WASHINGTON UNIFIED SCHOOL DISTRICT

2026-2027 CERTIFICATED

HEALTH & WELFARE BENEFITS

EMPLOYEE BENEFITS INFORMATION GUIDE

WASHINGTON UNIFIED SCHOOL DISTRICT

7950 South Elm Avenue Fresno, CA 93706

payroll@wusd.ws

559-495-5645

WASHINGTON
UNIFIED SCHOOL DISTRICT

CERTIFICATED

Medical

- Blue Cross
- Kaiser

Dental

- Delta Dental 70/30 Plan
- Delta Dental Ortho Plan

www.deltadental.com

Vision

- VSP Signature

www.vsp.com

Life

- Met Life
- $25,000 Policy

American Fidelity

- Disability Income
- Cancer
- Accident
- Life Insurance
- Critical Illness
- Hospital Indemnity
- Flexible Spending
- Dependent Care

OMNI Retirement

- IRA
- 403B
- 457

www.omni403b.com

Employee Assistance

- Counseling
- Legal
- Financial
- Work/Life
- Mental Wellbeing

WASHINGTON UNIFIED SCHOOL DISTRICT

7950 South Elm Avenue Fresno, CA 93706

payroll@wusd.ws

559-495-5645

Certificated Full Time

Health & Welfare Plan Options

Year: July 2025 - June 2026

District Contribution: $23,523

Fiscal Annual Cost/Rebate

REBATE: AMOUNT ADDED TO YOUR SALARY

COST: AMOUNT DEDUCTED FROM YOUR SALARY

BLUE CROSS PPO			
PLANS			11 month Deduction or Rebate
PLAN 1, RX-A		$ 5,693.04	$ 517.55
PLAN 3, RX-A		$ 3,569.04	$ 324.46
PLAN 5, RX-B		$ 2,189.04	$ 199.00
WELLNESS		$ 785.04	$ 71.37
PLAN 9, RX-C		$ (2,480.98)	$ (225.54)
HDHP 2		$ (5,029.78)	$ (457.25)
CVT BRONZE		$ (5,756.98)	$ (523.36)

KAISER			
PLANS			11 month Deduction or Rebate
KN 1		$ 4,229.04	$ 384.46
KN 1 + CHIRO		$ 4,409.04	$ 400.82
KN 3		$ 1,925.04	$ 175.00
WELLNESS		$ (241.78)	$ (21.98)
KN 6		$ (299.38)	$ (27.22)

*Rebate and Cost estimates use the 2026-27 Maximum Annual Contribution to health and welfare and 2026-27 CVT Health and Welfare Plan Rates.

**Cost estimates include basic dental plan.

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

Washington Unified SD (Fresno) - CERTIFICATED, TRUSTEES

October 1, 2026 - September 30, 2027

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 5, Rx B	PPO 9, Rx C
Calendar Year Deductible	$0	Individual: $100 Family: $200	Individual: $200 Family: $400	Individual: $1,000 Family: $2,000
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: $1,500(2) Family: $3,000(2)	Individual: $2,500(2) Family: $5,000(2)	Individual: $2,500(2) Family: $5,000(2)	Individual: $5,500(2) Family: $11,000(2)
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - $30 Copay **Specialist Physician** - $60 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $70 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	**$200 Copay** (Copay waived if admitted as inpatient) After copay, paid at 100%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$10 Copay	$20 Copay	$30 Copay	$35 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

<table>
<tr><th>BENEFIT</th><th colspan="2">PPO 1, Rx A</th><th colspan="2">PPO 3, Rx A</th><th colspan="2">PPO 5, Rx B</th><th colspan="2">PPO 9, Rx C</th></tr>
<tr><td>Telehealth</td><td colspan="2">MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.[2] Call 1-888-632-2738 or visit www.mdlive.com/CVT</td><td colspan="2">MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.[2] Call 1-888-632-2738 or visit www.mdlive.com/CVT</td><td colspan="2">MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.[2] Call 1-888-632-2738 or visit www.mdlive.com/CVT</td><td colspan="2">MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.[2] Call 1-888-632-2738 or visit www.mdlive.com/CVT</td></tr>
<tr><td>Virtual Physical Therapy</td><td colspan="2">Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy.</td><td colspan="2">Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy.</td><td colspan="2">Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy.</td><td colspan="2">Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy.</td></tr>
<tr><td>Employee Assistance Program (EAP) through Carelon</td><td colspan="2">Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit[3]</td><td colspan="2">Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit[3]</td><td colspan="2">Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit[3]</td><td colspan="2">Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit[3]</td></tr>
<tr><td>Prescription Drugs</td><td>30-Day Supply[4, 9]
Generic: $5
Pref Brand: $22
Non-Pref Brand: $22
Specialty: Paid at 70%, $0 when enrolled in Prudent Rx</td><td>90-Day Supply[4, 9]
Generic: $10
Pref Brand: $44
Non-Pref Brand: $44
Specialty: N/A</td><td>30-Day Supply[4, 9]
Generic: $5
Pref Brand: $22
Non-Pref Brand: $22
Specialty: Paid at 70%, $0 when enrolled in Prudent Rx</td><td>90-Day Supply[4, 9]
Generic: $10
Pref Brand: $44
Non-Pref Brand: $44
Specialty: N/A</td><td>30-Day Supply[4, 9]
Generic: $7
Pref Brand: $15
Non-Pref Brand: $30
Specialty: Paid at 70%, $0 when enrolled in Prudent Rx</td><td>90-Day Supply[4, 9]
Generic: $15
Pref Brand: $35
Non-Pref Brand: $70
Specialty: N/A</td><td>30-Day Supply[4, 9]
Generic: $7
Pref Brand: $25
Non-Pref Brand: $40
Specialty: Paid at 70%, $0 when enrolled in Prudent Rx</td><td>90-Day Supply[4, 9]
Generic: $15
Pref Brand: $60
Non-Pref Brand: $90
Specialty: N/A</td></tr>
</table>

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. Anthem BDC+ required procedures excluded from $250 outpatient surgery copay.

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) The PrudentRx program is not applicable and pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be $0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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

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

Washington Unified SD (Fresno) - CERTIFICATED, TRUSTEES

October 1, 2026 - September 30, 2027

BENEFIT	Wellness, Rx C	HDHP 2	Bronze
Calendar Year Deductible	Individual: $500 Family: $1,000	Individual: $2,600 Family: $5,200 (No individual limit applies to family)	Individual: $5,000 Family: $10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)(2)	Individual: $3,500 Family: $7,000	Individual: $6,000 Family: $12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $6,000.	Individual: $7,000 Family: $14,000
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - Paid at 80%* after deductible is met **Specialist Physician** - Paid at 80% after deductible is met	**Primary Care Physician** - First 3 visits covered in full after $60 copay per visit; Remaining visits - Paid at 70%* after deductible is met **Specialist Physician** - Subject to deductible then $120 copay per visit
Preventive Care / Immunizations	Paid at 100%*	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 80%* after deductible is met	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 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met	Paid at 70%*(1) after deductible is met (Copay, if applicable)
Chiropractic	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met	Paid at 70%*(1) after deductible is met (Copay, if applicable)
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met (Copay, if applicable). 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 80%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	$200 Copay; (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	Paid at 80%* after deductible is met	Subject to Deductible, then $200 Copay (copay waived if admitted as inpatient)
Urgent Care	$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then $120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	Wellness, Rx C		HDHP 2		Bronze	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	
Virtual Physical Therapy	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.		Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.		Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	
Prescription Drugs	**30-Day Supply**(4, 9) Generic: $7 Pref Brand: $25 Non-Pref Brand: $40 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx	**90-Day Supply**(4, 9) Generic: $15 Pref Brand: $60 Non-Pref Brand: $90 Specialty: N/A	**30-Day Supply** Subject to deductible, then Generic: $25 Copay Pref Brand: $50 Copay Non-Pref Brand: $50 Copay Specialty: Paid at 70%, reduced to $0 after deductible when enrolled in PrudentRx	**90-Day Supply** Subject to deductible, then Generic: $50 Copay Pref Brand: $100 Copay Non-Pref Brand: $100 Copay Specialty: N/A	**30-Day Supply** Subject to deductible, then Generic: $25 Copay Pref Brand: $50 Copay Non-Pref Brand: $50 Copay Specialty: Paid at 70%, $0 when enrolled in PrudentRx	**90-Day Supply** Subject to deductible, then Generic: $50 Copay Pref Brand: $100 Copay Non-Pref Brand: $100 Copay Specialty: N/A

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. Anthem BDC+ required procedures excluded from $250 outpatient surgery copay.

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) The PrudentRx program is not applicable and pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be $0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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) - CERTIFICATED, TRUSTEES

October 1, 2026 - September 30, 2027

BENEFIT	Kaiser 1	Kaiser 1 w/Chiro	Kaiser 3	Kaiser 6	Kaiser Wellness
Calendar Year Deductible	$0	$0	$0	$0	$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)[2]	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $25 Copay **Specialist Physician** - $25 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay
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%*	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%*	$10 copay*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	$50 Per Trip If Medically Necessary	$100 Copay If Medically Necessary
Physical Therapy	$10 Copay	$10 Copay	$20 Copay	$25 Copay	$20 Copay
Chiropractic	Not Covered	Benefit through **SimpleTherapy**; $10 office visit copay; $15 daily max for out of network; Up to 40 visits per year combined with Acupuncture.	Not Covered	Not Covered	Not Covered
Acupuncture	$10 Copay Referral by Plan Physician	Benefit through **SimpleTherapy**; $10 office visit copay; $15 daily max for out of network; Up to 40 visits per year combined with Chiropractic.	$20 Copay Referral by Plan Physician	$25 Copay Referral by Plan Physician	$20 Copay Referral by Plan Physician
Outpatient Surgery	$10 Copay	$10 Copay	$20 Copay	$25 Copay	$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	$250 Copay	$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	$100 Copay Copay waived if admitted as in-patient	$100 Copay Copay waived if admitted as in-patient	$100 Copay Copay waived if admitted as in-patient	$100 Copay Copay waived if admitted as in-patient	$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	$10 Copay	$10 Copay	$20 Copay	$25 Copay	$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.
Virtual Physical Therapy	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.	Contact your PCP for virtual options.
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit[3]

BENEFIT	Kaiser 1		Kaiser 1 w/Chiro		Kaiser 3		Kaiser 6		Kaiser Wellness	
Prescription Drugs	**Up to 30-Day Supply** Plan Pharmacy Tier 1 $5 Tiers 2 & 4 $10	**Up to 100-Day Supply** Mail Order Tier 1 $10 Tier 2 $20	**Up to 30-Day Supply** Plan Pharmacy Tier 1 $5 Tiers 2 & 4 $10	**Up to 100-Day Supply** Mail Order Tier 1 $10 Tier 2 $20	**Up to 30-Day Supply** Plan Pharmacy Tier 1 $10 Tiers 2 & 4 $20	**Up to 100-Day Supply** Mail Order Tier 1 $20 Tier 2 $40	**Up to 30-Day Supply** Plan Pharmacy Tier 1 $10 Tiers 2 & 4 $20	**Up to 100-Day Supply** Mail Order Tier 1 $20 Tier 2 $40	**Up to 30-Day Supply** Plan Pharmacy Tier 1 $10 Tiers 2 & 4 $25	**Up to 100-Day Supply** Mail Order Tier 1 $20 Tier 2 $50

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 Office Visits: Plans 1 - $10 Copay; Plan 2 - $15 Copay; Plan 3 - $20 Copay; Plan 4 - $30 Copay; Plan 5 - $35 Copay; Plan 6 - $25 Copay; Plan 7 - $35 Copay; Plan 8 - $20 Copay; Plan 9 Wellness - $40 Copay; Plan 10 Bronze - 60%* after deductible is met; Plan 11 HSA - $30 copay after deductible is met; All services: cost share you would pay if the services were to treat any other condition.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - $5 Per Visit; Plan 8 - No Charge; Plan 11 HSA - $5 Per Visit after deductible is met.

Plan 6 - $175 allowance for lenses, frames & contacts every 24 months

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

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

California's Valued Trust
Healthcare Benefits for the Education Community

Washington Unified SD
Certificated & Trustees

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2026 to September 30, 2027

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: 4 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
Certificated

Delta Dental PPO 70/30 Plan Summary of Benefits

Effective October 1, 2026 to September 30, 2027

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	$25 per person / $75 per family per calendar year
Calendar Year Maximum Benefit	$1,500	$1,500
Diagnostic & Preventive Services Note: D & P does not count towards calendar year maximum Oral Examinations: 2 Annual Cleanings: 4 X-rays	Paid at: 100% *	Paid at: 70% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 80% *	Paid at: 60% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Endodontics (root canals)	Paid at: 80% *	Paid at: 60% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 60% *	Paid at: 50% *
Prosthodontics Bridges Dentures Implants:	Paid at: 60% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: $4,000 12 Month Wait: No	Paid at: 100% *	Paid at: 100% *
Dental Accident Benefits	Paid at: 100% * ($1,000 maximum per enrollee each calendar year)	Paid at: 100% * ($1,000 maximum per enrollee each calendar year)

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

** See back for additional details

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***
➢ 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.	➢ 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.	➢ Non-Delta Dental dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. ➢ You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

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

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

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

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

vsp

California's Valued Trust
Healthcare Benefits for the Education Community

Make Eye Health a Priority with VSP!

Your health comes first with VSP and California's Valued Trust (Plan C $5 Copay). Take a look at your VSP vision care coverage.

VSP members save an annual average of

$489*

More Ways to Save

Extra $20 to spend on Featured Frame Brands†

bebe Calvin Klein COLE HAAN
DRAGON. FLEXON LONGCHAMP PARIS
and more

Up to 40% savings on lens enhancements‡

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

Enroll through your employer today.
Questions?
vsp.com
800.877.7195 (TTY: 711)

Scan QR code or visit **vsp.com** to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your eye doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

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

vsp PREMIER edge

Get more at preferred in-network doctor locations

private practice doctors · Visionworks · EYEMART EXPRESS FAMILY OF STORES

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee.*** Whether you accidentally break or damage your glasses, your prescription changes, or if you don't love the glasses you chose, you're covered! Visit **vsp.com/zerocopay** for details.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
‡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. *Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply. ***Worry-free guarantee covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit (include appropriate link) for terms and conditions.

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. Availability of VSP Premier Edge™ may vary.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.
Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

Classification: Restricted

Your VSP Vision Benefits Summary

2026-2027

Washington Unified SD - Certificated & Trustees

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

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Healthcare Benefits for the Education Community

BENEFIT	DESCRIPTION	COPAY WITH PREMIER EDGE DOCTORS	COPAY WITH OTHER VSP NETWORK DOCTORS
COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	• Focuses on your eyes and overall wellness • Every 12 months	**$0**	$5 for exam and glasses
RETINAL SCREENING	• Images of the inside of the eye, used to screen for potential signs of eye disease • Every 12 months	**$0**	Up to $39
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. • Available as needed	$20 per exam	$20 per exam
PRESCRIPTION GLASSES			
FRAME+	• $220 Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $110 Walmart/Sam's Club/Costco frame allowance • Every 12 months	Combined with exam	Combined with exam
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months	Combined with exam	Combined with exam
LENS ENHANCEMENTS+	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements • Every 12 months	$0 $80 - $90 $120 - $160	$0 $80 - $90 $120 - $160
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60	Up to $60
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

MDLIVE

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Healthcare Benefits for the Education Community

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.

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

U.S. board-certified doctors and licensed counselors 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.

Your virtual doctor is here. Join for free today!

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

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888-632-2738

MDLIVE

CALIFORNIA'S VALUED TRUST

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

MD

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

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888-632-2738

Shop Smart. Care Smart. Introducing SmartCare by CVT.

Meet Your SmartCare Tools!

CVT has packaged these tools into the SmartCare program to help members make informed choices and save money through innovative, easy-to-use and convenience-focused programs.

If you have questions about any of these tools, call **CVT Member Services** at **(800) 288-9870**.

See Back for Additional Details

NEW

SmartShopper® Anthem

$25–$1,000 Gift Card per Shopped Procedure

Anthem PPO and EPO members can earn rewards for shopping for cost-effective, in-network care.

Who is eligible: Anthem PPO and EPO active and non-Medicare retirees

Learn more at:

(866) 488-5441

carrum health

$0 Member Cost Share!*

Centers of Excellence for:

- Outpatient Surgery
- Cancer Care
- Substance Use Disorder

Who is eligible: PPO and EPO members

**Individuals enrolled in high-deductible plans must first meet their deductible, but copays and coinsurance will be waived.*

Learn more at:

(888) 855-7806

SimpleTherapy

$0 Member Cost Share!

- 24/7 access to programs for pain management, pelvic health, injury prevention and more
- Unlimited access
- One-on-one personal health coaching

Who is eligible: PPO and EPO members

Learn more at:

(800) 644-2478

MDLIVE

$0 Member Cost Share!

- 24/7 Urgent Care
- Virtual Primary Care
- Behavioral Health
- Dermatology

Who is eligible: PPO and EPO members

Learn more at:

(888) 632-2738

Quest Diagnostics™

$25 Digital Reward Card

Biometric screenings for subscribers, spouses/partners, over 18 age dependents.

Who is eligible: All CVT members

Quest Password: CVT2026

Learn more at:

(855) 623-9355

American Fidelity Assurance Company

New here? We've got you covered!

As a new employee, choosing benefits can seem overwhelming. Get help with sorting out important details, reviewing your options and getting your questions answered.

Your American Fidelity account manager can help you create a personalized plan that fits your needs.

Disability Income Insurance

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

Learn more: americanfidelity.com/disability

Limited Benefit Cancer Insurance

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

Learn more: americanfidelity.com/cancer

Limited Benefit Accident Only Insurance

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

Learn more: americanfidelity.com/accident

Limited Benefit Critical Illness Insurance

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

Learn more: americanfidelity.com/critical-illness

Schedule your appointment by calling 866-504-0010.

AMERICAN FIDELITY
a different opinion

Limited Benefit Hospital Indemnity Insurance

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

Learn more: americanfidelity.com/hospital-indemnity

Life Insurance

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

Learn more: americanfidelity.com/life

How can you prepare?

Browse our video library and watch short videos to learn about preparing for your enrollment, benefits education, inspiring stories and tutorials.

americanfidelity.com/videos

Bring Home More From Your Paycheck

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

How does it work?

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

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

*A savings of **$1,680** a year*

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

Healthcare Flexible Spending Accounts

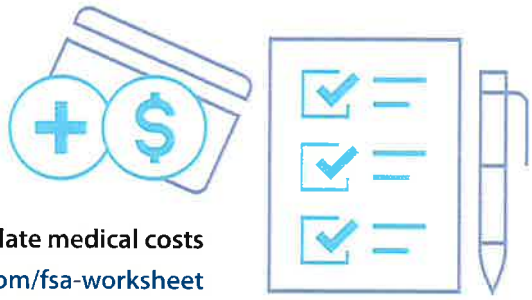
Save money on eligible medical expenses.

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

Features:

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

Learn more at
americanfidelity.com/fsa



Calculate medical costs
americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

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

americanfidelity.com/eligible-expenses

Dependent Care Accounts

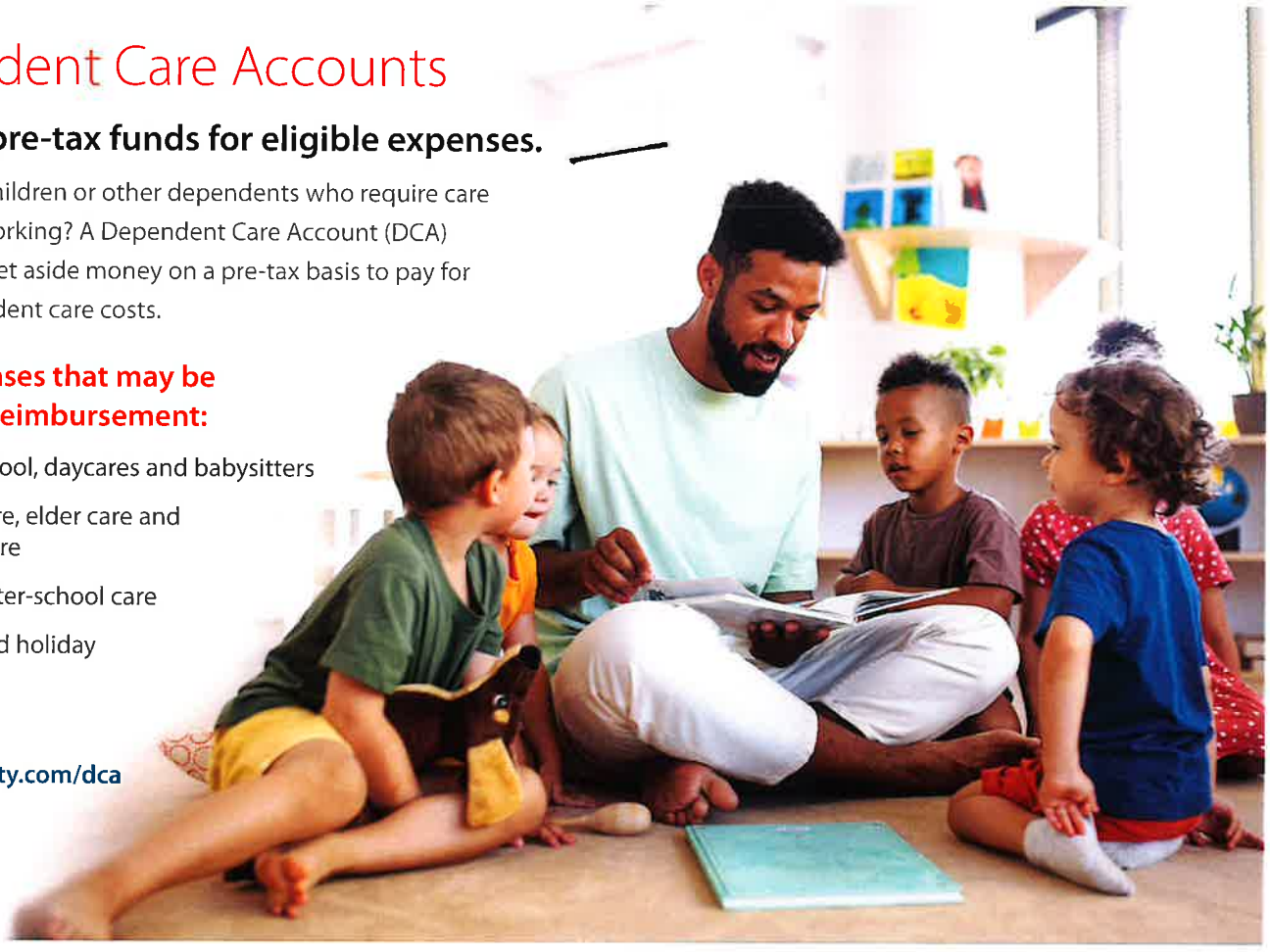
Set aside pre-tax funds for eligible expenses.

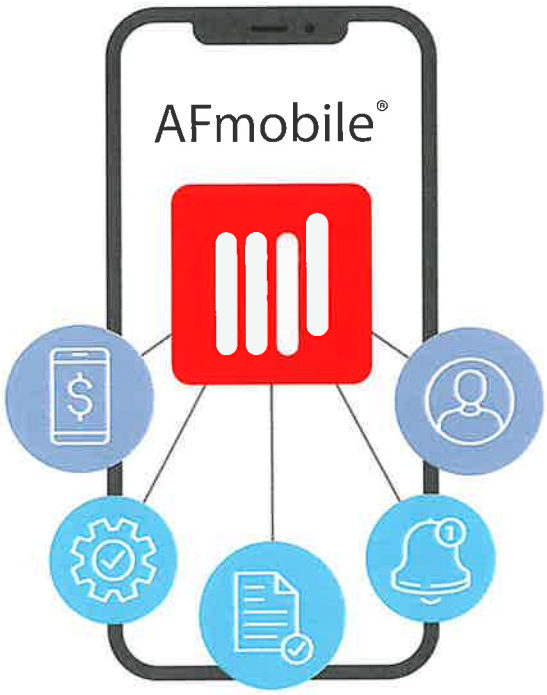
Do you have children or other dependents who require care while you're working? A Dependent Care Account (DCA) allows you to set aside money on a pre-tax basis to pay for eligible dependent care costs.

Some expenses that may be eligible for reimbursement:

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

Learn more at
americanfidelity.com/dca





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Manage your insurance benefits and reimbursement accounts all from the palm of your hand.

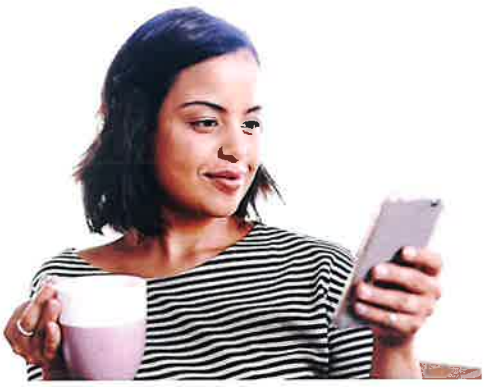
- **View** account balances
- **Manage** claims and reimbursements
- **Submit** documentation
- **Receive** alerts
- **Maintain** personal information

Get Started:

Register online at
americanfidelity.com/register

Download AFmobile at
americanfidelity.com/afmobile

Please allow one business day after you enroll before registering for an online account.
If you already have an account, your username and password will be the same for AFmobile.



Did your salary increase?

If your salary has increased since your last enrollment, it's important that you review your **Disability Income Insurance** coverage.

Help protect more of your paycheck and your lifestyle by ensuring you have the coverage you need.

americanfidelity.com/disability-increase

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

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AF

American Fidelity Assurance Company
americanfidelity.com

Metropolitan Life Insurance Company

MetLife®

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.

WASHINGTON UNIFIED SCHOOL DISTRICT

Website: mycvt.cvtrust.org

Register A New Account

Washington Unified
FRESNO COUNTY

EMPLOYEE TYPE:
Certificated

Dependent Information

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

Plan Selection

Select your plan

Review

Accept Terms

Fill Out Documents

Met Life Form

Upload Documents

- Met Life Form
- Marriage Certificate
- Birth Certificate(s)

Plan Start Month:

1 2 3 4 5 6
7 8 9 10 11 12

2026 2027

You have 30 days from today to register or you will need to wait until open enrollment.

Open Enrollment: Every <u>September</u>
Newborns: 30 days from date of birth to enroll
Marriage: 30 days from marriage date to enroll spouse
Documents will need to be uploaded to your MyCVT account.

Questions? Email Marvela Trevino at mtrevino@wusd.ws

WASHINGTON UNIFIED SCHOOL DISTRICT

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