



Classified Employee Benefits 2023-2024



Medical

- Blue Cross
- AETNA
- MD Live
- Kaiser



Dental

- Delta Dental Basic Plan
- Delta Dental Ortho Plan



Vision

- VSP



Life

- Met Life
- \$10,000 Policy



American Fidelity

- Disability
- Cancer
- Accident
- Life



OMNI Retirement

- IRA
- 403B



Employee Assistance

- Counseling
- Legal
- Financial
- Work/Life

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Classified Full Time
Health & Welfare Plan Options
Year: July 2023 - June 2024
District Contribution: \$20,854
Fiscal Annual Cost/Rebate

REBATE: AMOUNT ADDED TO YOUR SALARY
COST: AMOUNT DEDUCTED FROM YOUR SALARY

		BLUE CROSS PPO	
PLANS		EMPLOYEE ONLY	EMPLOYEE + DEPENDENTS
PLAN 1, RX-A		\$ (4,122.24)	\$ 5,993.60
PLAN 3, RX-A		\$ (4,698.24)	\$ 4,049.60
PLAN 4, RX-A		\$ (4,971.84)	\$ 3,125.60
PLAN 6, RX-A		\$ (5,504.64)	\$ 1,337.60
WELLNESS		\$ (5,454.24)	\$ 1,505.60
CVT BRONZE		\$ (8,226.24)	\$ (4,691.04)

		KAISER	
PLANS		EMPLOYEE ONLY	EMPLOYEE + DEPENDENTS
KN 1		\$ (4,914.24)	\$ 3,305.60
KN 2		\$ (5,058.24)	\$ 2,801.60
KN 3		\$ (5,310.24)	\$ 1,997.60
WELLNESS		\$ (5,771.04)	\$ 401.60

		AETNA	
PLANS		EMPLOYEE ONLY	EMPLOYEE + DEPENDENTS
PPO 3		\$ (5,310.24)	\$ 1,997.60

*Rebate and Cost estimates use the 2023-24 Maximum Annual Contribution to health and welfare and 2023-24 CVT Health and Welfare Plan Rates

If you have questions, please contact Marvela Trevino at mtrevino@wusd.ws or 559-495-5618

Classified Part-Time
Health & Welfare Plan Options
Year: July 2023- June 2024
District Contribution: \$20,854
Fiscal Annual Cost/Rebate

REBATE: AMOUNT ADDED TO YOUR SALARY
COST: AMOUNT DEDUCTED FROM YOUR SALARY

BLUE CROSS PPO - EMPLOYEE ONLY						
Hours	7.5	7	6.5	6	5.5	5
Percentage of Contribution	93.75%	87.50%	81.25%	75.00%	68.75%	62.50%
PLANS						
PLAN 1, RX-A	\$ (3,340.22)	\$ (2,558.19)	\$ (1,776.17)	\$ (994.14)	\$ (212.12)	\$ 949.85
PLAN 3, RX-A	\$ (3,916.22)	\$ (3,134.19)	\$ (2,352.17)	\$ (1,570.14)	\$ (788.12)	\$ (0.61)
PLAN 4, RX-A	\$ (4,189.82)	\$ (3,407.79)	\$ (2,625.77)	\$ (1,843.74)	\$ (1,061.72)	\$ (279.69)
PLAN 6, RX-A	\$ (4,722.62)	\$ (3,940.59)	\$ (3,158.57)	\$ (2,376.54)	\$ (1,594.52)	\$ (812.49)
WELLNESS	\$ (4,672.22)	\$ (3,890.19)	\$ (3,108.17)	\$ (2,326.14)	\$ (1,544.12)	\$ (762.09)
CVT BRONZE	\$ (7,444.22)	\$ (6,662.19)	\$ (5,880.17)	\$ (5,098.14)	\$ (4,316.12)	\$ (3,534.09)

BLUE CROSS PPO - EMPLOYEE + DEPENDENTS						
Hours	7.5	7	6.5	6	5.5	5
Percentage of Contribution	93.75%	87.50%	81.25%	75.00%	68.75%	62.50%
PLANS						
PLAN 1, RX-A	\$ 7,296.98	\$ 8,600.35	\$ 9,903.73	\$ 11,207.10	\$ 12,510.48	\$ 13,813.85
PLAN 3, RX-A	\$ 5,352.98	\$ 6,656.35	\$ 7,959.73	\$ 9,263.10	\$ 10,566.48	\$ 11,869.85
PLAN 4, RX-A	\$ 4,428.98	\$ 5,732.35	\$ 7,035.73	\$ 8,339.10	\$ 9,642.48	\$ 10,945.85
PLAN 6, RX-A	\$ 2,640.98	\$ 3,944.35	\$ 5,247.73	\$ 6,551.10	\$ 7,854.48	\$ 9,157.85
WELLNESS	\$ 2,808.98	\$ 4,112.35	\$ 5,415.73	\$ 6,719.10	\$ 8,022.48	\$ 9,325.85
CVT BRONZE	\$ (3,909.02)	\$ (3,126.99)	\$ (2,344.97)	\$ (1,562.94)	\$ (780.92)	\$ 1.85

KAISER - EMPLOYEE ONLY						
Hours	7.5	7	6.5	6	5.5	5
Percentage of Contribution	93.75%	87.50%	81.25%	75.00%	68.75%	62.50%
PLANS						
KN 1	\$ (4,132.22)	\$ (3,350.19)	\$ (2,568.17)	\$ (1,786.14)	\$ (1,004.12)	\$ (222.09)
KN 2	\$ (4,276.22)	\$ (3,494.19)	\$ (2,712.17)	\$ (1,930.14)	\$ (1,148.12)	\$ (366.09)
KN 3	\$ (4,528.22)	\$ (3,746.19)	\$ (2,964.17)	\$ (2,182.14)	\$ (1,400.12)	\$ (618.09)
WELLNESS	\$ (4,989.02)	\$ (4,206.99)	\$ (3,424.97)	\$ (2,642.94)	\$ (1,860.92)	\$ (1,078.89)

KAISER - EMPLOYEE + DEPENDENTS						
Hours	7.5	7	6.5	6	5.5	5
Percentage of Contribution	93.75%	87.50%	81.25%	75.00%	68.75%	62.50%
PLANS						
KN 1	\$ 4,608.98	\$ 5,912.35	\$ 7,215.73	\$ 8,519.10	\$ 9,822.48	\$ 11,125.85
KN 2	\$ 4,104.98	\$ 5,408.35	\$ 6,711.73	\$ 8,015.10	\$ 9,318.48	\$ 10,621.85
KN 3	\$ 3,300.98	\$ 4,604.35	\$ 5,907.73	\$ 7,211.10	\$ 8,514.48	\$ 9,817.85
WELLNESS	\$ 1,704.98	\$ 3,008.35	\$ 4,311.73	\$ 5,615.10	\$ 6,918.48	\$ 8,221.85

AETNA - EMPLOYEE ONLY						
Hours	7.5	7	6.5	6	5.5	5
Percentage of Contribution	93.75%	87.50%	81.25%	75.00%	68.75%	62.50%
PLANS						
PPO 3	\$ (4,528.22)	\$ (3,746.19)	\$ (2,964.17)	\$ (2,182.14)	\$ (1,400.12)	\$ (618.09)

AETNA - EMPLOYEE + DEPENDENTS						
Hours	7.5	7	6.5	6	5.5	5
Percentage of Contribution	93.75%	87.50%	81.25%	75.00%	68.75%	62.50%
PLANS						
PPO 3	\$ 3,300.98	\$ 4,604.35	\$ 5,907.73	\$ 7,211.10	\$ 8,514.48	\$ 9,817.85

*Rebate and Cost estimates use the 2023-24 Maximum Annual Contribution to health and welfare and 2023-24 CVT Health and Welfare Plan Rates
If you have questions, please contact Marvela Trevino at mtrevino@wusd.ws or 559-495-5618

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark
Washington Unified SD (Fresno) - CLASSIFIED**

October 1, 2023 - September 30, 2024

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx A	PPO 6, Rx A
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (Includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$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 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx A	PPO 6, Rx A
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 Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance	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 Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance	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 Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance	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 Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalallly.alight.com for expert medical guidance
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾
Prescription Drugs	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Retail⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)
	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)
				Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)

PPO Plans:

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

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health 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.cvrtrust.org/plan-documents.

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark
Washington Unified SD (Fresno) - CLASSIFIED**

October 1, 2023 - September 30, 2024

BENEFIT		PPO Wellness, Rx C		PPO Bronze	
Calendar Year Deductible	Individual: \$500 Family: \$1,000			Individual: \$5,000 Family: \$10,000	
Coinsurance	Paid at 90%* after deductible is met			Paid at 70%* after deductible is met	
Calendar Year Out of Pocket Maximum (Includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,750 Family: \$3,500			Individual: \$6,350 Family: \$12,700	
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay			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%*	
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*			Paid at 70%* after deductible is met	
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*			Paid at 70%* after deductible is met	
Durable Medical Equipment	Paid at 90%* after deductible is met			Paid at 70%* after deductible is met	
Ambulance - Ground / Air	Paid at 90%* after deductible is met			Paid at 70%* after deductible is met	
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)			Paid at 70%* ⁽¹⁾ after deductible is met	
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)			Paid at 70%* ⁽¹⁾ after deductible is met	
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year			Paid at 70%* after deductible is met Maximum of 12 visits per calendar year	
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*			Paid at 70%* after deductible is met	
Hospital Inpatient	Paid at 90%* 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 90%*			Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)	
Urgent Care	\$20 Copay			Subject to deductible, then \$120 Copay	
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year			Paid at 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. 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 mymedically.alight.com for expert medical guidance			Alight - My Medical Ally Call 1-888-361-3944 or visit mymedically.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾			Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	

BENEFIT	PPO Wellness, Rx C		PPO Bronze	
Prescription Drugs	Retail⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	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
Washington Unified SD (Fresno) - CLASSIFIED**

October 1, 2023 - September 30, 2024

BENEFIT	HMO 1	HMO 2	HMO 3	HMO Wellness																
Calendar Year Deductible	\$0	\$0	\$0	\$0																
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*																
Calendar Year Out of Pocket Maximum (Includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000																
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay																
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*																
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay																
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*																
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*																
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$100 Copay If Medically Necessary																
Physical Therapy	\$10 Copay	\$15 Copay	\$20 Copay	\$20 Copay																
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered																
Acupuncture	\$10 Copay Referral by Plan Physician	\$15 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician																
Outpatient Surgery	\$10 Copay	\$15 Copay	\$20 Copay	\$500 Per Procedure																
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$500 Copay Per Admission Unlimited days, semi-private room																
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)																
Urgent Care	\$10 Copay	\$15 Copay	\$20 Copay	\$20 Copay																
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)																
Telehealth	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225																
Medical Decision Support	N/A	N/A	N/A	N/A																
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⁾																
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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.

CVT PPO Health Plans with Aetna and CVS/caremark
Washington Unified SD (Fresno) - CLASSIFIED, MANAGEMENT
October 1, 2023 - September 30, 2024

PPO 3, Rx A

BENEFIT	
Calendar Year Deductible	Individual: \$100 Family: \$200
Coinsurance	Paid at 100%* 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⁾
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay
Preventive Care / Immunizations	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%*
Outpatient Radiology	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*
Durable Medical Equipment	Paid at 100%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* after deductible is met (Copay, if applicable) 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%*
Hospital Inpatient	Paid at 100%* 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%*
Urgent Care	\$20 Copay
Home Health Care	Paid at 100%* 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
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedically.alight.com for expert medical guidance
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievementsolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

PPO 3, Rx A									
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\$5 Generic	\$10 Generic								
\$22 Brand	\$44 Brand								
(30-Day Supply)	(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.

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	\$1,400	\$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: 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

**Washington Unified SD
Classified**

Delta Dental PPO 70/30 Plan Summary of Benefits

December 1, 2023 through 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% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$3,000 12 Month Wait: No	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.

Most potential savings with Delta Dental PPO dentists	Some savings with Delta Dental Premier dentists	No savings with non-Delta Dental dentists
<p>Y Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment.</p> <p>Y You'll usually pay less when you visit a Delta Dental PPO dentist.</p> <p>Y When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.</p>	<p>Y Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees.</p> <p>Y 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.</p>	<p>Y 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.</p> <p>Y You are responsible for the difference between what Delta Dental pays and the dentist's fee.</p>

How do I find a Delta Dental dentist?

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

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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 \$0 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
	private practice doctors
	Visionworks

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.

 vision care

 California's
Valued Trust
Healthcare Benefits for the Education Community

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
Washington Unified SD - Classified**



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 	\$0	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 	\$0	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	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	<p>Glasses and Sunglasses</p> <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. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE 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.

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\$0 copay****

*Behavioral Health not applicable to Medicare retirees

**Anthem Blue Cross and Blue Shield HDHP and Sutter Health | Aetna HSA
Plans are subject to deductible/coinsurance.



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of 15 years of experience.**



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private and secure**



**Prescriptions can be sent to
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if medically necessary.**

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888-632-2738



Common conditions we treat

General Health

- Common cold / Flu
- Cough
- Fever
- Insect bites
- Allergies
- Diarrhea
- Nausea / Vomiting
- Pink eye
- Sore throat
- Constipation
- Ear problems
- Headache

Behavioral health

- Addictions
- Stress
- Bipolar disorders
- Depression
- Eating disorders
- Grief and loss
- Life changes
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Trauma and PTSD

Dermatology

- Acne
- Rashes
- Eczema
- Rosacea
- Psoriasis
- Alopecia
- Cold sores
- Inflamed or enlarged hair follicles
- Warts and other abnormal bumps
- Suspicious spots and moles



Download the app.

Join for free. Visit a doctor.

MDLIVE.com/cvt

888-632-2738

BENEFICIARY DESIGNATION

Please read Instructions on next page before completing this form. Do not erase or attempt to make corrections; use a new form.

Name of Employer _____

Group Policy No. CVT 145324 Insured's Social Security No. _____

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL:** 100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL:** 100%

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

Note: See Next Page for Important Information

Trust(ee) Designation (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) _____

Address _____ City _____ State _____ Zip Code _____

and successor(s) in trust, as Trustee(s) under _____
(*Title of Agreement*)

Dated _____ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

If this form is executed by the insured, it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate **My Estate** as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.

(Please Print)

 Name of Insured or Owner (if assigned)

 Daytime Phone No.

 Street Address

 City State Zip Code

 Signature of Insured or Owner (if assigned)

 Date Signed

Submit Completed Form To Employer and Retain a Copy for Your Records

GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Trust(ee) Designation: If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds.

This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.

An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the insured's Name of Employer, Group Policy Number (found on your Certificate) and Social Security Number at the top of the form. At the bottom of the form, fill in the name of the insured person or owner (if assigned), the daytime phone number, address, and sign and date the form.
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative"), date of birth, address(es) (permanent residence) and percentage of share (all shares must add up to 100%).
3. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations **instead** of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title of the Agreement; and (3) the date of its execution. **NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT.**

If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. **NOTE: A TRUST(EE) UNDER WILL (OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN LAST WILL AND TESTAMENT OF THE INSURED OR OWNER (IF ASSIGNED).**

4. The owner of the coverage should sign and date the form in the spaces provided. Retain a copy for your records.
5. Give the completed form to the Employer.

If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on **each** form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3 and 3 of 3.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.



New Member Registration

Website: mycvt.cvtrust.org

1

Register A New Account

Make sure you
select Washington
Unified in
FRESNO COUNTY

2

Dependent Information

Select "Add
Dependent" and
then "SAVE" or
SKIP to next
step.

3

Plan Selection

Select your plan

4

Review

Accept Terms

5

Upload Documents

- Met Life Form
- Marriage
Certificate
- Birth
Certificates



Plan Start Date:

Month _____

Year _____

?

Questions?

Email or call
Marvela in the
payroll office.

Marvela Trevino
District Services Specialist II
mtrevino@wusd.ws
payroll@wusd.ws
559-495-5618

7950 South Elm Avenue, Fresno, CA 93706

New Career, New Choices

Starting a new job can be overwhelming, and your insurance options can be confusing. What you select may be one of the most important things you do this year.

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



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



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



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



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
01/1/2022- 12/31/2022

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

Each year, about **2.8 million children** between the ages of 5 and 14 are treated for sports and recreational-related injuries.

National Safety Council, Injury Facts; 2019 Web.

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



Schedule Your Appointment

<https://enroll.americanfidelity.com/CF7E588D>



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

Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 • 559-230-2107



American Fidelity Assurance Company
americanfidelity.com

NEWS

Employee Newsletter

SPRING 2023

MAC Limits for 2023

2023 LIMITS

U.S. OMNI & TSACG Compliance Services (OMNI/TSACG) is pleased to share that the IRS increased the Maximum Allowable Contribution (MAC) limits for 2023. All employees, regardless of age or years of service, may contribute up to \$22,500 to their 403(b), 457(b) or 401(k) account in 2023. (The limit is coordinated for 403(b) and 401(k) accounts. 457(b) accounts are not coordinated with other plans.)

Employees who will attain age 50 by 12/31/2023 may contribute an additional \$7,500 to 403(b), 457(b) and/or 401(k) accounts in 2022. (This limit is coordinated for 403(b) and 401(k) accounts.)

**403(b) Elective Deferral Limit =
\$22,500.00* for 2023 Plan Year**

**457(b) Deferral Limit =
\$22,500.00* for 2023 Plan Year**

More information is available on the "Calculators" page of our website:

<https://www.omni403b.com/Calculator/MAC>

Schedule a Financial Checkup

April is Financial Awareness Month and is a good reminder to conduct an annual financial checkup with a financial advisor. This is an opportunity to assess how you've done financially over the past twelve months and make sure you're still on track to meet your financial goals, or make any necessary adjustments.

Our Financial Wellness Center is a great educational resource that provides tools and unbiased information to help you in your financial wellness journey.

Financial Wellness Center

You can learn more about retirement savings plans, managing personal finances, college funding options, and how to navigate Social Security when the time comes.



Calculators, videos, and informative content on various topics can help guide you in your planning process.

To explore our Financial Wellness Center, go to:
<https://usrbpfinancialwellness.com>



Washington Unified School District

New accounts may be opened with the following approved service providers.

AMERICAN FIDELITY ASSURANCE CO
AMERICO FINANCIAL LIFE ANNUITY
CALSTRS PENSION 2 VOYA
COREBRIDGE FINANCIAL FORMERLY AIG VALIC
EQUITABLE FORMERLY AXA
FIDUCIARY TRUST INTL FRANKLIN TEMPLETON
HORACE MANN LIFE INS CO
INDUSTRIAL ALLIANCE INS FIN SERV INC
INVESCO OPPENHEIMERFUNDS
IPX INVESTMENT PROVIDER XCHANGE
NATIONAL LIFE GROUP LSW
NY LIFE INS ANNUITY CORP
ORION PORTFOLIO SOLUTIONS LLC FORMERLY FTJ FUNDCHOICE
PACIFIC LIFE INSURANCE COMPANY
PLANMEMBER SERVICES CORP
ROTH INVESCO OPPENHEIMERFUNDS
VOYA FINANCIAL RELIASTAR

We Are Here for You

AT YOUR SERVICE

U.S. OMNI & TSACG Compliance Services (OMNI/TSACG) has a dedicated Customer Service Center to assist participants and their financial advisors with questions related to the 403(b) or 457(b) transactions authorization process.

Our Customer Service Team is based at our headquarters in Rochester, NY, and staffed by 10 highly trained representatives with 5 additional representatives available during periods of high call volume.



**Our call center is available
Monday through Friday
7:30 a.m. - 8:00 p.m. ET**

*In addition, bilingual (Spanish)
Customer Service Representatives
are available for assistance
Monday through Friday
7:30 a.m. - 4:00 p.m. ET*

**1.877.544.OMNI (6664)
<https://omni403b.com>**

24/7 TRANSACTION SUBMISSION AND TRACKING

OMNI/TSACG continues to provide transaction submission and tracking 24 hours a day, seven days a week for use by participants, plan sponsors, and investment providers assisting participants. Our website provides online transaction forms to deliver the fastest and easiest way to submit a transaction request.

Transaction forms can be accessed on your organization's Plan Page and through the below direct link:

<https://www.omni403b.com/transaction/landing>

Distribution transactions may include loans, transfers/exchanges, rollovers, hardship withdrawals, QDROs, or cash distributions. Only transactions allowed by your employer's plan can be processed. Participants can easily check the status of their submitted forms through our online Form Tracker (<https://omni403b.com/Track>).

In addition, OMNI/TSACG representatives are available to assist users or answer questions if necessary.

EMPLOYEE ASSISTANCE PROGRAM

CONFIDENTIAL SUPPORT FOR WORK AND LIFE



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

The EAP is here to help

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

BENEFITS OF THE EAP INCLUDE:

COUNSELING SERVICES

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

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

LEGAL SERVICES (Free consultation and discounted rates: 60 minutes for family law, 30 minutes for all other legal issues)

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

FINANCIAL SERVICES (One 30-minute consultation with a financial coach per topic, per year)

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

WORK/LIFE SERVICES

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

YOUR EMPLOYEE ASSISTANCE PROGRAM

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

1-877-397-1032

www.achievesolutions.net/cvt



We Help People live their lives to the fullest potential.



HOW CAN THE EAP HELP YOU?

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

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

ONLINE RESOURCES

Visit the Achieve Solutions website to access articles, videos, calculators and assessments to help you improve your health and manage life events. You can also search for service providers in your area.

Topics include:

- Depression
- Marriage/couples
- Stress management
- Anxiety
- Conflict management
- Weight management
- Communication

HOW THE EAP WORKS

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

- **Your call is private.**

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

Privacy is a priority

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

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

1-877-397-1032

www.achievesolutions.net/cvt

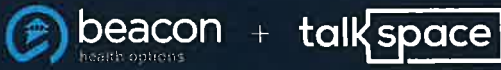
This information sheet is for informational purposes only and does not guarantee eligibility for program services. Beacon Health Options services do not replace regular medical care. In an emergency, seek help immediately.

YOUR EMPLOYEE ASSISTANCE PROGRAM

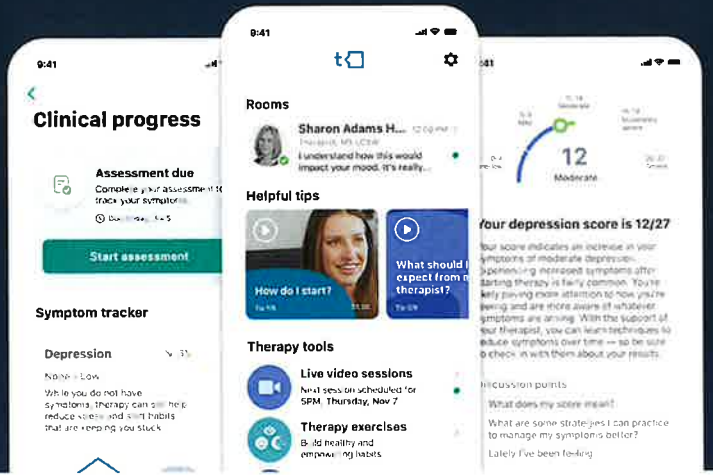
Resources, referral, and support services for personal success:

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





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

Tell us about your provider preferences, then pick your counselor from a list of matches. 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.

The counselor you choose 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/BeaconEAP and enter your "organization name": [California's Valued Trust](#)
- Complete our QuickMatch™ questionnaire to share your preferences
- Review the matches we find for you and choose your personal counselor
- Start messaging in your private digital room, or book a live session

Your EAP offers **6** counseling sessions per issue per year. Flexible Access: One live video or audio counseling appointment is considered one session or you can utilize one week of unlimited text messages to your Talkspace counselor as one session.

If you have any questions, please call **877 397-1032**

