



SAN JOAQUIN COUNTY OFFICE OF EDUCATION

Troy A. Brown, Ed.D., County Superintendent of Schools

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Date: July 24, 2024
To: ALL SJCOE Represented Teachers
From: Jenny Barros, Coordinator, Payroll Services
Subject: **CVT 2024-2025 Open Enrollment – Changes Effective October 1, 2024**

The CVT Health & Welfare Open Enrollment period begins NOW and **ends on Wednesday, August 21, 2024, at 5:00 pm. Payroll Services will be hosting the annual Health Benefits Fair on Thursday, August 8, 2024, from 3:00 pm-5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. CVT/Anthem, Kaiser, Delta Dental, VSP consultants, American Fidelity, Empower 457 plan representatives and various vendors will be present and available to answer your questions. Come by and have your questions answered, pick up giveaways from vendors and enter to win raffle prizes. Employees with CVT coverage are required to make plan changes via the **MyCVT Online Member Portal**. Additional information on the MyCVT Online Member Portal is below. Also, if you are making a plan change, you must complete a **SJCOE Plan Selection Form**, email SJCOEPayroll@sjcoe.net to request the electronic form.

Benefit Cap Increase - Effective July 1, 2024

- The benefit cap increased to \$1,275.00 per month and is pro-rated based on employees FTE.

***CVT Health Benefit Updates 2024/2025**

- Vision (VSP) Updates:
 - VSP is offering an enhanced set of services, which include increased frame and lens allowances.
 - Frame allowance increased to \$200.
 - Contact lens allowance increased to \$150.
 - Essential Medical Eye Care supplemental coverage for urgent and non-urgent medical eye care with a \$20 exam copay.
 - VSP PremierMax coverage giving members more out-of-pocket savings at VSP Premier Edge locations.
- Medical Benefit Updates:
 - CVS Total Diabetes Care: Helping members manage and reverse Type 2 Diabetes and reduce reliance on diabetic medications. Members can participate through this voluntary program. Members with diabetes receive customized interventions and personalized dietitian appointments across five key clinical impact areas. CVT is excited to bring this program to all PPO members.
 - CVS Weight Management Program: Dedicated support for those taking obesity management medications (ie: Wegovy and Zepbound). This program is designed to drive sustainable lifestyle changes, medication adherence, better health outcomes and plan cost savings. **Effective 8/1/2024:** All PPO members taking a GLP-1 for weight loss will be **required** to participate in the CVS Weight Management Program in order for their medication to be covered by the pharmacy benefit.
 - Emergency Room (PPO copay change):
 - Previously the copays were \$100 for emergent ER visits, and \$175 for non-emergent ER visits.
 - The emergency room copay for PPO Plans 3-10 will be \$150 regardless of whether the visit is emergent or non-emergent.
 - Anthem Health Guides and Open Enrollment Support:
 - Call an Anthem Guide today! Wish you had help navigating all your benefits? Health guides can help you make sense of your Anthem Blue Cross benefits, as well as all the value-added benefits that you get through CVT.
 - Anthem Health Guides are available Monday through Friday from 8 am to 6 pm and can be reached at (800) 234-4333, or via the CHAT feature in your Sydney Health mobile app.

Open Enrollment CVT Questions

Have an open enrollment question? **Tova Miracle**, our dedicated CVT Account Manager, can assist with questions about plans, value added services and open enrollment support. Tova Miracle (tovam@cvtrust.org or (619-517-9600).

Opt-Out Option Plan

The purpose of offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for an employee enrolled in Opt-Out Plan). The Opt-Out Plan is premium in lieu of enrollment. Employees that choose the Opt-Out Plan will not have medical or prescription drug coverage. Employees enrolled in the Opt-Out Plan must also enroll in the dental and vision plans. Employees electing the Opt-Out Plan must also sign a “*Declination of Coverage for Full Time Employees form.*” Email SJCOEPayroll@sjcoe.net to obtain the Declination of Coverage form. **Note: Employees must show proof of other insurance when electing the Opt-Out Option Plan each plan year.**

MyCVT Online Member Portal

MyCVT is a web-based portal where you can make coverage changes, add/delete dependents or change your address. Please refer to the “*MyCVT Online Member Portal*”-Quick steps to make a change to your insurance flyer included in this packet. All changes must be made through the MyCVT portal. For assistance with this procedure if needed, please email SJCOEPayroll@sjcoe.net.

You will receive the complete 2024-2025 Open Enrollment Packet via email. You may access the packet electronically by visiting the following link: <http://sjcoe.org>. (under *Departments* select *Business Services, Payroll Services, Health Benefits*). **You must make plan changes via MyCVT by the deadline, Wednesday, August 21, 2024 (no exceptions).** Any changes made during the Open Enrollment period will be effective October 1, 2024, through September 30, 2025. If you are not making any changes to your medical, dental and/or vision coverage, no action is required. **If you participate in the Section 125 Plan medical/dependent care reimbursement you must meet with American Fidelity yearly to re-enroll and/or update premiums for voluntary plans (ie: Disability premium).**

CVT PPO Plans and Kaiser HMO Plans Rate Comparison:

<u>PPO Plans – Anthem Blue Cross</u>	<u>Group #</u>	<u>2023-24</u>	<u>2024-25</u>
Plan 3 100%	13929C	\$2,189.00	\$2,276.00
Plan 6 80% / 20%	13929F	\$1,935.00	\$2,012.00
Plan 10 Base Plan 80% / 20%	13929K	\$1,350.00	\$1,403.00
Bronze Plan	1853YA	\$1,090.00	\$1,114.00
Opt-Out Plan	OOHL-8P	\$ 872.00	\$ 836.00
<u>HMO Plans – Kaiser</u>			
Kaiser 1	0815-0022	\$2,182.00	\$2,394.00
Kaiser 5	0815-0054	\$2,064.00	\$2,264.00
Kaiser 7	0815-0070	\$2,005.00	\$2,199.00
Kaiser Wellness Active	0815-0086	\$1,705.00	\$1,870.00
Kaiser Bronze	0815-0144	\$1,022.00	\$1,121.00
<u>Dental Plan</u>			
Delta Dental Basic 1500 PPO Incentive Plan	7901-3460	\$ 99.39	\$ 99.39
Delta Dental (DPO) 70/30 Plan	7901-3461	\$ 59.30	\$ 59.30
<u>Vision Plan</u>			
Vision Service Plan-Plan C (VSP)	0000406A	\$ 22.08	\$ 22.08

ESTIMATE YOUR PAYROLL DEDUCTION/OVER-CAP ONLY (CAP AMOUNT PRO-RATED BASED ON FTE)

Insert the premium from your plan selection in the lines below.

Medical Plan \$ _____

Dental Plan \$ _____

Vision Plan \$ _____

Total Premium \$ _____

Less Insurance Benefit Cap \$ **- 1,275.00**

Over-the-Cap (OTC) \$ _____

Multiply OTC by 12 (mths of coverage) \$ x 12 = _____

Divide by 11 (mths of pay) \$ / 11 = _____

***11 Month Payroll Deduction** \$ _____

* Monthly Payroll Deduction amount from Salary.

If premium is less than cap, payroll deduction would be zero. To pre-tax your Payroll Deduction/Over-Cap amount, you need to enroll in Section 125 pre-tax processing.

See American Fidelity flyer for more details.

Dependents

In order for SJCOE to maintain and preserve the integrity of the health plans, it is the employee's responsibility to submit proof of eligibility for dependents (i.e., spouse/domestic partner, children, etc.). Federal healthcare legislation allows employees to provide healthcare coverage to their children up to age 26 regardless of financial dependence, student status, or marital status.

Who is an eligible dependent?

Spouse: The employee's legally wed spouse as defined by state law. A copy of the marriage certificate that is witnessed and signed immediately following the ceremony or Certificate of Marriage (legal document from the Hall of Records) and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form.

Domestic Partner: All couples regardless of age or sexual orientation are eligible. The employee must provide SJCOE with a certified copy of the Declaration of Domestic Partnership that was filed with California Secretary of State and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form.

Child/Child of Domestic Partner: A natural child or stepchild from birth to age 26; a legally adopted child or a child who is in the process of being adopted; a child for whom the member has legal and physical custody/guardianship to age 18. Proof of eligibility will be required when adding a new dependent for an existing employee and at the time of hire for a new employee.

*Additional information provided in the on-line packet by visiting the following link: <http://sjcoe.org> (under Departments select Business Services, Payroll Services, Health Benefits)

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from the website, please contact Payroll Services at SJCOEPayroll@sjcoe.net.

Attachments

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

San Joaquin COE - CERTIFICATED

October 1, 2024 - September 30, 2025

BENEFIT	PPO 3, Rx B	PPO 6, Rx B	PPO 10, Rx B	Bronze
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 100%* after deductible is met	Paid at 80%* 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: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾	Individual: \$7,000 Family: \$14,000
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$20 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 Specialist Physician - Subject to deductible then 70% copay per visit
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 70% ⁽¹⁾ after deductible is met
Chiropractic	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 70% ⁽¹⁾ after deductible is met
Acupuncture	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay

BENEFIT	PPO 3, Rx B		PPO 6, Rx B		PPO 10, Rx B		Bronze	
Home Health Care	Paid at 100%* after deductible is met Limited to 100 visits per calendar year		Paid at 80%* after deductible is met Limited to 100 visits per calendar year		Paid at 80%* after deductible is met; Limited to 100 visits per calendar year		Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Employee Assistance Program (EAP) through Carelon	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⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order⁽⁴⁾ Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:
* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

- (1) Non-Par Providers limited to a combined maximum of 13 visits per year.
- (2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.
- (3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).
- (4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

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

CVT HMO Health Plans with Kaiser Permanente

San Joaquin COE - CERTIFICATED

October 1, 2024 - September 30, 2025

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 7	Kaiser Wellness	Kaiser Bronze
Calendar Year Deductible	\$0	\$0	\$0	\$0	Individual: \$4,500 Family: \$9,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 60%*
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: \$6,000 Family: \$12,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialist Physician - \$10 Copay	Primary Care Physician - \$35 Copay Specialist Physician - \$35 Copay	Primary Care Physician - \$35 Copay Specialist Physician - \$35 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Primary Care Physician - Paid at 60%* after deductible is met Specialist Physician - Paid at 60%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay	Most tests paid at 60%* after deductible is met
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	\$10 copay*	Most services paid at 60%*, after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*	Paid at 60%*, deductible does not apply (Most DME is not covered)
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary	Paid at 60%* after deductible is met
Physical Therapy	\$10 Copay	\$35 Copay	\$35 Copay	\$20 Copay	Paid at 60%* after deductible is met
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician	Paid at 60%* after deductible is met Referral by plan physician
Outpatient Surgery	\$10 Copay	\$35 Copay	\$250 Copay	\$500 Per Procedure	Paid at 60%* after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room	Paid at 60%* after deductible is met
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)	Paid at 60%* after deductible is met
Urgent Care	\$10 Copay	\$35 Copay	\$35 Copay	\$20 Copay	Paid at 60%* after deductible is met
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%*, deductible does not apply (Limits)
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.

BENEFIT	Kaiser 1		Kaiser 5		Kaiser 7		Kaiser Wellness		Kaiser Bronze
Employee Assistance Program (EAP) through Carelon	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⁾
Prescription Drugs	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic (31-60 Day Supply) \$15 Generic (31-60 Day Supply) \$30 Brand (61-100 Day Supply)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic (31-100 Day Supply)	Retail \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic (31-60 Day Supply) \$30 Generic (31-100 Day Supply) \$60 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic (31-60 Day Supply) \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic (31-60 Day Supply) \$30 Generic (61-100 Day Supply) \$90 Brand (61-100 Day Supply)	Mail Order \$10 Generic (30 Day Supply) \$30 Brand (30 Day Supply) \$20 Generic (31-60 Day Supply) \$60 Brand (31-100 Day Supply)	Retail \$10 Generic \$25 Brand (30-day supply) \$20 Generic (31-60 day supply) \$30 Generic (61-100 day supply)	Mail Order \$10 Generic (up to 30 day supply) \$25 Brand (31-60 day supply) \$50 Brand (31 - 100 day supply)	Generic Paid at 70%* (Member's share not to exceed \$50) 100-day supply Deductible does not apply Brand Paid at 60%*, after \$250 deductible (Member's share not to exceed \$100) 100-day supply Paid at 60%*, after \$250 deductible

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.



Delta Dental PPO Basic Incentive Plan Summary of Benefits

Effective October 1, 2024 to September 30, 2025

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	\$1,900	\$1,500
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
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	Paid at: 50% *	Paid at: 50% *
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.



**California's
Valued Trust**

Healthcare Benefits for the Education Community

**San Joaquin COE
Certificated**

Delta Dental DPO 70-30 Plan Summary of Benefits

Effective October 1, 2024 to September 30, 2025

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	\$1,000	\$1,000
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. Oral Examinations: 2 Annual Cleanings: 2 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% *
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.

<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.

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.

A Look at Your VSP Vision Coverage

With VSP and California's Valued Trust (Plan C \$10 Copay), your health comes first.



VSP® Vision Care provides you personalized eye care at VSP network locations with low or no out-of-pocket costs.

Value and savings you love.

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

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
	 

Quality vision care you need.

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

Using your benefit is easy!

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

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee. This protects you from the unexpected when you go to a Premier Edge location whether it's accidentally broken or damaged glasses, your prescription changes or if you don't love the glasses you chose. Visit vsp.com/zerocopy for details.



More Ways to Save

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

bebe Calvin Klein
COLE HAAN DRAGON
FLEXON LONGCHAMP
PARIS
and more

See all brands and offers
at vsp.com/offers.

+

**Up to
40%
Savings on
lens enhancements‡**

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary

2024-2025

San Joaquin COE - Certificated

Provider Network:
VSP Signature
Frequency:
Exam every 12 months
Frame every 12 months
Lenses every 12 months



BENEFIT	DESCRIPTION	PREMIERMAX	COPY WITH OTHER VSP
		COPY WITH PREMIER EDGE PROVIDERS	NETWORK PROVIDERS
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$0	\$10 for exam and glasses
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease Every 12 months 	\$0	Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam	\$20 per exam
PRESCRIPTION GLASSES			
FRAME[†]	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance Every 12 months 	Combined with exam	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam	Combined with exam
LENS ENHANCEMENTS[‡]	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Tints/Light-reactive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$80 - \$90 \$120 - \$160 \$0	\$0 \$80 - \$90 \$120 - \$160 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	Up to \$60
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor <p>Exclusive Member Extras</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values. 		

[†]Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

[‡]Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

*Coverage with a retail chain may be different or not apply.

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

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks is a VSP-affiliated company.

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VSP and WellVision Exam are registered trademarks, and VSP LightCare, VSP Premier Edge, and VSP PremierMax are trademarks of Vision Service Plan.



A world-class medical and surgery benefit sponsored by CVT

Carrum Health makes it easier to get the best surgical care available with lower out-of-pocket costs. Carrum partners with top quality hospitals-both in California and around the country-to give CVT members access to the best doctors and the best care.

Who is eligible for Carrum Health?

Employees, pre-65 retirees and covered dependents enrolled in a CVT PPO or EPO plan.

WHAT ARE THE BIGGEST BENEFITS OF USING CARRUM HEALTH?

The **ABSOLUTE** best care
Access to the most qualified doctors at world-class hospitals

ZERO member out-of-pocket costs
All surgery costs, including travel (if needed) are covered*

EASY to use
Carrum's team and technology provide complete wraparound support for CVT members

*Members in HSA-qualified plans must first meet the IRS minimum deductible requirements

NON-EMERGENCY SURGICAL CARE*:

- Musculoskeletal (*ie: hip, knee, shoulder, spine, etc*)
- Heart
- Weight loss

*Visit carrum.me/cvt to see a full list of procedures

WORLD-CLASS CANCER CARE

- Comprehensive breast cancer treatment*
- Virtual support from a team of cancer specialists
- Peer-to-peer consults with world-class oncologists

*In the Greater Los Angeles County area

Find out more about Carrum

Visit: carrum.me/CVT

Call: (888) 855-7806

Download: Carrum Health mobile app.



Anthem Health Guides

CVT California's
Valued Trust
Your Health. Our Commitment.



Call an Anthem Health Guide today!

Wish you had help navigating all of your benefits? Talk to an Anthem Health Guide today.

Health guides can help you make sense of your Anthem Blue Cross benefits, as well as all of the value-added benefits that you get through CVT.

Anthem Health Guides are available Monday through Friday from 8 a.m. to 6 p.m. and can be reached at (800) 234-4333, or via the CHAT feature in your Sydney Health mobile app.



Don't have the Sydney mobile app yet?



Scan this QR code to download it today!

Avoid the mountain of paperwork.

Call your Anthem Health Guide today!

Need help understanding your billing? Wish you had help navigating all of your benefits? Talk to an Anthem Health Guide today.

Health guides can help you make sense of your Anthem Blue Cross benefits, as well as all of the value-added benefits that you get through CVT.

Anthem Health Guides are available Monday through Friday from 8 a.m. to 6 p.m. and can be reached at (800) 234-4333, or via the CHAT feature in your Sydney Health mobile app.

Call an Anthem Health Guide at:
(800) 234-4333

Scan here to download Sydney Health app



Anthem   California's Valued Trust

Anthem Blue Cross is the trade name of Blue Cross of California, independent members of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Sydney Health is offered through an arrangement with Zenoti Digital Platforms, a separate company offering mobile application services on behalf of your health plan ©2023.

Anthem 

MDLIVE

 California's
Valued Trust
Your Health, Our Commitment.

 40th
ANNIVERSARY



Skip the emergency room. Use MDLIVE! Providing urgent care, dermatological and behavioral health care when you need it without without a copay.

URGENT CARE

Talk to a doctor in as little as 15 minutes when you need care fast, including prescriptions and short-term renewals of existing medications.

- On-demand 24/7 or schedule a time that works for you.
- Board-certified MDLIVE doctors care for more than 80 common conditions and have an average of 15 years of experience.
- Get professional care after hours, weekends, holidays, and whenever you can't see your primary care physician.
- A reliable and affordable alternative to urgent care clinics or the ER.
- A summary of your visit can be shared with your local doctor upon request.

DERMATOLOGY

Fast, customized care for skin, hair, and nail conditions.

- From suspicious spots and rashes to cold sores and fungal infections, MDLIVE board-certified dermatologists deliver reliable care for skin, hair, and nail conditions.
- No long waits or appointments required.
- Simply answer questions about your condition and upload photos to your secure MDLIVE account.
- Diagnosis and treatment plan in less than 72 hours, most cases are less than 24 hours, including prescriptions when appropriate.
- Over 90% of patients have their issue resolved on the first consultation.
- Largest national network of board-certified, telehealth dermatologists.

BEHAVIORAL HEALTH

Virtual behavioral health includes care for adults, children and teens ages 10 and up* and includes:

- Help with talk therapy and coping strategies from licensed therapists
- Assessments and medication management from board-certified psychiatrists
- On-going support from youth to adulthood on the same platform and with the same provider

Call MDLIVE AT (888) 632-2738, or login at mdlive.com/cvt to register or access MDLIVE resources.

MDLIVE

Appendix of Carriers:

 California's
Valued Trust
Your Health, Our Commitment.



Anthem Blue Cross

Health Guides: (800) 234-4333
Visit: anthem.com/ca



Delta Dental

Dental plan provider
Phone: (866) 499-3001
Visit: deltadentalins.com



Carelon Behavioral Health

Employee Assistance Program (EAP)
Phone: (877) 397-1032
Visit: carelonwellbeing.com/CVT



Kaiser Permanente

Phone: (800) 464-4000
Visit: healthy.kaiserpermanente.org



CVS Caremark

Prescription Drug Benefits
Phone: (888) 354-6390
Visit: caremark.com



MDLIVE

Telehealth provider for urgent care,
dermatological and behavioral health
Phone: (888) 632-2738
Visit: mdlive.com/cvt



VSP

Vision plan provider
Phone: (800) 877-7195
Visit: vsp.com

Additional CVT Programs and Wellbeing Resources

 California's
Valued Trust
Your Health, Our Commitment.



Carrum Health

Medical/Surgical Centers of Excellence Benefit
Phone: (888) 855-7806
Visit: carrum.me/CVT



CredibleMind

Mental/emotional wellbeing resources
Visit: cvt.crediblemind.com



Solera

Diabetes prevention
Phone: (877) 486-0141
Visit: solera4me.com/cvt



TruHearing

Hearing aid provider
Phone: (844) 300-0134
Visit: truhearing.com/CVT

WHAT IS THE DIFFERENCE BETWEEN 403(b) and 457(b) PLANS?

403(b) and 457(b) – How Do They Compare?		
FEATURES	403(b)	457(b)
Type of plan	Voluntary Defined Contribution Plan	Voluntary Defined Contribution Plan
Elective deferral limits*	\$23,000; or 100% of compensation <i>(whichever is less)</i>	\$23,000; or 100% of compensation <i>(whichever is less)</i>
Age 50+ catch-up	\$7,500	\$7,500
‘Special catch-up provisions’ <i>(please consult a financial services professional)</i>	Yes; 15 year catch up \$3000 Requires calculation for eligibility determination (Employee may not qualify)	Yes; Final 3 year catch up \$23,000 Requires calculation for eligibility determination (Employee may not qualify)
Roth (after-tax) Contributions	Yes, if adopted by Plan Sponsor	Yes, if adopted by Plan Sponsor
Loans**	Yes; up to 50% of account balance and no more than \$50,000 per calendar year	Yes; 1 loan at a time, up to 50% of account balance and no more than \$50,000 per calendar year
Required Minimum Distribution rules apply	Yes	Yes
Rollovers from other qualified plan	Yes	Yes***
Rollovers from 403(b) plan	Yes	Yes***
Rollovers from governmental 457(b) plan	Yes	Yes
Eligible Distribution w/out IRS penalty	Age 55 with severance from employment; or Age 59 ½ if still in service	Any age with severance from employment; or 70 ½ if still in service****
Hardship Withdrawal Requirements*	Safe Harbor Rules: • Eviction/foreclosure • Medical • Purchase primary residence • Post-secondary education • Burial/funeral • Repair of casualty damage to principal residence	Unforeseeable Emergency: • Illness or accident of participant, spouse or dependent • Loss of property due to casualty • Other extraordinary events beyond participant control

This chart reflects what is permissible by the Internal Revenue Service as well as within plans administered by TDS. Please note that all plans may differ and each listed option may not be allowable in your Employer’s 403(b) or 457(b) Plan.

*The limits on contributions to a 457(b) plan are not combined with the limits allowed to be contributed to the same employee’s 403(b) account. The 403(b) limits are aggregated with 401(k) and / or 401(a) limits. Roth account and traditional account limits are aggregated.

**Some investment providers may not permit for all options such as loans or hardship withdrawals. Contact your investment provider for details on your account’s loan/hardship availability. Contact TDS for obtaining transaction authorization at (866) 446-1072.

*** Vendor must confirm ability to track funds separately in accordance with IRS requirements.

****Age 59.5 is available when the provision is selected by the employer / plan.



Save more today. Be ready
for tomorrow.

Is your pension going to be enough? Save for retirement with the Deferred Compensation Plan – 457(b)

Saving for the future is more important than ever. We're living longer these days – which could mean spending 20 or more years in retirement. That's why one of the most valuable benefits your employer provides is a workplace retirement plan in addition to your pension.

Every dollar you set aside for your future helps get you closer to your retirement goals.

What is a 457(b) plan?

1. It's simple and convenient. Your contributions are deducted automatically each pay period, and can be adjusted at any time.
2. You can reduce your taxable income. Your contributions are deducted from your pay before taxes. You can also save after-tax via a Roth option.
3. You're in control. You decide how much to save, adjust this amount each pay period, and select investments that are comfortable for you.
4. There is no early withdrawal penalty for separated employees withdrawing their before-tax balance prior to age 59 ½. Tax consequences may result from this withdrawal and you should speak to your tax advisor prior to requesting a withdrawal from the plan.
5. Contribution Limits: Up to \$23,000 in 2024; Up to \$30,500 if age 50 or older; and up to \$46,000 if within three years of retirement age.
6. You may participate in both a 403(b) and 457(b) and contribute up to the max amount in both!
7. There are thirty-seven investment choices, as well as an interest earning account.

All additional questions, including fund performance, expenses, important disclosures, or details:

Please Contact, David McCray at the following:

Phone: (209)640-2898

Email: dmccray@retirementplanadvisors.com

Enrolling in the 457b is easy:

1. Complete the 457b Enrollment Packet on [TDSplans.org](https://tdsplans.org) under 'getting started' and clicking the '457b' tab, or use this direct link:
<https://tdsplans.org/Forms/457EnrollmentPacket.pdf>

San Joaquin County Office of Education Stockton, CA

403(b) Plan **457(b) Plan**

<p>Salary Reduction Agreement Forms (SRA)</p> <p>457(b) Online SRA</p> <p>457(b) Enrollment Packet</p> <p>Downloadable 457(b) Enrollment Packet</p>	<p>457(b) Providers</p> <p>Empower - 457</p> <p>ROTH - Empower - 457</p> <p><small>Service providers with a double asterisk notation (**) are not authorized to accept new accounts under your employer's plan. Please contact Tax Deferred Solutions with any questions.</small></p> <p><small>A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be noted above and deducted through an after-tax payroll deduction.</small></p>
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6939 Sunrise Blvd., Suite 250 | Citrus Heights, CA 95610 | PH: (866) 446-1072 | FAX: (916) 221-5040
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2. Review the plan highlights listed below:

a. **Who is eligible to participate in the plan?**

All employees are eligible immediately upon employment.

b. **What is the benefit of using deferred compensation?**

- Your Before-Tax Contributions – and any earnings – will accumulate tax deferred until withdrawn, at which time they are taxed as ordinary income.

- Roth Contributions will be included as taxable income in the year of contribution. Earnings on Roth contributions will accumulate tax free, and retirement withdrawals may be exempt from federal income tax if requirements are met.

c. **Are Rollovers accepted?**

You are allowed to roll additional retirement assets into the plan at any time.

d. **Can I change how much I contribute?**

You may start, stop, increase or decrease your contributions as often as your employer allows, by visiting [TDSplans.org](https://tdsplans.org).

e. **Can I take money out of my account?**

Your account assets may be withdrawn from the 457 plan under the following:

- Retirement
 - Separation from Service
 - Unforeseeable emergency ("Hardship") withdrawal
 - Loan provision
-

San Joaquin County Office of Education

SECTION 125 BENEFITS OPEN ENROLLMENT

Plan Year: 10/1/2024 – 9/30/2025

American Fidelity's Open Enrollment is August 14th - September 30th

Use the QR Code or link to schedule your appointment



<https://enroll.americanfidelity.com/E8757D52>

or call 800-365-8306

PLEASE READ:

Please meet with your American Fidelity Representative to learn more about all your benefits offered through payroll deductions.

IMPORTANT: For those employees who wish to enroll, continue or make changes to your Medical Reimbursement or Dependent Day Care Account for the next plan year, you must meet with your American Fidelity Representative.

Northern California Branch Office
9355 E. Stockton Blvd., Ste. 110
Elk Grove, CA 95624
1-800-365-8306 · 916-683-8306

AMERICAN FIDELITY 
a different opinion

San Joaquin County Office of Education

Plan Year

10/1/2024 - 9/30/2025



Your benefits made simple.

To make your enrollment easier, you'll be able to enroll in your major medical insurance and supplemental benefits at the same time. Get all your benefit options and details with less hassle.

Your American Fidelity account manager can answer your questions and help you prepare your plan.



Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: americanfidelity.com/accident



Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: americanfidelity.com/critical-illness



Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: americanfidelity.com/cancer



Disability Income Insurance

- Helps protect your finances in case of a covered injury or illness.
- Provides a benefit to help cover costs while you are unable to work.
- Select from custom coverage options.

Learn more: americanfidelity.com/disability



Book your appointment.

<https://enroll.americanfidelity.com/E8757D52>

AMERICAN FIDELITY
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Limited Benefit Hospital Indemnity Insurance

- Helps pay for out-of-pocket costs associated with a covered inpatient stay or treatment.
- Compatible with Health Savings Accounts allowing for tax benefits and potential savings.
- Benefits are paid directly to you.

Learn more: americanfidelity.com/hospital-indemnity



Life Insurance

- May help financially protect your family if you were to pass away.
- Several plans available to select the coverage that best fits you and your family.
- Provides immediate coverage.

Learn more: americanfidelity.com/life

Did your salary increase?

If your salary has increased since your last enrollment, it's important that you review your **Disability Income Insurance** coverage. Help protect more of your paycheck and your lifestyle by ensuring you have the coverage you need.

americanfidelity.com/disability-increase

Bring Home More From Your Paycheck

Take advantage of tax savings when paying for medical coverage and out-of-pocket expenses before taxes. This could reduce your taxable income and allow you to take home more money.

How does it work?

Consider this example: Jane makes \$2,000 per paycheck and is paid twice a month. Under a tax-savings plan, she would save \$140 per month, adding up to \$1,680 a year. Calculate your possible savings: americanfidelity.com/s125-calculator

Earnings	Post-Tax	Pre-Tax
Gross Pay	\$2,000	\$2,000
Eligible Benefit Contributions	N/A	-\$250
Taxable Gross	\$2,000	\$1,750
Estimated Taxes (Federal & State @ 20%)	-\$400	-\$350
Estimated FICA (7.65%)	-\$153	-\$133
Out-of-Pocket Medical Expenses	-\$250	N/A
Take Home Pay	\$1,197	\$1,267

A savings of \$1,680 a year

Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Healthcare Flexible Spending Accounts

Save money on eligible medical expenses.

Healthcare Flexible Spending Accounts (HCFSA) allow you to save part of your paycheck, before taxes, to pay for eligible medical costs throughout the year.

Features:

- Funds available at the beginning of your plan year
- Reduce your taxable income
- Contribute as much, or as little, as you want (up to the annual limit)

Learn more at
americanfidelity.com/fsa



Calculate medical costs
americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter medications
- First aid kits
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Breast pumps and supplies

americanfidelity.com/eligible-expenses

Dependent Care Accounts

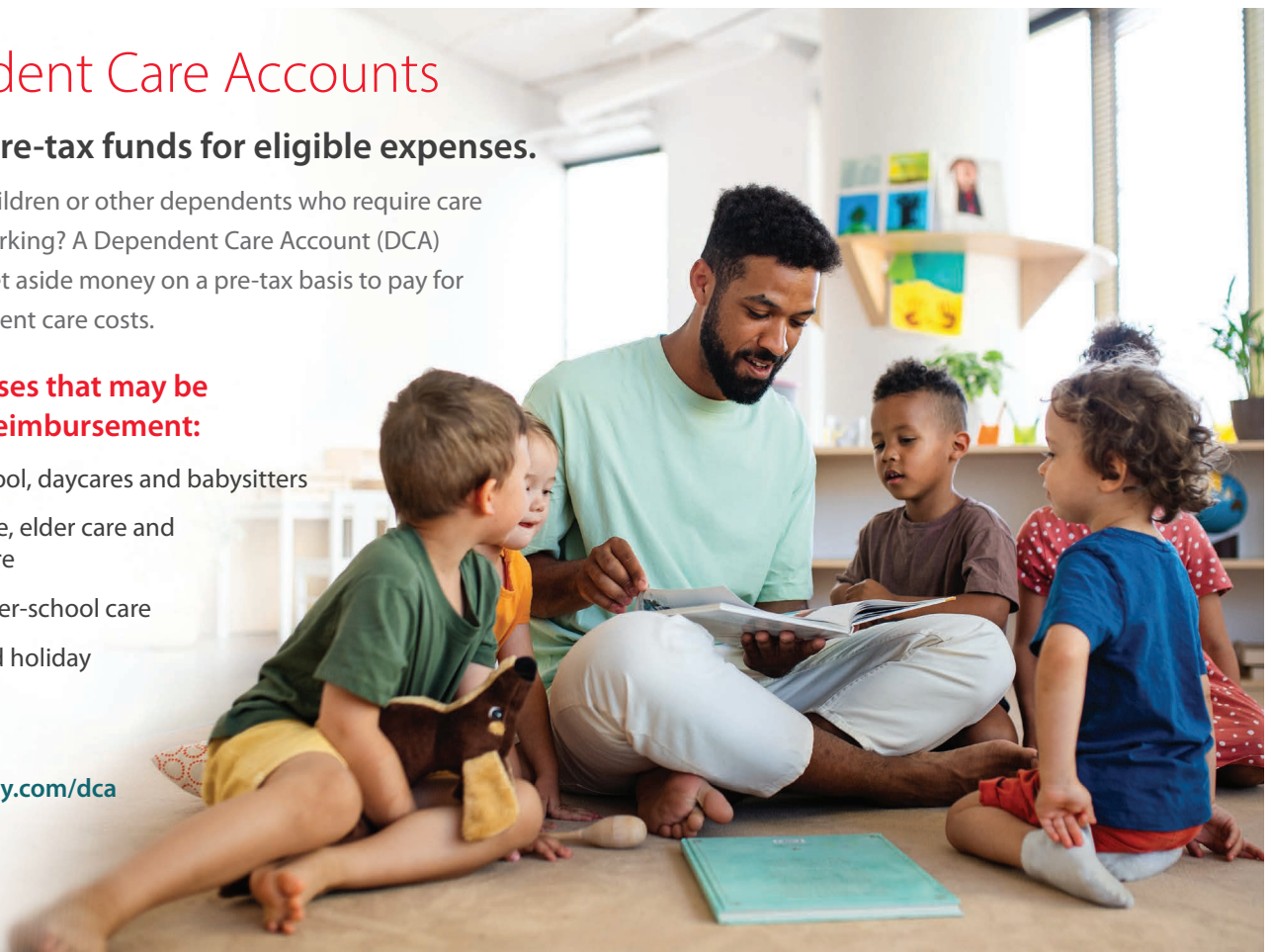
Set aside pre-tax funds for eligible expenses.

Do you have children or other dependents who require care while you're working? A Dependent Care Account (DCA) allows you to set aside money on a pre-tax basis to pay for eligible dependent care costs.

Some expenses that may be eligible for reimbursement:

- Nursery school, daycares and babysitters
- In-home care, elder care and custodial care
- Before or after-school care
- Summer and holiday day camps

Learn more at
americanfidelity.com/dca



Online Account Support

Access your information 24/7.

Browse your benefits and reimbursement information anytime you want, all in one convenient place.



File a Claim

Submit claims for your insurance benefits or reimbursement accounts



Track Claims

View the status of your benefits and reimbursements claims



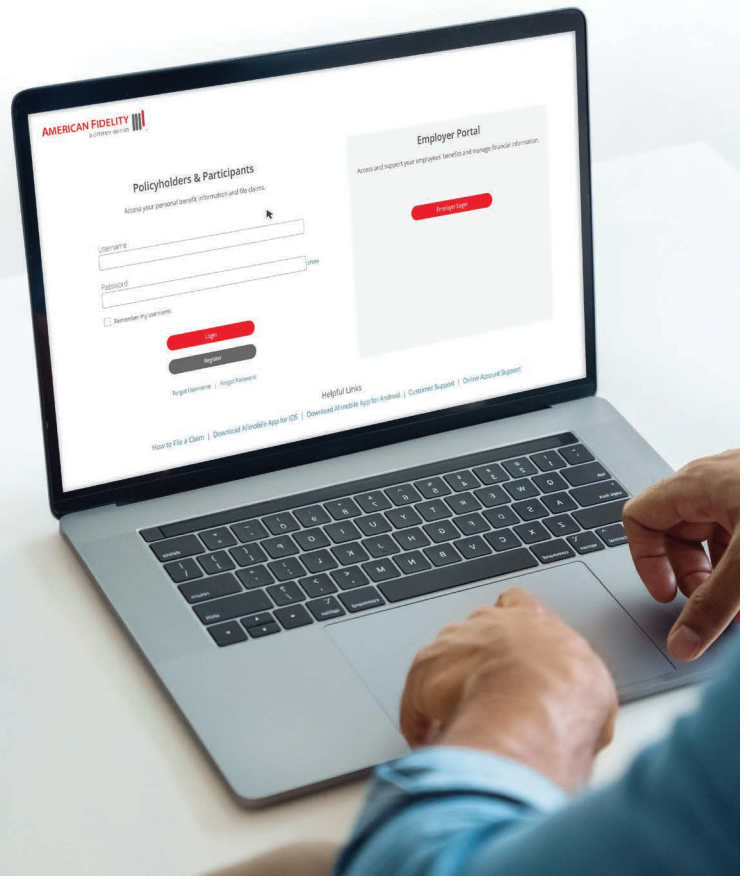
Upload Documentation

Attach receipts and documentation for claims



Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences



Renewing your FSA?

Flexible Spending Accounts do not automatically renew each year. Meet with your American Fidelity account manager to ensure you continue taking advantage of these tax-savings accounts.

americanfidelity.com/fsa

*These products may contain limitations, exclusions, and waiting periods. The following statements only apply if the product is displayed on this document. **These products are not appropriate for people who are eligible for Medicaid coverage: Accident Only, Cancer, Critical Illness, Hospital Indemnity, Hospital GAP PLAN® and Hospital GAP Plan Choice® Insurance.** Variable Annuities are offered by American Fidelity Securities, Inc., a registered Broker Dealer. Please contact your tax advisor for information regarding your specific situation. HSA contributions are not subject to federal and most states' income tax. State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules. HRAs are not part of a Section 125 Plan. Contributions made by employer not employee.*

Northern California Branch
800-365-8306 • 916-683-8306



American Fidelity Assurance Company
americanfidelity.com



520 East Herndon Avenue
Fresno, CA 93720
(800) 288-9870
www.cvtrust.org

MyCVT Online Member Portal-Open Enrollment

Quick steps to apply for insurance coverage or make changes.

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

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

Getting started

1. To access the site directly from your browser, type: mycvt.cvtrust.org.
2. You may also access the portal from cvtrust.org. Click on the MyCVT logo in the upper, right-hand corner of the page to open up the main portal page.
3. You will need the following information to create your account:
 - Unique email address (you cannot use a shared or group email)
 - Social Security number (do not use dashes in the form)
 - Your district name and classification
 - Password (eight-digits minimum)
 - Date of Birth

Creating your account

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

Existing member open enrollment

1. Login to your MyCVT account at mycvt.cvtrust.org.
2. A message box (example below) will appear during open enrollment letting you know what the open enrollment timeframe is as well as the numbers of days left for open enrollment. Click on the "Begin Open Enrollment" option in the open enrollment notification message if you wish to make any changes to your current coverage.
3. If you wish to keep your current coverage, click the "Keep Your Existing Coverage" option.



Open Enrollment is here!

Open Enrollment is the one time during the year that you have the opportunity to review your current coverage and either keep it or select new coverage. You can also enroll or remove dependents without a qualifying event. To ensure you choose the best plan, we have resources for you.

30th

County USD Ends September

[Begin Open Enrollment](#)

[Keep Your Existing Coverage](#)

Keep current coverage

1. If you selected to keep your current coverage, confirm your choice by clicking the “Keep Coverage” button and no other steps need to be taken.

View or modify your coverage and dependent information

1. When viewing or modifying your current coverage, you will first verify your personal information, then click “Next” to continue to your dependent page.
2. You can add or remove dependents. Add dependents by clicking on the blue “Add Dependent” button. Click the “Terminate” button next to any dependent you wish to remove from coverage.
3. If adding a dependent, enter all the required dependent information and click “Save” after each dependent has been added.
4. If you need to change any information, the forms can be opened again and edited by clicking the blue link of the dependent’s name you want to update on the “Dependent Information” page. Always save every edit.
5. Click on “I’m ready for plan selection” to view or modify your coverage
6. The next step is to select your plans from the plan choice page. The plan selection will include those bargained benefits available to your unit.
7. Click “Compare Plans” next to the coverage types (Health, Dental, Vision, Life) to see a grid of drop down menus that contain the plans available to you. You can compare up to four different plans by clicking the drop down menus and selecting the plans you want to compare. Once you have decided which plan you are going to choose, click the blue “Select this plan” button above the drop down menu to select that plan for that coverage. If you are unsure about which plans to choose, consult your district office for a summary of plans and the options/costs. You can also call CVT Member Services for assistance.
8. If your district does not offer plans for a particular coverage type, the words “No plans available” will appear next to that coverage type.
9. Once you have completed selecting your plans for all of the available coverage types, click “I’m Ready to Review My Application” to continue.

Submit your completed enrollment

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

Questions

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

WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

Tangee Franco, American Fidelity	Tangee.Franco@americanfidelity.com	800-365-8306
Misha Bothe, American Fidelity	Misha.Bothe@af-group.com	800-365-8306, ext. 2686
Legal Shield	valencia@legalshieldassociate.com	707-393-0856
Tax Deferred Services (TDS) (403b)	cbailey@omni403b.com	866-446-1072
David McCray, Empower (457)	dmccray@retirementplanadvisors.com	209-640-2898

For plan information please visit the following link: <http://mycvtrust.org>