



Date: July 21, 2023
To: ALL SJCOE Represented Teachers
From: Jenny Barros, Program Manager, Payroll Services
Subject: **CVT 2023-2024 Open Enrollment – Changes Effective October 1, 2023**

The CVT Health & Welfare Open Enrollment period begins NOW and **ends on Monday, August 21, 2023 at 5:00 pm.** **Payroll Services will be hosting the annual Health Benefits Fair on August 9, 2023 from 3:00 pm-5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. CVT/Delta Dental consultants, American Fidelity, Empower 403b/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, 2023

- The benefit cap increased to \$1,175.00 per month and is pro-rated based on employees FTE.

***CVT Health Benefit Updates 2023/2024**

- Medical Benefit Updates:
 - Total Health, Total You will help you take care of your health, work on lifestyle changes, and connect with specialized health professionals — no matter where you are. The dedicated, caring Health Guides are your single point of contact, helping you make the most of your benefits so you can feel confident about taking care of your health.
 - Beacon Health Options, your Employee Assistance Program (EAP) name has changed to Carelon Behavioral Health. There are no changes to your benefits just to the name.
- Delta Dental Updates:
 - SmileWay Wellness Plan provides enhanced coverage for higher-risk members. Members who visit the Delta Dental website to opt-in will receive the following benefits:
 - 100% coverage for deep cleaning below the gum line.
 - One periodontal scaling and root planing procedure per quadrant.
 - 100% coverage for the following:
 - Teeth cleaning for an adult or child: Prophylaxis
 - Treatment for inflammation or infection: Periodontal maintenance procedure
 - Plaque removal: Scaling in presence of moderate or severe gingival inflammation

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 2023-2024 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, Monday, August 21, 2023 (no exceptions)**. Any changes made during the Open Enrollment period will be effective October 1, 2023 through September 30, 2024. 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.

CVT PPO Plans and Kaiser HMO Plans Rate Comparison:

| <u>PPO Plans – Anthem Blue Cross</u> | <u>Group #</u> | <u>2022-23</u> | <u>2023-24</u> |
|---|-----------------------|-----------------------|-----------------------|
| Plan 3 100% | 13929C | \$2,065.00 | \$2,189.00 |
| Plan 6 80% / 20% | 13929F | \$1,826.00 | \$1,935.00 |
| Plan 10 Base Plan 80% / 20% | 13929K | \$1,273.00 | \$1,350.00 |
| Bronze Plan | 1853YA | \$1,028.00 | \$1,090.00 |
| Opt-Out Plan | OOHL-8P | \$ 822.00 | \$ 872.00 |
| <u>HMO Plans – Kaiser</u> | | | |
| Kaiser 1 | 0815-0022 | \$2,060.00 | \$2,182.00 |
| Kaiser 5 | 0815-0054 | \$1,949.00 | \$2,064.00 |
| Kaiser 7 | 0815-0070 | \$1,893.00 | \$2,005.00 |
| Kaiser Wellness Active | 0815-0086 | \$1,610.00 | \$1,705.00 |
| Kaiser Bronze | 0815-0144 | \$ 965.00 | \$1,022.00 |
| <u>Dental Plan</u> | | | |
| Delta Dental Standard School 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 \$ - 1,175.00

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, 2023 - September 30, 2024

| BENEFIT | PPO 3, Rx B | PPO 6, Rx B | PPO 10, Rx B | PPO 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: \$6,350 Family: \$12,700 |
| Doctor Visits | Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay | Primary Care Physician - \$20 Copay Specialty 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 Specialty Physician - Subject to deductible then \$70 copay |
| 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 | \$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%* | \$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%* | \$100 Emergent Copay; \$175 Non-Emergent 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 | | PPO 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 | |
| Medical Decision Support | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | |
| 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 Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply) | Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply) |

PPO Plans:
* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.
(1) Non-Par Providers limited to a combined maximum of 13 visits per year.
(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Alight visits are excluded (2) Pharmacy copayments cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.
(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).
(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx
This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVT HMO Health Plans with Kaiser Permanente

San Joaquin COE - CERTIFICATED

October 1, 2023 - September 30, 2024

| BENEFIT | HMO 1 | HMO 5 | HMO 7 | HMO Wellness | HMO 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 Specialty Physician - \$10 Copay | Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay | Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay | Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay | Primary Care Physician - Paid at 60%* after deductible is met Specialty 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%* | Most services paid at 100%* | Most services paid at 100%, No deductible |
| 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 | For after-hours advice, call 1-888-576-6225 | For after-hours advice, call 1-888-576-6225 | For after-hours advice, call 1-888-576-6225 | For after-hours advice, call 1-888-576-6225 | For after-hours advice, call 1-888-576-6225 |
| Medical Decision Support | N/A | N/A | N/A | N/A | N/A |
| Employee Assistance Program (EAP) through 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⁾ | 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 Wellness | | HMO Bronze |
|--------------------|--|--|---|---|---|---|---|---|---|
| Prescription Drugs | Retail | | 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) | \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply) | Mail Order \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 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 Incentive Plan Summary of Benefits

Effective October 1, 2023 to September 30, 2024

| Benefits and Covered Services* | PPO Network ** | Premier Network and Out of Network ** |
|---|---|---|
| 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 PPO 70/30 Plan Summary of Benefits

Effective October 1, 2023 to September 30, 2024

| 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.



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

Value and savings you love.

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

Provider choices you want.

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

| | |
|---|---|
|  | Preferred private practice and retail in-network choices |
| |   |

Quality vision care you need.

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

Using your benefit is easy!

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



More Ways to Save

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

bebe CALVIN KLEIN
COLE HAAN DRAGON.
FLEXON LACOSTE
and more

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

+

**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
 2023-2024
 San Joaquin COE - Certificated



PROVIDER NETWORK: VSP Signature

| BENEFIT | DESCRIPTION | COPAY | FREQUENCY |
|--|--|--|-----------------|
| Your Coverage with a VSP Provider | | | |
| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$10 for exam and glasses | Every 12 months |
| PRESCRIPTION GLASSES | | | |
| FRAME* | <ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®/Costco® frame allowance | Combined with exam | Every 12 months |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children | Combined with exam | Every 12 months |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Tints/Light-reactive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements | \$0 \$0 \$80 - \$90 \$120 - \$160 | Every 12 months |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) | \$0 | Every 12 months |
| EXTRA SAVINGS | Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. | | |
| | Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | | |
| | Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | | |

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
 +Coverage with a retail chain may be different or not apply.
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.
 To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.
 ©2023 Vision Service Plan. All rights reserved.
 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM
 Classification: Restricted

San Joaquin County Office of Education

SECTION 125 BENEFITS OPEN ENROLLMENT

Plan Year: 10/1/2023 – 9/30/2024

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.

Tangee Franco, CA Lic. #OB04772
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



Your Benefits Overview

Enrolling in the same plans as last year may seem like the easiest way to go. But things change. It might be time to change your insurance too.

Get help with your options. Stop by and see an American Fidelity account manager.



Flexible Spending Accounts

- help with out-of-pocket medical expenses and dependent day care costs
- let you take money from your paycheck, pre-tax
- allow you to use the funds for eligible costs incurred during the plan year

americanfidelity.com/info/fsa



Healthcare Flexible Spending Accounts

- let you take money from your paycheck, pre-tax
- allow you to put money into an account to pay for eligible medical costs

americanfidelity.com/info/fsa



Hospital Indemnity Insurance

AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

americanfidelity.com/info/hospital-indemnity



Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident

Plan Year
10/1/2023 - 9/30/2024

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

Stroke is a **leading cause** of serious, long-term disability in the United States.

American Heart Association: Heart Disease and Stroke Statistics 2019 At-a-Glance, p.2 February 2019.



Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

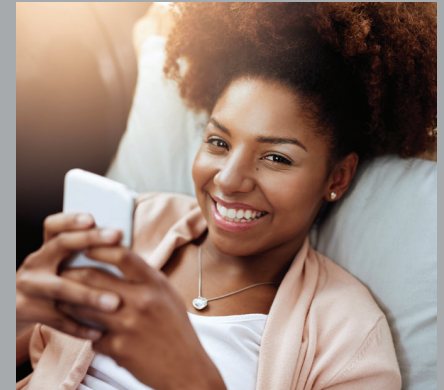
americanfidelity.com/info/life



Annuities

Annuities can be used within a 403(b) Plan, 457(b) Plan, Traditional IRA, or Roth IRA. They can be an important tool in your retirement savings plan.

americanfidelity.com/info/annuities



Your Benefits, Your Account

You deserve easy, fast access to your insurance benefits and reimbursement accounts. With an online account, you'll find all your information in one place.

Register today.

americanfidelity.com/register

Flexible Spending Accounts

Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts

- Healthcare FSAs
- Limited Purpose FSAs
- Dependent Care Accounts

Explore your savings options at americanfidelity.com/info/fsa



To calculate medical costs that may not be covered by insurance, visit 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 bandages
- Physical exams
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Walkers/wheelchairs

americanfidelity.com/eligible-expenses

An Easy Way to Pay for Expenses

Would you like to gain tax savings when paying for medical or dependent care costs? With a Section 125 Plan, your money can be taken from your paycheck pre-tax and used for eligible costs. And since your money is taken out pre-tax, it reduces your taxable income, and allows you to take home more money in each paycheck.

How Does it Work?

Look at the example below. Jane makes \$4,000 per paycheck and is paid monthly. Under a Section 125 Plan, she would save \$82.96 a month. That's a savings of \$995.52 a year. To calculate your possible savings, visit americanfidelity.com/s125-calculator

| Earnings & Hours | Without 125 | With 125 |
|--------------------------------|-------------------|-------------------|
| Gross Pay | \$4,000 | \$4,000 |
| Health Insurance | -\$300 | -\$300 |
| Health FSA Contribution | N/A | -\$300 |
| Taxable Income | \$3,700 | \$3,400 |
| Taxes (Federal & State @ 20%) | -\$740 | -\$680 |
| Less Estimated FICA (7.65%) | -\$283.05 | -\$260.10 |
| Out-of-Pocket Medical Expenses | -\$300 | N/A |
| Take Home Pay | \$2,376.95 | \$2,459.90 |

A savings of \$995.52 a year

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Health Savings Accounts

Save money wisely for healthcare costs.

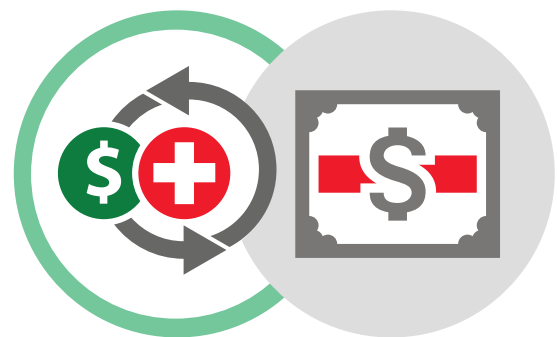
Health Savings Accounts (HSA) allow people who are covered by a qualified High Deductible Health Plan (HDHP) to pay for eligible medical costs tax-free* or save the account balance for later years.

You earn interest, which you can invest once a required balance is reached, and any unused money can carry over year after year.

Your HSA is yours! If you leave your current employer or retire, you can take it with you wherever you go.

Learn all about HSAs at americanfidelity.com/info/hsa

* HSA contributions are not subject to federal income tax 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.



Examples of Eligible Expenses

- Asthma treatments
- Eye exam/eyeglasses
- Physical therapy
- Chiropractic care
- Fertility treatments
- Prescriptions
- Contact lenses
- Laser eye surgery
- Prenatal care
- Copays
- Over-the-counter bandages
- Sunscreen with 15 SPF or higher
- Dental services
- Physical exams
- Walkers/wheelchairs

americanfidelity.com/eligible-expenses

Online Account Support

Your Benefits, Your Account

Within your online account, you'll find all your benefits and reimbursement information in one place.



File a Claim

Submit claims for your insurance benefits or reimbursement accounts



Track Claims

View the status of your benefits and reimbursements claims



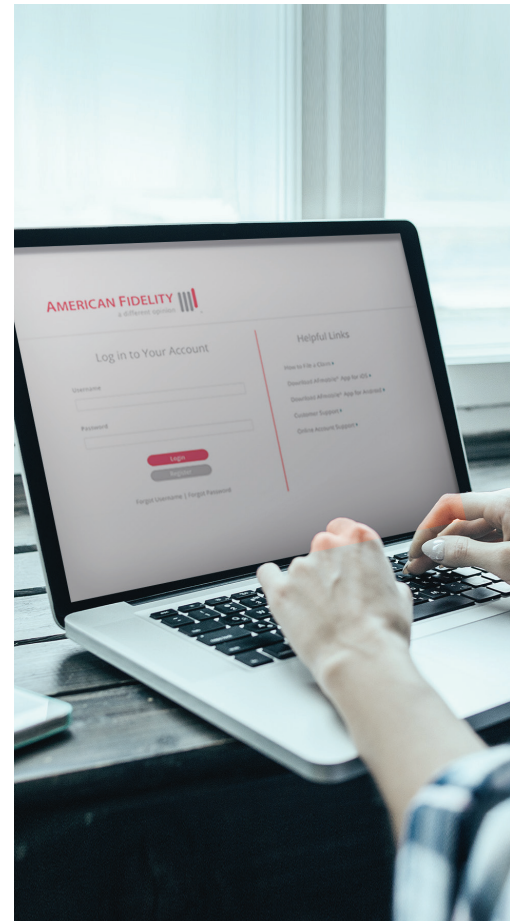
Upload Documentation

Attach receipts and documentation for claims



Manage Preferences

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



Schedule Your Appointment

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



Point your smart phone camera at the QR code and open the link that appears.

IRAs/Roth IRAs: Not generally qualified benefits under Section 125 Plans. Please contact your tax advisor for information regarding your specific situation.

Northern California Branch Office
9355 E. Stockton Blvd., Suite 110
Elk Grove, CA 95624
800-365-8306 • 866-679-1797

SB-33041-0120



American Fidelity Assurance Company
americanfidelity.com

Limitations, exclusions and waiting periods may apply.

WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

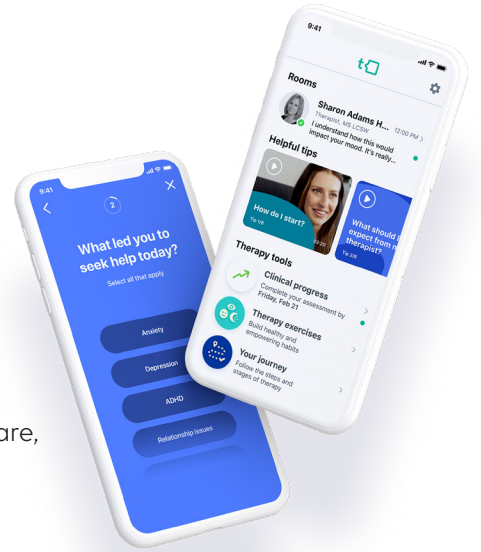
| | | |
|------------------------------------|--|-------------------------|
| Tangee Franco, American Fidelity | Tangee.Franco@americanfidelity.com | 800-365-8306 |
| Misha Bothe, American Fidelity | Misha.Bothe@af-group.com | 800-365-8306, ext. 2686 |
| Legal Shield | valencia@legalshieldassociate.com | 707-393-0856 |
| Tax Deferred Services (TDS) (403b) | cbailey@omni403b.com | 866-446-1072 |

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

Welcome to Talkspace

Taking care of your mental health helps you show up as your best, most authentic self

Over the last decade, Talkspace has supported more than 2.9 million adults, teens, and couples with counseling and therapy services. You'll be connected with a licensed counselor so you can share what's on your mind, wherever you are, from the convenience of your phone or laptop.



How it works

Review your best personal provider match based on your intake assessment and preferences. Start your therapy by sending text, voice, or video messages — messages can be as short or as detailed as you'd like. Counselors respond daily during their business hours, which often includes weekends. You can also book live sessions for real-time conversations. Your counselor stays with you throughout your Talkspace journey (but if you're not feeling the connection, it's easy to switch). Talkspace's clinical network includes thousands of licensed and verified counselors who specialize in things like:

- Stress
- Relationships
- Eating disorders
- Identity struggles
- Anxiety
- Healthy living
- Substance use
- ADHD
- Depression
- Trauma & grief
- Sleep
- and more

Ready to get started

- To register, visit talkspace.com/carelonwellbeing or your EAP website and enter your company name: CVT
- Complete our QuickMatch™ questionnaire to share your preferences and review your best personal provider match
- Start messaging in your private digital room, or book a live session

Your EAP offers **6** counseling sessions per issue per year. With Talkspace, one session generally equals one week of access and the ability to send unlimited messages to your therapist, or one completed live video session.

If you have any questions, please call 877 397-1022

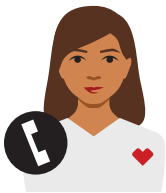


AccordantCare™ Program

A personalized, no-cost program to help you manage your complex health condition — anytime day or night



The **AccordantCare program** gives you personalized support, by phone and online, from nurses who specialize in your complex condition. **It's available through your benefit plan at no extra cost.**



Our dedicated nurses can:

- Help manage your condition and treatment
- Monitor side effects, changes in health, mood or daily activities and more
- Provide health information you can trust
- Help navigate care and insurance
- Connect you to financial and local resources like support groups or ride programs
- Work with your case manager, doctors and others

We're here anytime you need us.

Nurses are available day and night by phone. Or connect with us online at MyChart[®] (powered by Epic[®]) at **Accordant.com**. It's a secure place to manage your care, view visit summaries and more.

How do I contact the program?

Call toll-free: **1-800-948-2497** for **Rare Conditions** or
For **Chronic Kidney Disease** Call **1-888-351-4496**

We specialize in these conditions.

- Amyotrophic Lateral Sclerosis (ALS)
- Chronic Kidney Disease
- CIDP (Chronic Inflammatory Demyelinating Polyradiculoneuropathy)
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Epilepsy (Seizures)
- Gaucher's Disease
- Hemophilia
- Hereditary Angioedema
- Human Immunodeficiency Virus (HIV)
- Inclusion Body Myositis (IBM)
- Juvenile Idiopathic Arthritis (JIA)
- Multiple Sclerosis
- Myasthenia Gravis
- Parkinson's disease
- Polymyositis
- Rheumatoid Arthritis
- Scleroderma
- Sickle Cell Disease
- Systemic Lupus Erythematosus (SLE or Lupus)
- Ulcerative Colitis



The One Stop Shop For Mental Wellbeing Resources.

CredibleMind is the free online platform that brings together expert rated and vetted videos, podcasts, apps, online programs, books and articles all in one easy to use place.

Confidential, anonymous, and available 24/7, with CredibleMind you can learn new skills, understand your own mental health, take a mental health assessment and browse our library of thousands of mental wellbeing resources.



Get started today by signing up and taking a mental health assessment.

By signing up, you will have access to: past assessment results to track improvement over time, your favorite resources, and handpicked CredibleMind resources right to your email!

No matter what you are going through, CredibleMind has resources to help with science-backed evidence you can trust.

Some assessments you'll find on CredibleMind are:

- Is it Job Stress or Burnout?
- Are You Mindful or Is Your Mind Full?
- How Strong Is Your Resilience Network
- What's Your Meditation Style?
- What's your Mental Health Profile?
- Dive into Your Personality Big 5!

Condition Alerts

Providing a More Complete Picture of Plan Member Health

By combining pharmacy, medical and lab data, we can effectively **monitor your entire member population** to help identify gaps in care for more than **100 conditions.**

We use an industry-leading clinical rules engine to reveal therapy gaps that could be missed using prescription data alone. Opportunities are prioritized by severity and then communicated to members and physicians along with specific actions they can take to help improve health outcomes:

- **Medical exams or preventive screenings**
- **Lab tests**
- **Potentially inappropriate or ineffective therapies**
- **Additional medication therapy**

Our detailed reporting provides number of interventions, success rates, and savings achieved, helping support effective choices for health management goals.



Generic medication

Generics save you up to 80%¹



We offer many generic options to help keep your medication as affordable as possible.

Generic medications work just like brand-name equals

A generic has the same active ingredients, strength and dosage as its brand name equal. It provides the same quality and performance. Generics don't have high development costs.² That's why they cost you less.

Generics are safe

The U.S. Food and Drug Administration (FDA) requires generics to be as safe and effective as brand name equals. Both types of medication must meet the same FDA standards.²

Here's how to save with generics

Current prescriptions: Ask your provider or pharmacist if you can replace your brand name medication with a generic.

New prescriptions: Ask your provider if there's a generic option.



Nearly 9 out of 10
CVS Caremark®
prescriptions are
for generics³

For savings opportunities and personalized support,
visit **Caremark.com** (after your benefits begin).

¹ 2019 Generic Drug and Biosimilars Access and Savings in the U.S. Source: <https://accessiblemeds.org/resources/blog/2019-generic-drug-and-biosimilars-access-savings-us-report>.

² <https://www.fda.gov/drugs/buying-using-medicine-safely/generic-drugs>.

³ CVS Health Book of Business, Funded Clients, January – June 2019. Provided by Enterprise Analytics, November 2019.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Rx Delivery by Mail

Convenience, savings and safety



Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Want more convenience?

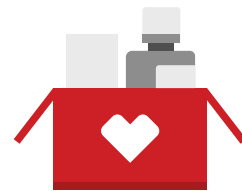
With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



**90-day supplies
typically cost
less than 30-day
supplies.**

Start Rx Delivery by Mail at [Caremark.com/RxDelivery](https://www.caremark.com/RxDelivery)
(after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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An update on your specialty Rx benefit

We're rolling out a new program to help you save

Your specialty prescription benefit plan will look a little different next year.

Here's what's new

PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) copay assistance program* that may help save you money when you fill your prescription through CVS Specialty®.

How it works

We will work with you to obtain third-party copay assistance for your medication, if available.** Once you're enrolled, you'll pay nothing out-of-pocket† – that's right, \$0! – for medications on your plan's specialty drug list dispensed by CVS Specialty.

How to get started

Your enrollment in the program will be started automatically, but some additional steps may be required.** You can choose to opt-out at any time.

We'll send more information before we make this plan change. In the meantime, you can continue to fill your prescriptions as usual.



*Not all specialty prescriptions offer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change.

**Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

†Out-of-pocket maximum is the amount you must pay each policy year before the policy starts paying the full benefits. This may be for the whole family and/or one person alone.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Estimate your costs



Looking to budget your dental costs? Try the Cost Estimator. This helpful tool gives you a personalized estimate of how much you'll pay for your next dentist visit.

Whether you're getting braces or need a cavity filled, you'll choose from the most common dental services, described in everyday language. The Cost Estimator organizes information logically, so you don't need to be concerned whether your treatment involves multiple procedure codes or visits.

Advantages

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

Features

- **Change your dentist.** Want to know if you'd save by switching to another dentist? Test it out by comparing up to five dentists.
- **Personalize your procedure.** Specify which tooth is being treated, the type of filling you need or whether you're going to a specialist. The price will be calculated accordingly.

Try it out

Ready to get an estimate?

1. Log in to your account at **deltadentalins.com**.
(If you don't have one yet, click **Create an account**.)
2. Click the **Plan ahead for a visit** icon, then click **Estimator costs**.
(Or, click the **Cost Estimator** link by your name.)

How to navigate

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

The screenshot shows the 'Cost estimate for a filling' page. At the top, it displays 'Your cost estimate selections' for Jane Jones, including a silver-colored filling for a back tooth. Below this, there are callout boxes with arrows pointing to specific features: 'Change plan member', 'Change procedure', 'Benefits usage', 'Select dentists', and 'Start a new cost estimate'. The 'Benefits usage' section shows a \$0.00 out-of-pocket estimate with a cost breakdown table. The 'Select dentists' section shows a 'Select dentists' button and a 'Start a new cost estimate' link. The 'Start a new cost estimate' callout points to a 'Start a new cost estimate' link.

Click **Change plan member to select a different person on your plan.**

Click **Change procedure to select a different procedure.**

Click **benefits usage to see the total benefits usage for all plan members, including plan activity and plan history, as well as maximums, deductibles and out-of-pocket limits.**

Click the **Select dentists button to browse local in-network dentists.**

Click **Start a new cost estimate to get a cost estimate for a different procedure or plan member.**

| Cost details | |
|------------------------------------|----------------|
| Typical submitted fees | \$147.00 |
| Network savings | \$57.00 |
| Delta Dental pays | \$72.00 |
| Your out-of-pocket estimate | \$18.00 |

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan. West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.



You've got options

With Delta Dental PPO™ you can visit the dentist of your choice.



You want to visit a dentist you know and trust. Most of the time, your dentist is a part of our network, one of the nation's largest. But sometimes they're not. We've got you covered either way. With Delta Dental PPO, you're free to visit any licensed dentist, including those outside our network.

However, it's important to note that there are advantages to choosing a Delta Dental dentist.

| | In-network dentist | Out-of-network dentist |
|--|---|--|
| Benefits | Some plans are designed to pay higher coinsurance when you visit a Delta Dental provider. | Some plans reduce the coinsurance when you go out-of-network. Check your benefit booklet to make sure you understand your benefits. |
| Discounted fees | In-network dentists agree to charge discounted rates for their services. | Out-of-network dentists have not agreed to the discounted rates. |
| No prepayment required | You'll pay only your portion of the bill, and Delta Dental will pay our share directly to your dentist. | Out-of-network dentists typically require you to pay the full cost of treatment up front before you receive reimbursement from Delta Dental. |
| Protection from balance billing | In-network dentists won't charge you more than your expected share of the bill. | Out-of-network dentists may charge you for the difference between what the plan pays and their usual rate. |
| No unbundling | In-network dentists agree to not "unbundle" services that are part of a treatment, like tooth preparation or local anesthetic. | Out-of-network dentists may charge for these services separately, making your overall costs higher. |
| Quality assurance | All Delta Dental dentists go through a rigorous credentialing process to ensure they are properly licensed and trained and carry the required levels of liability insurance for their area of practice. | We can't verify that out-of-network dentists are properly licensed and credentialed. |
| Claim submission | In-network dentists file claims on your behalf. | You may have to file your own claims. |



deltadentalins.com/members

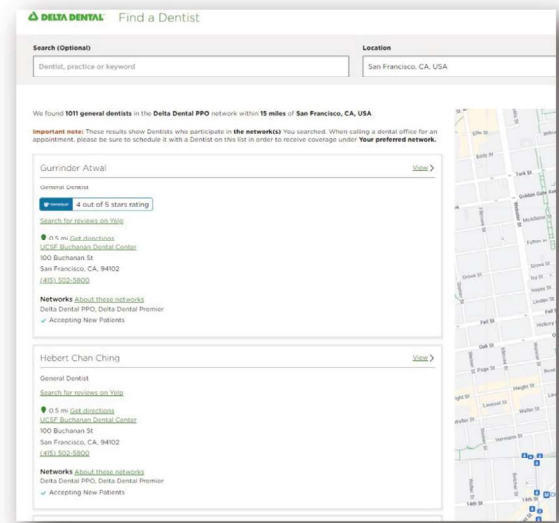
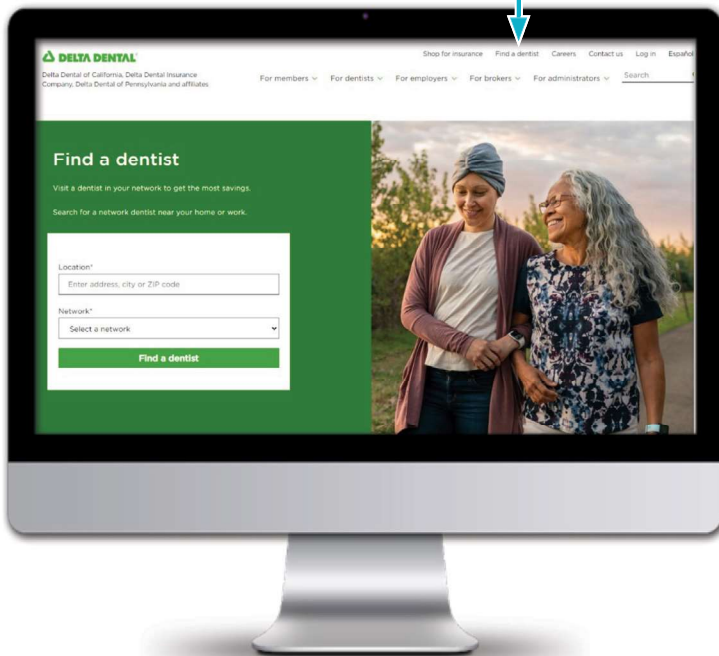
Want to find an in-network dentist?

That's easy! Visit **deltadentalins.com** and search in your area with our Find a Dentist tool. We continuously evaluate and recruit dentists into our network to make sure we're meeting the needs of our members.

Have a claim to file?

If you recently visited an out-of-network dentist, you'll likely have to submit a claim. Claim forms are available when you log in to your account at **deltadentalins.com**. If you haven't registered, creating an account is easy.

Members can search for a new dentist right from the home page of our website.



Questions?

If you have any questions about your coverage or how to find a dentist, please log in to your account at **deltadentalins.com** to learn more. You can also contact us at **deltadentalins.com/about/contact**.

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

Support for chronic conditions

Your plan offers additional dental coverage to support your overall health



Chronic conditions and the medications used to treat them can impact your oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington’s disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson’s disease
- Rheumatoid arthritis
- Sjögren’s syndrome
- Stroke

SmileWay® Wellness Benefits¹

| | |
|---|---|
| 100% coverage | One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year ² |
| Four of the following (any combination) per calendar or contract year:² | |
| 100% coverage | Prophylaxis (teeth cleaning) (D1110 or D1120) |
| | Periodontal maintenance procedure (D4910) |
| | Scaling in presence of moderate or severe gingival inflammation (D4346) |

¹ Known as SmileWay Enhanced Benefits in Texas.

² This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan’s Evidence of Coverage. Please review your plan booklet for specific details about your coverage.

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



Opt in by visiting
www1.deltadentalins.com/smileway
or by calling Customer Service
Monday through Friday.



deltadentalins.com/enrollees



All about Toothpic

A photo-based teledentistry platform for Delta Dental PPO™ & Delta Dental Premier® plan members

What is Toothpic?

Toothpic is an innovative, photo-based teledentistry platform that offers a virtual dental assessment from a Delta Dental dentist, without ever leaving home.

How does Toothpic work?

To begin your virtual dental assessment through Toothpic, answer a few short questions about your oral health history and the reason for your visit. Toothpic will help you take six photos of your teeth, gums and any areas of concern. Your case and photos will be sent

securely through Toothpic to a Delta Dental dentist for review.

In under 24 hours, you'll get a comprehensive diagnostic report on your results. Your photos will be marked to indicate issues with information on severity, treatment options and cost estimations.

How can I take pictures of my mouth with my phone?

All you need is a mirror, a smartphone and a brightly lit room. Take your photos in a place that offers some privacy and where you feel comfortable.



Toothpic optimizes for high resolution imagery and will guide you through the process of taking photos with clear instructions before and after each specific photo is taken. Toothpic will indicate if your photo is too blurry and prompt you to retake it to ensure the highest quality photo for your report. There is no limit to the number of times you can retake a photo.

When should I use Toothpic?

If you have a specific dental issue or have a question about your overall oral health, use Toothpic to:

- Ease your dental concerns and anxieties with a trusted confidential diagnosis from a Delta Dental dentist
- Address non-emergency dental issues with a virtual assessment to understand the severity of your issue and get advice on what to do next
- Receive a virtual dental assessment during off hours, when the dentist office is closed, or on your own time, without an appointment
- Experience the convenience of a virtual dental assessment without leaving the comfort of your own home, especially if your dentist is far away, or there are few dentist in your area
- Get a safe no-contact dental assessment from a Delta Dental dentist to monitor your oral health or check in on a specific non-emergency dental concern

When should I not use Toothpic?

If you are having a dental emergency, please call **911**.

For information on what to do when experiencing dental issues that require immediate care, visit **deltadentalins.com/enrollees** and click **Visit the dentist**.

Please note that you will not be prescribed medications during Toothpic virtual dental assessments.

What information is included in my report?

With a Complete Care Report, a Delta Dental dentist can review your photos and provide an assessment on:

- | | |
|----------------|--------------------------|
| • Cavities | • Children’s oral health |
| • Gum disease | • Chipped teeth |
| • Orthodontics | • Other dental concerns |
| • Oral hygiene | |
| • Crowding | |

The dentist will highlight any areas of concern on the photos you share, and provide notes explaining next steps and possible treatments or home care regimens.

Note that the Toothpic virtual assessment is not meant for treating emergency or urgent issues. It is intended to provide a dental consultation when it’s not practical for you to visit your dental office.

Is a Toothpic virtual dental assessment covered under my plan?

Toothpic’s virtual dental assessment does not count as one of your diagnostic exams for the year. Deductibles, annual maximums and coinsurance apply.

Ineligible plans include DeltaCare® USA, Medicare Advantage and Medicare Supplement plans, federal employer-sponsored dental plans and state-sponsored dental plans, including Denti-Cal and employer-sponsored plans with networks other than PPO or Premier (also known as custom networks).

If you do not want to use your benefits or if you do not have an eligible plan, you may still receive a Toothpic virtual assessment for a fee of \$35.

How much does Toothpic cost?

There is no additional charge to use the platform, but coverage limitations may apply.

If you have an eligible plan, your virtual dental assessment will be covered as part of your benefits.

If your plan is not eligible for this virtual dental assessment as a covered benefit, or if you do not want to use your benefits you may continue with the assessment by choosing to pay a fee of \$35.

What dentists will provide my assessment?

The dentists providing virtual dental assessments are part of Delta Dental’s PPO and Premier network, so you can trust the quality of care you will receive.

In addition to Delta Dental’s credentialing process, dentists on Toothpic are separately credentialed and verified through Dentistat, the nation’s largest dental credentialing verification organization.

Can I use Toothpic to receive a virtual dental assessment from my own dentist?

Toothpic connects you to the first available Delta Dental dentist within your state, not necessarily the dentist you see regularly. This dentist will review your case and photos and provide a personalized report of your oral care issue or question within 24 hours.

Can I request to connect with a specialist?

You’ll be connected to the first available Delta Dental dentist within your state. All dentists on the platform are equipped to identify oral health issues and provide treatment recommendations and next steps if your case requires specialty care.

How do I register for an account on Toothpic?

Register for an account at **deltadental.toothpic.com**.

To create an account, simply enter your email address and create a password.

Where can I find my member or enrollee ID?

You can access your digital ID card by logging in to your **Delta Dental online account** and following the instructions to access your digital ID card or print your coverage details. Your member ID is a 12-digit number found on your digital ID card. It may also be called your subscriber ID or policyholder ID.

How do I know which Delta Dental company is providing my coverage?

The Delta Dental company name is listed on your digital ID card after the "Provided by" field.

What if I lose or forget my password?

If you've lost or forgotten your password for your Toothpic account just request a new one on the **Toothpic website**. Enter the email address you used to register, and we'll send you instructions to reset your password.

How many times can I use Toothpic?

A virtual dental assessment received through the Toothpic app is not subject to your plan's frequency limitations, but coinsurance deductibles and annual maximums do apply.

If you exceed your annual maximum, if your plan is not eligible, or if you choose to save your benefits for in person visits you can choose to pay \$35 directly to Toothpic for an assessment.

Can my covered family members use Toothpic?

Yes, if they are covered under your Delta Dental PPO plan. Each person will need to register for a separate account.

Can Toothpic be used to evaluate my child's dental issue?

Yes, you may use Toothpic as the parent or legal guardian of your child. To use Toothpic for a child under the age of 13, you will need to create a new account with a unique email address. You will be asked to provide guardian consent and contact information, in compliance with the Child Online Privacy Protection Act (COPPA).

Can I send this report to my dentist?

Your Toothpic report is an informational tool to help you monitor your oral health and understand next steps in your dental care journey. Since the data and reports are yours to use and keep, you may share your assessment results with your dentist, if you wish. Toothpic cannot route your patient information to your dentist. Any estimated costs for treatment options provided by Toothpic may not include the application of your dental benefits coverage and are for reference only. Actual treatment costs, should you use to take the next step for treatment, will vary.

How can I view my explanation of benefits (EOB) after I receive a virtual dental assessment?

Toothpic has integrations with Delta Dental to check for real-time eligibility and benefits. Your virtual dental assessment will be processed as a covered benefit if you're eligible. If you utilize your benefits to receive a virtual dental assessment through Toothpic, you may view your EOB in your **Delta Dental online account** once the claim has been processed.

Is Toothpic available in different languages?

No, Toothpic is only available in English at this time.

What communications will I receive from Toothpic?

When you register for Toothpic, an account is created to securely manage your information related to your virtual assessment. Your email address associated with your Toothpic account will be used to communicate how to use the app, notify you when your report is ready and request feedback on the program. Toothpic will not use your email address for any marketing or promotional purposes, and Toothpic will not share your email with any third-party vendors. You may opt out of Toothpic emails anytime by clicking "Unsubscribe" at the bottom of any Toothpic email. However, you may miss important information, such as when your diagnostic assessment report is ready from your dentist.

What communications will I receive from Delta Dental?

Your Delta Dental online account is kept separate from your Toothpic account and is used to manage your benefits information. If you have selected paperless communications, Delta Dental may send product information on how to register and download Toothpic, periodic reminders and announcements on new features released on Toothpic. Delta Dental will send you a standard EOB by email or U.S. mail, based on your communications preferences.

Is my health information secure when accessing it through the app?

Toothpic is a HIPAA-compliant platform. This means your data is safe, secure and held to the highest security and regulatory standards. Toothpic holds your data in a safe and secure environment on-shore in the United States. Our platform uses military-grade AES-256 encryption and is subject to ISO 9001 quality audits.

How will Toothpic use my data?

Toothpic uses the information you provide when signing up to help operate the service more effectively, troubleshoot technical issues and identify which information is of most interest to users. When you create a case, you provide Toothpic with your health information. This information is shared securely through the Toothpic platform with a Delta Dental dentist to produce your personalized dental assessment report.

For more details, please see the **Toothpic Privacy Policy** at toothpic.com

Who can I talk to if I have questions about Toothpic?

There are several ways to get answers to your questions. First, see if they're addressed in this FAQ.

If you'd like to chat with a Toothpic Customer Care agent, log in to Toothpic, navigate to the Home screen and click on the messaging icon.

At any stage, you can also email **support@toothpic.com** and Toothpic Customer Care will assist you online.

Customer Care is available to help you Monday to Friday, from 5 am to 9 pm PT.

Your feedback is extremely important to us. After you receive your report, you'll have a chance to give your feedback.

If you have questions about your member benefits, digital ID card or claims: log in to your **Delta Dental online account** online or contact **Delta Dental Customer Service**.

If you have a grievance, you can submit the relevant form for your plan at deltadentalins.com/members/after-your-visit.html.

Select the form for Delta Dental PPO, DPO and Delta Dental Premier.

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

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Delta Dental is a registered trademark of Delta Dental Plans Association.



Delta Dental – Virtual Consult:

Use your benefits to see a dentist online

A new virtual dentistry tool is here. Say hello to Delta Dental – Virtual Consult.

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available for free¹ with your existing Delta Dental PPO™ or Delta Dental Premier® plan.²

Virtual Consult makes it easier to connect with a dentist in real time to get virtual consultations, e-prescriptions and check-ins with Delta Dental dentists³ accessible from the comfort of your own home.

Virtual Consult is great if you...

- Are experiencing an urgent dental issue
- Don't have a regular dentist
- Can't take time off work or have difficulty visiting the dentist's office
- Aren't feeling well or visiting the dentist's office isn't recommended

¹ If you have 100% coverage for oral evaluations, you are eligible to use Virtual Consult as a covered benefit. There are no additional costs to use the platform.

² Delta Dental PPO and Delta Dental Premier are open networks that allow you to visit any licensed dentist, either in the PPO network, where you will save the most on out-of-pocket costs, or the moderate-cost Premier network. Outside the Delta Dental network, there are no cost protections. When you visit a network dentist, you receive the advantage of no billing beyond the charges allowed by the plan and the submission of claims by dentists. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

³ Please note that availability of Virtual Consult providers may vary based upon state and appointments are subject to schedule availability. Virtual Consult is available in AL, CA, DC, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, TX, UT, WV.



Virtual Consult



What can I do with Virtual Consult?

With Virtual Consult, you can:

- **Get urgent dental care** Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.
- **Have a live video consultation** with a Delta Dental dentist from the comfort of **your own home** or anywhere you have a camera and internet-equipped computer.
- **Get follow-up instructions sent to you** and visit summaries and histories **made available for your regular dentist**. Your medical information and visit history will also be stored in your secure profile for any future visits.

Ready to get started?

Visit deltadentalvirtualconsult.com for more information and to sign up for Virtual Consult. For best results, please use Chrome as your browser and close any VPN or firewall connections before your appointments.

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

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.





deltadentalins.com/enrollees

Getting started with video visits

With just a few simple steps, you'll be ready to see your Kaiser Permanente doctor – without the trip to the doctor's office.

After scheduling your video visit,¹ you can get set up right away. This will help you avoid any issues on the day of your appointment.²

If you haven't already registered on kp.org, please do so at kp.org/registernow. You can also register through the Kaiser Permanente mobile app.

| |  Mobile device front-facing camera |  Computer camera, speaker, and microphone |
|---|---|---|
| Internet connection | A full signal (4 or more bars) or high-speed Wi-Fi connection | A strong wired or wireless connection to high-speed internet |
| Set up your device Make sure you have the right supporting software so you can attend a video visit at your desk or on the go. | Download the Kaiser Permanente app (iOS, such as iPhone®, iPad®, iPod touch®, or Android™ smartphone or tablet). ³ Do not use a mobile browser. | We recommend using Safari® for Mac®, or Internet Explorer for Windows PC. Then visit kp.org/videovisit and follow the instructions to see if your computer and browser meet the requirements. |
| Join your appointment⁴ You can join the video visit up to 15 minutes before your scheduled appointment time. If your doctor is running late, we'll contact you to reschedule. | Open the Kaiser Permanente app and sign on. <ul style="list-style-type: none"> • Select the "Appointments" tab, and find your scheduled video appointment. • Under "Appointment Details," select "Join Now." • Wait for your doctor to join the appointment. | Sign on to kp.org . <ul style="list-style-type: none"> • Go to the Appointment Center and select the "Upcoming Appointments" tab. • Click the "Join Appointment" button, located next to your scheduled video appointment. • Wait for your doctor to join the appointment. |



Need technical help? Call **1-844-800-0820**, Monday through Friday, 5 a.m. to 5 p.m.

¹When appropriate and available.

²Video visits are not required to see your Kaiser Permanente doctor. You can schedule an in-person visit instead, if you prefer.

³iOS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. iPhone, iPad, iPod touch, Mac, and Safari are trademarks of Apple, Inc., registered in the U.S. and other countries. Android is a trademark of Google LLC.

⁴Recording any video visit session with your doctor is not permitted.

Be good to yourself and enjoy the rewards



California's Valued Trust believes that knowing your numbers is crucial for good health. This year, we have an exciting opportunity for you! By completing your biometric screenings and online Total Health Assessment, you can earn a \$200 reward card. Additionally, if you stay up-to-date on your cancer screenings and participate in either an online healthy lifestyle program or wellness coaching by phone, you can earn another \$200 reward card. Even if you are already current on your screenings, you will still receive credit and potentially have rewards waiting for you. In total, **you have the chance to earn \$400 in healthy rewards.**

Visit [kp.org/engage](https://www.kp.org/engage) and enter your Kaiser Permanente user ID and password. If you do not currently have an account, click "Register for an account" to create one. Sign on starting **October 1, 2023** and begin earning rewards for the activities you complete before **September 30, 2024**.

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

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

Get started at www.kp.org/engage

The rewards program runs from October 1, 2023 through September 30, 2024 and is open to subscribers of California's Valued Trust and their spouses or domestic partners. Program participants must be Kaiser Permanente members and enrolled in the HMO Plan with Wellness program.

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

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



Step-by-step instructions

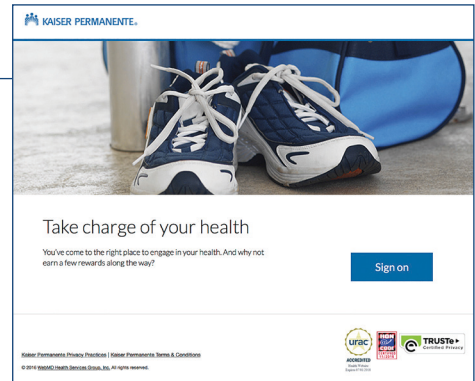
Get started on the Kaiser Permanente HMO Plan with Wellness Program and earn up to \$400 in reward cards from California's Valued Trust.

The plan begins October 1, 2023 and ends September 30, 2024.

You'll need to accept the Wellness Program Agreement to participate. Here's how:

1 Sign on

- Visit the wellness program website at **kp.org/engage**.
- Sign on with your **kp.org** user ID and password.
- If you aren't yet registered on **kp.org**, click the **"Register for an account"** button to get a user ID and password.



2 Agree

- To receive credit for your activities, check **"Yes"** to accept the Wellness Program Agreement, then click **"Submit."**
- If you check **"No,"** you will not earn credit for your Kaiser Permanente wellness program activities.

Yes, I want rewards! I agree to share my information. Let the wellness program challenge begin!

No, I don't agree to share my information. I understand that, as a result, I will not be able to earn rewards for the Kaiser Permanente wellness program activities.

3 Participate

- Get started on your wellness activities, which are listed on the **"My rewards"** page.
- Visit the website often to track the status of your activities online.



Look for the green check mark next to each wellness activity, which shows it's been completed. Then make sure to complete any activity without a green check mark by the September 30, 2024, deadline.

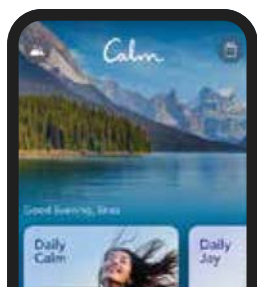
The rewards program runs from October 1, 2023, through September 30, 2024, and is open to all California's Valued Trust subscribers and their spouses or domestic partners who are Kaiser Permanente members and on the Kaiser Permanente HMO Plan with Wellness Program.

Support for emotional wellness

Try our on-demand self-care apps today at no additional cost

Get help with anxiety, stress, sleep, mood, and more. Anytime you need it.

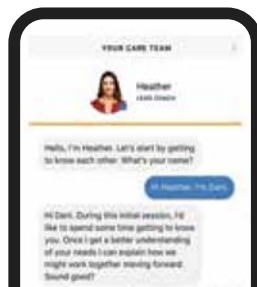
Kaiser Permanente members can explore 3 evidence-based apps:^{1,2,3}



Calm

The #1 app for meditation and sleep. You can choose from hundreds of programs and activities, including:

- Guided meditations
- Sleep Stories
- Mindful movement videos



ginger

1-on-1 emotional support coaching and self-care activities to help with many common challenges.

- Coaches are available by text 24/7
- You can use Ginger's text-based coaching services at no cost, no referral needed^{4,5}



myStrength[®]
by Teladoc Health

Personalized programs designed to help you:

- Set mental health goals
- Learn coping skills
- Track your progress over time
- Make positive changes



Visit kp.org/selfcareapps to get started

1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time.
 2. The apps and services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members who become members of Kaiser Permanente.
 3. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old.
 4. Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Ginger app and services.
 5. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost.
- Calm, Ginger, and myStrength are not available to Kaiser Permanente Dental-only members.

Learn more at kp.org/selfcareapps



- ✓ Lab results
- ✓ Email your doctor
- ✓ Prescriptions
- ✓ Appointments
- ✓ Payments

All online, easier than ever

Stay connected anytime, anywhere

Managing your health online has never been more convenient. Whether you're at home or on the go, kp.org and the Kaiser Permanente app give you a simple, secure way to keep up with your care.

- View most lab results
- Email your Kaiser Permanente care team with nonurgent questions
- Refill most prescriptions
- Schedule most appointments
- Pay bills and estimate costs

Create your online account

Get started with our new and improved features at kp.org/register or download the Kaiser Permanente mobile app. Be sure to have your medical record number handy.



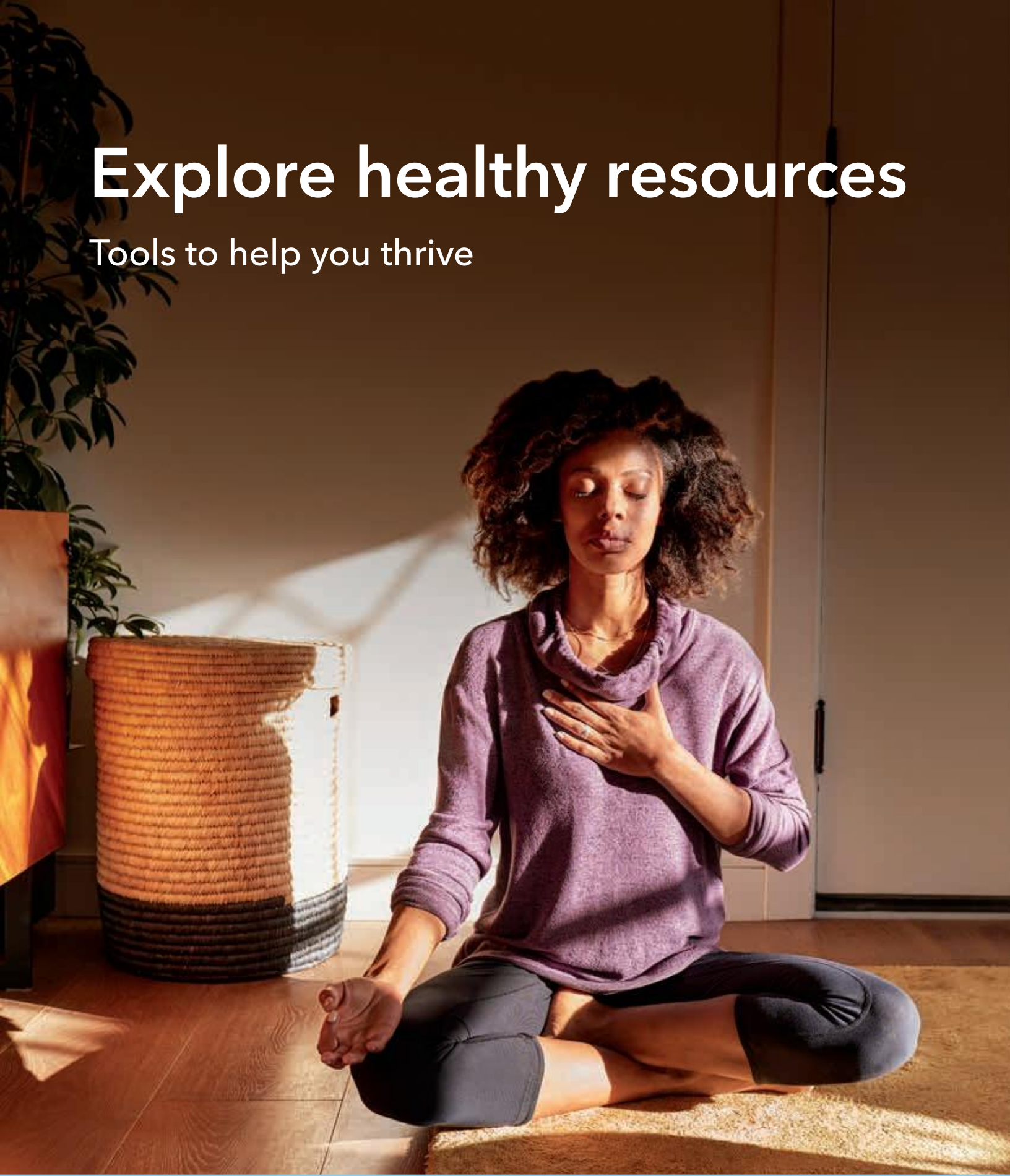
These features are available when you get care at Kaiser Permanente facilities.

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<variable regional address>

Explore healthy resources

Tools to help you thrive



Manage your care online

See how easy it is to stay on top of your care. When you register at **kp.org**, you get the most out of your membership – and can manage your health anytime, anywhere.¹



Take charge of your care

Your connection to great health and great care is only a click away on **kp.org**. When you register for an online account, you can access many time-saving tools and tips for healthy living.

Visit **kp.org** anytime, anywhere, to:

- View most lab test results
- Refill most prescriptions
- Choose your doctor based on what's important to you, and change anytime
- Email your Kaiser Permanente doctor's office with nonurgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Manage a family member's health²



Register now – it's easy

You can register online at **kp.org** or on the Kaiser Permanente mobile app. Just follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card.

kp.org/register

kp.org/registreseahora (en español)



Download the Kaiser Permanente app

You can also use the Kaiser Permanente mobile app to register for an online account, message your doctor's office with nonurgent questions, find doctors and locations, view upcoming appointments, and more.

kp.org/mobile

kp.org/movil (en español)



Making the switch to great care is easy

Are you new to Kaiser Permanente? Thinking about joining? It's simple to get started with your new plan – and we're here to walk you through it. Get started with Kaiser Permanente at **kp.org/easyswitch**.

¹ These features are available when you get care from Kaiser Permanente facilities. ² Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features. ³ This value-added service is an extra service provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), and is neither offered nor guaranteed under any KFHP-MAS contract. This entity may change or discontinue offering this service at any time. KFHP-MAS disclaims any liability for the service provided by this entity. ⁴ Please note that the ChooseHealthy program is not insurance. You should check any insurance benefits you have before using this discount program, as those benefits may result in lower costs to you than using this discount program. The ChooseHealthy program provides for discounts from participating specialty health care providers. You are obligated to pay for all services from those providers, but will receive a discount from those participating providers for services included in the program. The ChooseHealthy program also provides access to the Active&Fit Direct program, which provides discounted access to fitness centers. The ChooseHealthy program does not make any payments directly to those participating providers or to the Active&Fit Direct program. The ChooseHealthy program has no liability for providing or guaranteeing services and assumes no liability for the quality of services rendered. Discounts on products and services available through the ChooseHealthy program are subject to change; please consult the website for current availability.

Get wellness support

Take advantage of these convenient perks – from personal health coaching to reduced rates on alternative medical therapies.



Live healthier with helpful resources³

With our wellness resources, you'll get tools, tips, and information to help you create positive changes in your life. Our complimentary resources can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

kp.org/health-wellness

kp.org/salud-bienestar (en español)



Connect to a wellness coach

If you need more support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

kp.org/wellnesscoach



Join health classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee.

kp.org/classes

kp.org/classes (en español)



Enjoy reduced rates

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® program.⁴ These include:

- Active&Fit Direct – members pay \$25 per month (plus a one-time \$25 enrollment fee) for access to a national network of more than 10,000 fitness centers
- Up to 25% off a contracted provider's regular rates for:
 - Acupuncture
 - Chiropractic care
 - Massage therapy

kp.org/choosehealthy



Take time for self-care

Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members.

kp.org/selfcareapps

Colorado state law requires that an access plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider services. To obtain a copy, please call Member Services or visit kp.org.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

Learn more about your health

More information is just a click away. Use these interactive tools and reference guides to find answers to your health questions and help you make decisions about your care.

| | |
|--|---|
| Drug encyclopedia | Look up detailed descriptions of thousands of drugs, including possible side effects. kp.org/medications kp.org/medicamentos (en español) |
| Health encyclopedia | Explore more than 40,000 pages of in-depth information on health conditions, related symptoms, and treatment options. kp.org/health kp.org/salud (en español) |
| Health guides | Stay informed on popular health subjects or discover something new through our healthy living guides, available in English and Spanish. kp.org/livehealthy kp.org/vidasaludable (en español) |
| Interactive tools and calculators | Take an interactive quiz or enter your information into one of our calculators to learn more about your health. kp.org/calculators |
| Medical test directory | Learn more about your options for common tests and procedures, along with their risks and benefits. kp.org/healthdecisions |
| Natural Medicines Comprehensive Database® | Find answers to your questions about dietary supplements, vitamins, minerals, and other natural products. kp.org/naturalmedicines kp.org/medicinasnaturales (en español) |
| Recipes | Get inspired to prepare delicious, healthy dishes. Browse recipes by category – like vegetarian dishes, soups, or desserts – or by what’s in season. kp.org/foodforhealth |
| Symptom checker | Use our interactive visual aid to gauge your symptoms. Click on the body part that’s troubling you and learn what to do next. kp.org/symptoms kp.org/sintomas (en español) |
| Videos and podcasts | Look, listen, and learn about your health and well-being. Watch videos or download health-related, guided meditation podcasts. kp.org/video kp.org/audio |

Get quality care whenever you need it

With Kaiser Permanente, you have many options available to get the world-class care you depend on for all your health needs – day or night. Here's how:

Convenient ways to get care



Phone visit

Talk with a clinician over the phone for the same high-quality care as an in-person visit.^{1,2} Schedule an appointment or get fast, personalized support 24/7.



Video visit

Meet face-to-face with a clinician by video from your smartphone, tablet, or computer.^{1,2} Appointments are optional.



24/7 care advice

Talk with a Kaiser Permanente clinician anytime day or night for advice.



E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



Email

Message your doctor's office with nonurgent health questions anytime through your kp.org account.



Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.³

1. Where appropriate and available. 2. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

Making an appointment is easy

Go online:

To choose the kind of care you need, visit kp.org/getcare or sign in to the Kaiser Permanente app – and avoid hold times on the phone. For Colorado or Washington members, chat online with a doctor through your kp.org account.

Call us 24/7:

Find your location information below.

California

- Northern California: 1-866-454-8855
- Southern California: 1-833-574-2273

Colorado

303-338-4545 or 1-800-218-1059

Georgia

404-365-0966

Hawaii

- Oahu: 808-432-2000
- Maui: 808-243-6000
- Hawaii Island: 808-334-4400
- Kauai: 808-246-5600

Maryland/Virginia/Washington, D.C.

1-800-777-7904

Oregon/SW Washington

- Portland: 503-813-2000
- All other areas: 1-800-813-2000

Washington

1-800-297-6877

TTY

711

Learn more at kp.org/getcare





Cómo empezar con las consultas por video

Con solo seguir unos sencillos pasos, estará listo para ver a su médico sin tener que ir hasta su consultorio.

Después de programar su consulta por video,¹ puede prepararse de inmediato. Esto le ayudará a evitar cualquier problema el día de su cita.²

Si aún no se ha registrado en kp.org/espanol, hágalo en kp.org/registreahora. También puede registrarse por medio de la aplicación móvil de Kaiser Permanente.

| |  Dispositivo móvil con cámara frontal |  Computadora con cámara, bocina y micrófono |
|--|---|---|
| Conexión a Internet | Una señal potente (4 o más barras) o una conexión Wi-Fi de alta velocidad | Una conexión alámbrica o inalámbrica a Internet de alta velocidad |
| Configure su dispositivo Asegúrese de tener el software compatible correspondiente para que pueda realizar la consulta por video desde su escritorio o en cualquier lugar. | Descargue la aplicación de Kaiser Permanente (para iOS, como iPhone®, iPad®, iPod touch®, o Android™ para teléfonos inteligentes o tabletas). ³ No utilice el navegador del dispositivo móvil. | Recomendamos que use Safari® para Mac® o Internet Explorer para Windows PC. Luego visite kp.org/videovisit (haga clic en "Español") y siga las instrucciones para ver si su computadora y navegador cumplen los requisitos. |
| Entre a su cita⁴ Puede entrar a su consulta por video hasta 15 minutos antes de la hora programada de la cita. Si su médico va a llegar tarde, nos comunicaremos con usted para reprogramar la cita. | Abra la aplicación de Kaiser Permanente e inicie sesión. <ul style="list-style-type: none"> • Seleccione la pestaña "Appointments" (Citas) y encuentre su cita por video programada. • En la opción "Appointment Details" (Detalles de la Cita), seleccione "Join Now" (Entrar Ahora). • Espere a que su médico entre a la cita. | Ingrese a kp.org/espanol . <ul style="list-style-type: none"> • Seleccione la opción "Appointment Center" (Centro de Citas) y después vaya a la pestaña "Upcoming Appointments" (Próximas Citas). • Haga clic en el botón "Join Appointment" (Entrar a la Cita), ubicado junto a su cita por video programada. • Espere a que su médico entre a la cita. |



¿Necesita ayuda técnica? Llame al **1-844-800-0820**, de lunes a viernes, de 5 a. m. a 5 p. m.

¹Cuando corresponda y estén disponibles.

²No es obligatorio que realice una consulta por video antes de ver a su médico de Kaiser Permanente. Puede programar una consulta personal en su lugar, si así lo prefiere.

³iOS es una marca comercial o una marca registrada de Cisco en Estados Unidos y en otros países, y se usa con licencia. iPhone, iPad, iPod touch, Mac y Safari son marcas comerciales de Apple, Inc., registradas en Estados Unidos y en otros países. Android es una marca comercial de Google LLC.

⁴No está permitido grabar las sesiones de consulta por video con su médico.

Uncomplicated. The way healthcare should be.

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



Welcome to MDLIVE! Your anytime, anywhere doctor's office.

*Anthem Blue Cross, Aetna and Blue Shield HDHP and Sutter | Health Aetna HSA, plans are subject to deductible.

*Behavioral Health not applicable to Medicare retirees.



U.S. board-certified doctors with an average of 15 years of experience.



Consultations are convenient, private and secure.



Prescriptions can be sent to your nearest pharmacy, if medically necessary.

\$0 Copay*

Medical, Dermatology and Behavioral Health
Consults: PPO & EPO plans**

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More



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


MDLIVE.com/CVT
888-632-2738




Take the Path to a Healthier You

California's Valued Trust is pleased to offer a wellness program for qualified members. It's a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.


WHAT'S INCLUDED



**A custom program
that works**



**A FREE Fitbit
activity tracker***



**On-demand health
coaching**

Best of all, it's at no additional cost to you

Visit Solera4Me.com/CVT to get started

Prefer to talk to a person? Call Solera at **844-612-2949** TTY: 711, Monday through Friday from 6 a.m. to 6 p.m. PT.

*For members who complete program participation requirements. Requirements vary, check with your program for details. Applies to certain Fitbit® models. Limited to 1 per person. Solera Health reserves the right to substitute an alternate activity tracker. Solera Health is an independent company that provides wellness services on behalf of your health plan. Fitbit, Betr, Habitnu, Virgin Pulse, and Weight Watchers® are independent companies that offer health and wellness programs, products and services to members of your health plan.

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*Network is subject to change. The remaining trademarks are property of their respective owners.

DIABETES PREVENTION PROGRAM - FREQUENTLY ASKED QUESTIONS

What is Solera Health?

Solera Health is a vendor that California's Valued Trust has partnered with to help administer the Diabetes Prevention Program (DPP). Solera will help identify qualified employees and enroll them in a DPP that best fits their needs.

What is the Diabetes Prevention Program?

Also known as the DPP, the Diabetes Prevention Program helps participants lose weight, adopt healthy habits and significantly decrease their risk of developing type 2 diabetes. The program meets weekly for 16 weeks and then monthly for the balance of a year. The program teaches participants to make lasting changes by eating healthier, increasing physical activity and managing the challenges that come with lifestyle change.

How effective is the DPP in reducing the risk of type 2 diabetes?

The DPP has been proven by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to decrease the risk of developing type 2 diabetes by 58 percent for those who lose 5 – 7 percent of their body weight through changes in diet and exercise. The NIH and CDC are independent organizations that offer health information that you may find helpful.

What's included in the program?

There are many versions of the lifestyle change program, but most include the following components:

- 16 weekly lessons, followed by monthly sessions for the rest of the year
- Lifestyle health coach to help set goals and keep participants on track
- Small group for support and encouragement
- Helpful tools, like wireless scales and fitness trackers

Who is eligible for the program?

The DPP is a preventive benefit for California's Valued Trust employees and dependents on the medical plan.

How do employees find out if they qualify?

Employees who are identified as having prediabetes or who score as high risk for developing type 2 diabetes can qualify for the program. Employees should visit solera4me.com/cvt and take a one-minute quiz to see if they qualify.

If they're qualified, how do employees enroll?

Employees should visit solera4me.com/cvt to learn more about the program and to enroll online, or they can call 844-612-2949 to enroll over the phone. Once enrolled, participants will receive a welcome email from Solera with instructions on how to complete the registration process with their matched DPP provider. Participants must complete the registration process with their DPP provider to begin the program.

Is there a cost to employees or dependents for participating?

This program is free for all qualified employees and dependents on the medical plan. You may receive an Explanation of Benefits (EOB) for this benefit. No action is necessary if you receive an EOB.

When will I receive my Fitbit®?

After you have been actively participating for the first four weeks of the program, you will receive an email from Solera with a unique code to redeem your Fitbit*. Please be sure to talk to your coach about what it means to "actively participate." For technical questions about how to use your Fitbit, contact Fitbit support at help.fitbit.com/cwsupport.

When should I expect to receive my scale?

If you selected a digital option, you will receive a wireless scale as part of the program. The scale will be shipped once enrollment is complete, typically within five to seven days.

Who should I contact if I have questions about the program?

Call Solera at 844-612-2949 if you have questions.

Welcome to Total Health, Total You

A personalized program that supports your overall health

Total Health, Total You was created to help you take care of your health, work on lifestyle changes, and connect with specialized health professionals — no matter where you are. Our dedicated, caring Health Guides are your single point of contact, helping you make the most of your benefits so you can feel confident about taking care of your health.

You can call or chat with Health Guides, who can:

- **Answer questions about your healthcare** and your health plan.
- **Help you take steps to improve your health**, so small issues do not become more serious.
- **Connect you to a team of high-quality health professionals**, such as nurses, social workers, dietitians, respiratory therapists, pharmacists, and exercise physiologists.

Using the **SydneySM Health** app, you can easily access your Total Health, Total You benefits, as well as other programs listed below, to help you achieve better overall health for you and your family.



24/7 NurseLine

Talk to a registered nurse for answers or advice on immediate care questions for you or your family. A nurse can also connect you to other well-being programs that are part of your plan.

Behavioral Health Resource

Extra support can make a big difference when facing issues such as anxiety, depression, eating disorders, or substance use. Our caring experts will work with you to find treatment programs and arrange confidential counseling and support services that meet your individual and family needs.

Case Management

After an illness or hospitalization, you can receive personalized support and care coordination from a team of medical professionals who can help you make decisions about your care, set up appointments, understand costs, and go through the healing process.

Emotional Well-being Resources

Digital tools can help you identify thoughts and behavior patterns that affect your emotional well-being. Through online programs and personalized coaching, you'll learn effective ways to manage stress, anxiety, depression, substance use, and sleep issues.

Inclusive Care

Our Health Guides can help you find medical doctors and behavioral healthcare professionals who are familiar with and sensitive to your needs. They can also help you locate community programs and other resources for support.

Managing specific conditions with Total Health, Total You

Autism Spectrum Disorder Program

Receive support for a covered family member with an autism spectrum disorder. A licensed behavior analyst can help you navigate the healthcare system and address unique family challenges. We focus on the whole family and work with all of you to understand and access available care.

Building Healthy Families

Your family can have expert support from preconception through the stages of pregnancy, childbirth, and early childhood. The program also features an extensive content library covering topics to support your family.

Anthem Health Guide

Health guides can connect you to a team of professionals ready to help you navigate and understand the healthcare system and your plan benefits so you have support throughout your health journey.

Sydney Health app

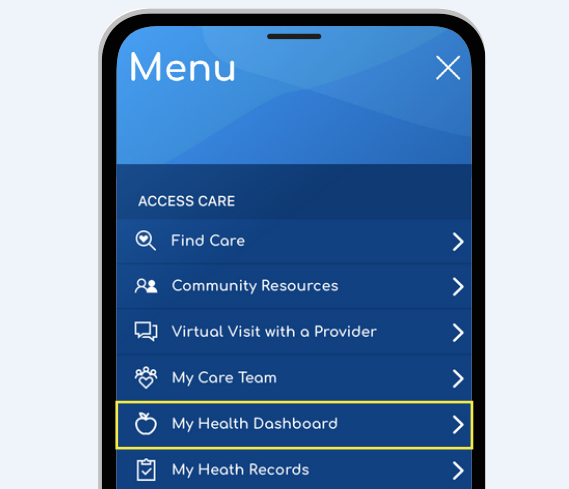
The Sydney Health mobile app works with you by guiding you to better overall health — and for you by bringing your benefits and health information together. In one convenient place, you can find care, view your benefits, plan and track your health goals, use personalized tools, and compare health costs.

If you have any questions, please call Anthem Member Services at **800-234-4333**.



Start using Total Health, Total You today

Download the Sydney Health app to start using your Total Health, Total You benefits. From your home screen, select **My Health Dashboard** and then **Programs**. If you have questions, please call the number on the back of your health plan ID card to speak to an Anthem Health Guide.



Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Browse with Benefits

Your vision and wellness come first with VSP. Now, your benefit includes eyeconic.com, the VSP preferred online retailer.



Eyeconic® seamlessly connects your eyewear, your insurance coverage, and the VSP® doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.

vsp
vision care

eyeconic
a vsp vision company

Online shopping with benefits

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.*
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.



Already used
your benefits
for the year?

As a VSP member,
you still receive 20%
savings on glasses and
sunglasses at Eyeconic.

It's easy to use your VSP benefit

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

Experience eyeconic.com®, a convenient retail option.

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

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All other brands or marks are the property of their respective owners. 104846 VCCM

VSP Laser VisionCare Program



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



Enjoy Discounted Pricing¹

VSP offers special pricing with participating centers, which means up to hundreds of dollars in savings for you.



Using Your Benefit is Easy

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

VSP Laser VisionCareSM Program

Get an average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. VSP members won't pay more than \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Learn more at vsp.com | 800.877.7195

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



MyCVT Online Member Portal

Quick steps to make a change to your insurance coverage

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

Before you use the online member portal, you must first create your account.

Getting started

1. To access the site directly from your browser, type: <https://mycvt.cvtrust.org>.
2. 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 or group identifier (you will need this to complete your registration)
 - Password (six-digits minimum)

Creating your account

1. From the MyCVT portal page, select "Create new account." Complete the requested information and click the "Create new account" button.
2. Verify your account with CVT by entering your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. Your account will be activated once you click the link in your email.

Existing member change process

1. Login to your MyCVT account at <https://mycvt.cvtrust.org>.
2. Click the "Make a Change" link.
3. Select the type of change you are making (qualifying event or contact information).
4. Complete the personal information section, choose "next" to save and continue.

Add or remove dependents

1. Next, you can add any eligible dependents by clicking on the blue "Add Dependent" button at the top of the page.
2. Enter all the required dependent information and click "Save" after each dependent has been added.
3. If you need to change any information, the forms can be opened again and edited by clicking the blue name of the. Always save every edit.
4. If you need to remove a dependent, click "Terminate" to remove a dependent from coverage. Click "Remove" to remove a dependent who does not yet have coverage.

Choose your plan

1. The next step is to select your plans from the plan choice page. The plan selection will include those bargained benefits available to your unit.

2. Click the drop-down arrows and select the Medical, Dental, Vision and Life plans for your enrollment. If you are unsure about which plans to choose, consult your district office for a summary of plans and the options/costs. You can also call CVT Member Services for assistance.
3. The plan selection page allows you to compare benefits of up to four medical plans.
4. If your district does not offer one or more of these plans through CVT, the words “No Plans Available” will appear in the drop-down selection.
5. Click “I’m Ready to Review My Application” if you have completed your selections.

Submit your completed enrollment

1. If you have completed all the information and the coverage summary is correct, click the “Submit” button.
2. After submitting, the instruction screen will appear highlighting the remaining steps or documents required to complete enrollment. You may need, for example, to provide a marriage or birth certificate.
3. You can print the instructions for your records by clicking on the “Print Version” link at the top.
4. You can also print the enrollment form by clicking on the “Print your enrollment” button at the bottom left of the page.
5. Your submitted forms will be reviewed by your district and then submitted to CVT for review and approval.

Questions

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



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

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

| 403(b) and 457(b) – How Do They Compare? | | |
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| FEATURES | 403(b) | 457(b) |
| Type of plan | Voluntary Defined Contribution Plan | Voluntary Defined Contribution Plan |
| Elective deferral limits* | \$22,500; or 100% of compensation <i>(whichever is less)</i> | \$22,500; 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 \$22,500 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.

Online Process to Start, Stop, or Change 403(b)/457(b) Contributions

As Third-Party Administrator for the 403(b)/457(b) plan, Tax Deferred Solutions (TDS) provides employees with an option to submit Salary Reduction Agreement (SRA) requests online. As an IRS requirement, the SRA process must be completed before making any changes to 403(b)/457(b) contributions. TDS online services are available 24 hours a day, 7 days a week.

IMPORTANT: If you intend to make a 403(b)-contribution adjustment for the current month, the Online SRA must be submitted and accepted before the 15th of the month. If you are requesting 457(b) contribution adjustment, it must be submitted before the 15th of the month before the intended payroll date. *(Example: A 457(b) Adjustment submitted on January 14th would be applied the last day in February.)*

To submit a new 403(b)/457(b) contribution election using the online SRA process, please follow the steps listed below:

1. Visit the TDS website at www.TDSplans.org
2. To navigate to the District page, select the State (CA)
3. Under the Employee Name section, begin to type the District name until options populate in the drop-down list. Using your mouse, highlight and select the District name. **Warning:** *hitting the enter button before highlighting and selecting the district name will take you back to the beginning.*
3. Once the District name is selected, click on the blue “show details” button
4. If you are making changes to a 403(b), continue forward. If you are making changes to a 457(b), click on the “457(b) tab” before continuing.
5. Under Salary Reduction Agreement (SRA) select the Online SRA to start, stop, and/or change your contribution elections.
Please Note: *Use “current date” as the effective date unless you would like the contribution change to be applied in a future payroll instead of the next available payroll.*
6. After you have completed the required fields and submitted your request, you will be provided a tracking number. Please keep this tracking number for future reference. *(You may be asked for this number if you call the TDS Service Center)*
7. Be sure to monitor the email inbox or telephone number provided on the SRA. If TDS has questions about your submission, they will reach out using the information provided. Once the SRA is processed and approved, your election choice(s) are reported to the payroll department for application.

Deferred Compensation 457(b) – Easy Retirement Savings

This retirement savings account is designed to supplement your pensions and social security benefits. You can deduct a portion of your paycheck and invest in mutual funds and/or a fixed interest account. Every dollar you set aside for your future helps get you closer to your retirement goals.

Here are the benefits:

1. It's a simple and convenient way to save money for retirement. Your contributions are deducted automatically each pay period, and can be adjusted at any time.
2. There is no contribution fee for this benefit. There is no maintenance fee for this benefit.
3. You may save on taxes. You can save before-tax to reduce your taxable income. You can also save after-tax via a Roth option.
4. Contribution Limits for 2023: Up to \$22,500 for all employees; Up to \$30,000 if age 50 or older; and up to \$45,000 if within three years of retirement age.
5. You may participate in both a 403(b) and 457(b) and save up to the max amount in both!
6. There is no penalty to withdraw your pre-tax retirement savings prior to age 59 ½ should you separate early, retire, or change careers. Tax consequences may result from this, and you should speak to a tax advisor prior to requesting a withdrawal.
7. Choose between 37 investment choices, target funds, and an interest earning account. Investment performance and details can be found at the link below:

<https://participant.empower-retirement.com/participant/#/investmentInformation/743404-01>

Enrolling in the 457b is easy:

- Please contact **David McCray at 209-666-5289** or email david.mccray@empower.com to discuss in further detail, including how to enroll, additional questions, fund performance, expenses, important disclosures, or other details.
 - Enrollment Materials Available here: <https://tdsplans.org/Forms/457EnrollmentPacket.pdf>
 - Schedule a virtual meeting to discuss the benefit here: <https://sjcoe457.empowermytime.com/>
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