



SAN JOAQUIN COUNTY OFFICE OF EDUCATION
Troy A. Brown, Ed.D., County Superintendent of Schools

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Date: July 24, 2024
To: SJCOE CTA Retirees
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. 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).



Retirees and Medicare

Three months prior to your 65th birthday under age 65 retirees and their dependents should meet with a Social Security retirement planner to ensure that they will not experience a delay in receiving their Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse will soon be losing coverage under the County Office's medical plan. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty. Medicare must be effective the first day following your loss of County Office coverage. If your County coverage ends September 30th your Medicare effective date must be October 1st.

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 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 have any questions, please contact Payroll Services at SJCOEPayroll@sjcoe.net.

Attachments

San Joaquin County Office of Education - RETIREE RATES-CVT

<u>Medical Rates 2024-2025</u>	PPO Plan 3B	PPO Plan 6B	PPO Plan 10B	PPO Bronze Plan	Kaiser 1	Kaiser 5 Plan	Kaiser 7 Plan	Kaiser Bronze Plan
Retiree Only - (under 65) no Medicare	\$ 1,750.00	\$ 1,557.00	\$ 1,112.00	\$ 814.00	\$ 1,748.00	\$ 1,591.00	\$ 1,545.00	\$ 945.00
Retiree + One - (both under 65) no Medicare	\$ 3,010.00	\$ 2,678.00	\$ 1,912.00	\$ 1,399.00	\$ 3,006.00	\$ 2,733.00	\$ 2,654.00	\$ 1,621.00
Retiree + Family - (all under 65) no Medicare	\$ 3,798.00	\$ 3,379.00	\$ 2,413.00	\$ 1,766.00	\$ 3,789.00	\$ 3,448.00	\$ 3,348.00	\$ 2,045.00
Retiree + One - Dep with Medicare/Ret without	\$ 2,317.00	\$ 2,090.00	\$ 1,563.00	N/A	\$ 2,132.00	\$ 1,898.00	\$ 1,843.00	N/A

<u>Dental / Vision Rates 2024-2025</u>	Delta Dental Premier Basic Plan	Delta Dental DPO-70/30	VSP Vision Plan C 406A
Retiree Only	\$ 54.15	\$ 32.31	\$ 13.49
Retiree + One	\$ 98.08	\$ 58.51	\$ 25.06
Retiree + Family	\$ 141.00	\$ 84.12	\$ 38.59

Estimate your over-cap monthly amount due	
Medical Plan	\$
Dental Plan	\$
Vision Plan	\$
Total Premium	\$
Insurance Cap	\$ -\$1,275.00
Monthly Amount Due	\$

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

San Joaquin COE - CERTIFICATED DISTRICT PAID RETIREE

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 DISTRICT PAID RETIREE

October 1, 2024 - September 30, 2025

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 7	Kaiser Bronze
Calendar Year Deductible	\$0	\$0	\$0	Individual: \$4,500 Family: \$9,000
Coinsurance	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: \$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 - 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%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	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%*	Most services paid at 60%*, after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*	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	Paid at 60%* after deductible is met
Physical Therapy	\$10 Copay	\$35 Copay	\$35 Copay	Paid at 60%* after deductible is met
Chiropractic	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	Paid at 60%* after deductible is met Referral by plan physician
Outpatient Surgery	\$10 Copay	\$35 Copay	\$250 Copay	Paid at 60%* after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	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	Paid at 60%* after deductible is met
Urgent Care	\$10 Copay	\$35 Copay	\$35 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%*, 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.
Employee Assistance Program (EAP) through Carelton	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	HMO 1		HMO 5		HMO 7		HMO Bronze
Prescription Drugs	Retail		Retail		Retail		Generic
	\$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	\$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	\$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	Paid at 70%* (Not to exceed \$50) 100-day supply Deductible does not apply Brand** Paid at 60%* (Not to exceed \$100) 100-day Supply Deductible does not apply **Certain brand name drugs have a \$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 PREMIER EDGE PROVIDERS	COPY WITH OTHER VSP 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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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>



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](#)

July, 2024-JB

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.