE EAP INCLUDE:

COUNSELING SERVICES

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

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

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

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

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

Talk to a financial coach for guidance on:

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

WORK/LIFE SERVICES

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

YOUR EMPLOYEE ASSISTANCE PROGRAM

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

1-877-397-1032

www.achievesolutions.net/cvt



We Help People live their lives to the fullest potential.



HOW CAN THE EAP HELP YOU?

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

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

ONLINE RESOURCES

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

Topics include:

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

HOW THE EAP WORKS

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

- **Your call is private.**

Your personal information is kept confidential in accordance with federal and state laws.

Privacy is a priority

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

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

1-877-397-1032

www.achievesolutions.net/cvt

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

YOUR EMPLOYEE ASSISTANCE PROGRAM

Resources, referral and support services for personal success:

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



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LET US HELP YOU PLAN AHEAD

INTRODUCING CVT'S MEDICAL & PHARMACY BENEFIT CALCULATOR

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

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

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

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

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



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



Explanation of Hearing Aid Program

California's Valued Trust (CVT) provides all medical plan subscribers and covered dependents access to the TruHearing Select hearing aid program. Please note all exams and hearing aid purchases must be made through TruHearing.

Program Includes:*

- > 2 hearing aids per year when purchased through TruHearing
- > 3 follow-up visits with an in-network provider for fitting and adjustment of hearing aids
- > 45-day trial
- > 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- > 48 batteries per aid



		CVT Member Pays
<p>New 2018 Flyte Models Feature:</p> <ul style="list-style-type: none"> > Smartphone compatibility† > Latest DSP technology for a more natural hearing experience > Better performance in noisy situations > Variety of colors and styles > Tinnitus masker‡ > Higher power option‡ <p><i>New Flyte models available December 1, 2017</i></p>	<p>NEW!</p> <p>Flyte 770</p> <p>14 channels 4 programs 6 styles Advanced features</p>	<p>\$699</p> <p>fee (per aid)</p>
	<p>Flyte 990</p> <p>17 channels 4 programs 9 styles Premium features</p>	<p>\$999</p> <p>fee (per aid)</p>
	<p>Initial Hearing Exam</p> <p>Hearing exam performed by in-network provider</p>	<p>\$45</p> <p>exam fee</p>

➔ Call TruHearing to schedule a hearing exam. **1-844-330-4417** :: For TTY, dial **711**



How to Get Hearing Aids

- 1 Call TruHearing at 1-844-330-4417.
- 2 A TruHearing hearing consultant will verify your eligibility and help you set up a hearing exam with an audiologist or hearing instrument specialist in your area.
- 3 If hearing loss is discovered, your audiologist or hearing instrument specialist will help you choose the right hearing aids and order them through TruHearing.
- 4 When the hearing aids arrive, you'll return to have them fitted and programmed by your audiologist or hearing instrument specialist.

→ Call TruHearing to verify your eligibility and schedule a hearing exam



1-844-330-4417 : For TTY, dial 711

*Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.

† Flyte hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android phones with use of a phone clip accessory.

‡ Feature available in Flyte 990 only.

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