



Employee

Health Benefits

Guide 2021

Health Benefits Welcome

Welcome to Greenfield Union School District Employee Benefits

This guide provides a summary of your health benefit options and is designed to provide information to help you make informed choices when selecting a plan for yourself or for you and your dependents. If you would like more information about any of the benefits described here, please contact the Benefit Office in Human Resources . (See page 21 for contact info)

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Important Information

Medical ID Cards - Your Blue Shield Member ID card will arrive approximately 2 weeks after you've enrolled. Your dependent(s) will use the same card as you. It will have your name and your member ID number. You can order extra cards if needed. If you sign up for [MyCVT.com](https://mycvt.com) (see information on page 15), you will be able to print your card.

Dental ID Cards – Delta Dental does **not** send out member cards. Your eligibility is accessed through your social security number. However, if you sign up for a Delta Dental Online account on deltadentalins.com, you can print your own card.

Vision ID Cards – VSP does **not** send out member cards. Your eligibility is accessed through your social security number. You can create an online account at vsp.com to print a card, but it is a generic card.

In-Network Providers – The district's Medical, Dental and Vision Plans all require that you use an in-network provider for the best cost-savings. Registering an online account with MyCVT, BlueShield of CA, Delta Dental and VSP is the easiest way to search for in-network providers. You can find information in this booklet to search for providers.

Enrollment Information

Who May Enroll?

Active Fulltime Employees

Regular full time Certificated (GTA), Management, and Classified (CSEA) employees are eligible for medical coverage and are required to enroll in one of the six (6) plans offered by the district.

Part-Time Employees

The district also offers medical coverage to permanent part-time Classified employees who work at least 20 hours a week. Part-time employees may opt out of coverage each year, but will need to submit an “opt out” form (available in the Benefits Office). Premium rates for part-time employees are pro-rated based on their part-time status and hours.

Eligible Dependents

Employees may also enroll eligible dependents under their plan. Eligible dependents include:

- Legally married spouse (marriage certificate required)
- Registered domestic partner (State Registration Certificate required)
- Children under the age of 26, regardless of student or marital status
 - Natural child (birth certificate required)
 - Adopted child – (Final Adoption Papers are required)
 - Step child – (Birth Certificate is required as well as parent and step parent’s marriage certificate)
 - Child of an eligible domestic partner (Birth Certificate is required)
 - Unmarried child under legal guardianship (Legal Guardianship Papers are required for enrollment)
 - Permanently Disabled Child (Details available the Benefits Office)

Eligible Retirees

Greenfield Union School District does offer medical, dental, and vision plans for eligible retirees and dependents. The district will pay a portion of the premium for the retired employee, but not for any dependents. The retiree is no longer eligible for the \$25,000 Life Insurance Policy provided by the district. Once a retiree turns 65 years old, they will no longer be eligible for medical coverage through the district. Enrollment for Medicare occurs at this time. A retiree may continue dental and vision coverage after age 65 but will be required to pay the full premium.

Eligibility Requirements (*Retiree Rate Sheets are available upon request*)

- 55 years or older but less than 65 years old
- Worked at least 15 years for the district

Who Is Not Eligible For Coverage?

- Foster Child
- Grandchild
- Dependents of a dependent child
- Dependent Adult (such as parent or parent of employee or employee’s spouse or domestic partner)

When Can You Enroll?

As an eligible employee, you may enroll at the following times:

- New hires at the time of the time of employment with benefits becoming effective the 1st day of the following month of the hire date.
- The first day of the month following the employee's start date and pending receipt of all enrollment forms and documentation
- Each year during open enrollment
- Within 30 days of a qualifying event (*see below under Changes to Enrollment*)

Open Enrollment

Our benefit plans and medical rates are effective October 1st through September 30th of each year. During open enrollment, you may change your plan or add and terminate dependents. A part-time employee wishing to cancel their benefit coverage must complete and submit an "opt out" form to the Benefits Office each year during open enrollment. Open enrollment begins mid-August through mid-September. All changes become effective October 1st.

- Changes made during open enrollment require enrollment forms and appropriate documentation
- Changes and all forms must be submitted by the posted deadline each year.
- No forms or other action required if you choose to keep your same plan without changes. However, you are strongly encouraged to review all rates before making your decision. Rates can change significantly each year and you will not be able to make a change again until the following year during open enrollment.

Changes to Enrollment (Qualifying Events)

Once open enrollment closes, you cannot make changes to your enrollment during the year unless you experience a qualifying event. A request to make changes **must be submitted within 30 days** of the qualifying event. Examples of a qualifying event are listed below:

- A marriage
- A divorce
- The birth of a child
- The adoption of a child
- Court ordered guardianship of a minor
- The requirements of domestic partnership are met
- A dependent acquiring coverage
- Gaining Medicare
- Death of a subscriber or covered spouse

2021 Open Enrollment

Begins Monday, August 16, 2021
 Last Day is Wednesday, September 15, 2021
 All changes will be effective Friday, October 1, 2021

Questions? Need help reviewing plans?

Schedule an appointment at:

<https://tinyurl.com/BenefitsAppointments>

Or contact the GUSD Benefits Office

Mindy Hunt

(831) 674-2840 ext. 2087

mhunt@greenfield.k12.ca.us

2021 Annual Health Fair (Virtual) Schedule

How to use your PPO Health Plans

August 19
4-5 p.m.

How to Maximize Your Health Benefits

August 26
4-5 p.m.

Virtual Vendor Booths

(Speak with reps from CVT, Physmetrics, etc.)

August 31
3-5 p.m.

Webinar To Be Announced

September 2
4-5 p.m.

EAP 101: Understanding your EAP Resources

(Employee Assistance Program)

September 9
4-5 p.m.

Other Upcoming Events

COVID-19 & Flu Season Info Update

October 12
4-5 p.m.

FLU SHOT CLINIC

October 19
2-5 p.m.

Healthy Cooking Class with Chef Vera

November 4
4-6 p.m.



What's happening this Year?

*Watch for details and updates
through your district email and
ParentSquare.*

Medical Benefits

The district offers six (6) Blue Shield PPO plans for all eligible employees (eligibility listed on page 3). The same six (6) plans are available to all eligible employees although the employee deduction amounts differ according to the individual bargaining unit.

Rate Sheets

Each Rate Sheet includes the following information:

1. Medical Plan (PPO 2B, PPO 5B, PPO 6B, PPO 8B, Wellness and Bronze)
2. Employee Only, Employee + Children, Employee + Spouse, and Family Rates
3. Premium – the amount the insurance company charges the district.
4. CAP - the portion of the premium paid by the district.
5. Employee Deduction Amount – The amount deducted each month from the employee's payroll check based on 12 months. For 10 and 11 month employees, the monthly deduction will be slightly higher since it will be pro-rated to pay for the summer months.
6. Rate Sheet also includes costs for Dental and Vision (*not part of Blue Shield*).

See the following pages for Medical Plan Summary (Blue Shield), Dental Plan Summary (Delta Dental), Vision Plan Summary (VSP) and additional benefits through California Value Trust (CVT).

MetLife Life Insurance

Greenfield Union School District provides a \$25,000 life insurance policy through MetLife for all active employees enrolled in one of the six (6) medical plans offered through the district. This is at no cost to the employee. The MetLife enrollment form provided by Human Resources needs to be completed and submitted with your other health insurance enrollment forms.



Greenfield Union
School District

2021-2022

Benefit Summary & Bargaining Unit Caps



2021-2022 Health Benefits Summary

| 2021-2022 Plan Benefits | CVT Blue Shield PPO 2B | CVT Blue Shield PPO 5B | CVT Blue Shield PPO 6B | CVT Blue Shield PPO 8B | CVT Blue Shield PPO Wellness 1 | CVT Blue Shield PPO BRONZE |
|--|--|---|---|---|---|---|
| | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$0/\$0 | \$100/\$200 | \$250/\$500 | \$500/\$1,000 | \$500/\$1,000 | \$5,000/\$10,000 |
| Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays) | \$1,250/\$2,500 | \$1,250/\$2,500 | \$2,000/\$4,000 | \$3,250/\$6,500 | \$1,750/\$3,500 | \$6,350/\$12,700 |
| PROFESSIONAL SERVICES | | | | | | |
| Office Visit (OV) co-pay | \$20 | \$30 | \$20 | \$30 | \$20 | First 3 \$60 Ded. Waived, then 30% after Ded. |
| Urgent Care co-pay | \$20 | \$30 | \$20 | \$30 | \$20 | \$120 after Ded. |
| Specialists/Consultants co-pay | \$20 | \$30 | \$20 | \$30 | \$40 | \$70 after Ded. |
| Prenatal, postnatal office visit co-pay | \$20 | \$30 | \$20 | \$30 | \$20 | 30% after deductible |
| Scans: CT, CAT, MRI, PET etc. | Non-Hospital - 0% after deductible is met. Hospital - \$75 co-pay | Non-Hospital - 10% after deductible is met. Hospital - \$75 co-pay | Non-Hospital - 20% after deductible is met. Hospital - \$75 co-pay | Non-Hospital - 20% after deductible is met. Hospital - \$75 co-pay | Non-Hospital - 10% after deductible is met. Hospital - \$75 co-pay | 30% after deductible |
| Diagnostic X-ray & Laboratory Procedures | Non-Hospital - 0% after deductible Hospital - \$50 co-pay | Non-Hospital - 10% after deductible Hospital - \$50 co-pay | Non-Hospital - 20% after deductible Hospital - \$50 co-pay | Non-Hospital - 20% after deductible Hospital - \$50 co-pay | Non-Hospital - 10% after deductible Hospital - \$50 co-pay | 30% after deductible |
| Infertility (diagnosis/treatment of causes of infertility subject to plan benefits) | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Preventive Care (includes physical exams & screenings) | 0% | 0% | 0% | 0% | 0% | \$0 |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | | | |
| Emergency Room (ER) visit *Co-pay waived if admitted as in-patient | \$100 ER co-pay \$175 Non-ER co-pay 0% paid after deductible | \$100 ER co-pay \$175 Non-ER co-pay 10% paid after deductible | \$100 ER co-pay \$175 Non-ER co-pay 20% paid after deductible | \$100 ER co-pay \$175 Non-ER co-pay 20% paid after deductible | \$100 ER co-pay \$175 Non-ER co-pay 10% paid after deductible | Deductible \$250 co-pay |
| Inpatient Hospital (preauthorization required) - limits may apply | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% After deductible |
| Outpatient Hospital | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% After deductible |
| Surgery, Outpatient (performed in Surgery Center) | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% After deductible |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | \$250 | \$250 then 10% after deductible | \$250 then 20% after deductible | \$250 then 20% after deductible | \$250 then 10% after deductible | 30% After deductible |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT | | | | | | |
| INPATIENT: Facility Based Care (pre-auth required) | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% After deductible |
| OUTPATIENT: Facility Based Care (pre-auth required) | \$20 | \$30 | \$20 | \$30 | \$20 | First 3 \$60 Ded. Waived, then 30% after Ded. |
| OTHER SERVICES | | | | | | |
| Acupuncture - Limits apply | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible |
| Ambulance (Ground or Air) | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible |
| Chiropractic - Limits apply | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible |
| Durable Medical Equipment (DME) | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible |
| Physical and Occupational Therapy - Limits apply | 0% | 10% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible |

** This summary represents a high-level overview of the District medical plans for the 2021-2022 plan year. For detailed information, please refer to the plan-specific SBC (Summary of Benefits and Coverage) or SPD (Summary Plan Description).

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2021-2022 Health Benefits Summary

| 2021-2022 Plan Benefits | CVT Blue Shield PPO 2B | CVT Blue Shield PPO 5B | CVT Blue Shield PPO 6B | CVT Blue Shield PPO 8B | CVT Blue Shield PPO Wellness 1 | CVT Blue Shield PPO BRONZE |
|--|---------------------------|---------------------------|---------------------------|---------------------------|-----------------------------------|-------------------------------|
| | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| PHARMACY BENEFITS | | | | | | |
| Plan | Rx B | Rx B | Rx B | Rx B | Wellness Rx | Bronze Rx |
| Generic co-pay/30 days supply | \$7 | \$7 | \$7 | \$7 | \$7 | \$25 after Ded |
| Brand co-pay/30 days supply | \$15 | \$15 | \$15 | \$15 | \$25 | \$50 after Ded |
| Non-Preferred Brand co-pay 30 days | \$30 | \$30 | \$30 | \$30 | \$40 | \$50 after Ded |
| Specialty co-pay/up to 30 days supply | \$30 | \$30 | \$30 | \$30 | \$40 | \$50 after Ded |
| Mail Order Pharmacy | CVS | CVS | CVS | CVS | CVS | CVS |
| Mail Order (Generic-Brand-Non-Preferred Brand co-pay/90 days supply) | \$15-\$35-\$70 | \$15-\$35-\$70 | \$15-\$35-\$70 | \$15-\$35-\$70 | \$15-\$60-\$90 | \$50-\$100-\$100 after Ded |

**** This summary represents a high-level overview of the District medical plans for the 2021-2022 plan year. For detailed information, please refer to the plan-specific SBC (Summary of Benefits and Coverage) or SPD (Summary Plan Description).**

Delta Dental

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

| Consecutive years you are covered by the Incentive plan | First year | Second year | Third year | Fourth year |
|---|------------|-------------|------------|-------------------|
| Your plan pays | 70% | 80% | 90% | 100% |
| Your coinsurance | 30% | 20% | 10% | None ² |

****Note:** This is a partial summary of Delta Dental Benefits. Please contact Delta Dental at 800.499.3001 or visit www.deltadentalins.com for detailed information.

VSP Vision



| | IN-NETWORK | OUT-OF NETWORK |
|---|--|----------------------|
| Exam | No Charge | Up to \$45 |
| Frames | <ul style="list-style-type: none"> \$120 allowance \$140 for featured frame brands 20% savings on amount over allowance | Up to \$47 |
| Single-Lenses | No Charge | Up to \$45 |
| Bi-Focal Lenses | No Charge | Up to \$65 |
| Tri-Focal Lenses | No Charge | Up to \$85 |
| Benefit Frequency for Exam, Contacts/ Lenses, Frames | Once every 12 months | Once every 12 months |

****Note:** This is a partial summary of VSP Vision Benefits. Please contact VSP at 800.877.7195 or visit www.vsp.com for detailed information.

Rates for Certificated (GTA) Employees

Active GTA - CVT: Medical, Vision & Dental Rates

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B, Wellness 1, Bronze 60 with Dental and Vision



| CERTIFICATED CAP RATES | | | | EMPLOYEE DEDUCTION AMOUNTS |
|------------------------|--------------|-------------------|------------|----------------------------|
| MEDICAL | PLAN | 2021/2022 PREMIUM | CAP | 12 MO |
| Employee Only | PPO-2B | \$792.00 | \$554.52 | \$237.48 |
| Employee + Spouse | PPO-2B | \$1,665.00 | \$816.74 | \$848.26 |
| Employee + Child(ren) | PPO-2B | \$1,505.00 | \$1,117.25 | \$387.75 |
| Family | PPO-2B | \$2,535.00 | \$1,117.25 | \$1,417.75 |
| Employee Only | PPO-5B | \$730.00 | \$554.52 | \$175.48 |
| Employee + Spouse | PPO-5B | \$1,535.00 | \$816.74 | \$718.26 |
| Employee + Child(ren) | PPO-5B | \$1,388.00 | \$1,117.25 | \$270.75 |
| Family | PPO-5B | \$2,338.00 | \$1,117.25 | \$1,220.75 |
| Employee Only | PPO-6B | \$679.00 | \$554.52 | \$124.48 |
| Employee + Spouse | PPO-6B | \$1,427.00 | \$816.74 | \$610.26 |
| Employee + Child(ren) | PPO-6B | \$1,290.00 | \$1,117.25 | \$172.75 |
| Family | PPO-6B | \$2,173.00 | \$1,117.25 | \$1,055.75 |
| Employee Only | PPO-8B | \$614.00 | \$554.52 | \$59.48 |
| Employee + Spouse | PPO-8B | \$1,291.00 | \$816.74 | \$474.26 |
| Employee + Child(ren) | PPO-8B | \$1,167.00 | \$1,117.25 | \$49.75 |
| Family | PPO-8B | \$1,966.00 | \$1,117.25 | \$848.75 |
| Employee Only | Wellness 1 | \$690.00 | \$554.52 | \$135.48 |
| Employee + Spouse | Wellness 1 | \$1,448.00 | \$816.74 | \$631.26 |
| Employee + Child(ren) | Wellness 1 | \$1,311.00 | \$1,117.25 | \$193.75 |
| Family | Wellness 1 | \$2,206.00 | \$1,117.25 | \$1,088.75 |
| Employee Only | Bronze 60 | \$382.00 | \$554.52 | \$0.00 |
| Employee + Spouse | Bronze 60 | \$803.00 | \$816.74 | \$0.00 |
| Employee + Child(ren) | Bronze 60 | \$726.00 | \$1,117.25 | \$0.00 |
| Family | Bronze 60 | \$1,222.00 | \$1,117.25 | \$104.75 |
| DENTAL | | | | |
| Employee Only | HIGH W/ORTHO | \$44.90 | \$49.62 | \$0.00 |
| Employee + 1 | HIGH W/ORTHO | \$82.60 | \$92.50 | \$0.00 |
| Family | HIGH W/ORTHO | \$143.70 | \$159.91 | \$0.00 |
| VISION | | | | |
| Employee Only | B/10 | \$10.20 | \$11.70 | \$0.00 |
| Employee + 1 | B/10 | \$15.20 | \$16.61 | \$0.00 |
| Family | B/10 | \$25.40 | \$29.63 | \$0.00 |

Rates for Management Employees

Active Management - CVT: Medical, Vision & Dental Rates

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B,
Wellness 1, Bronze 60 with Dental and Vision



| MANAGEMENT CAP RATES | | | | EMPLOYEE DEDUCTION AMOUNTS |
|-----------------------|--------------|--------------|------------|----------------------------|
| MEDICAL | PLAN | 2022 PREMIUM | CAP | 12 MO |
| Employee Only | PPO-2B | \$792.00 | \$502.61 | \$289.39 |
| Employee + Spouse | PPO-2 | \$1,665.00 | \$764.83 | \$900.17 |
| Employee + Child(ren) | PPO-2B | \$1,505.00 | \$1,065.34 | \$439.66 |
| Family | PPO-2B | \$2,535.00 | \$1,065.34 | \$1,469.66 |
| Employee Only | PPO-5B | \$730.00 | \$502.61 | \$227.39 |
| Employee + Spouse | PPO-5B | \$1,535.00 | \$764.83 | \$770.17 |
| Employee + Child(ren) | PPO-5B | \$1,388.00 | \$1,065.34 | \$322.66 |
| Family | PPO-5B | \$2,338.00 | \$1,065.34 | \$1,272.66 |
| Employee Only | PPO-6B | \$679.00 | \$502.61 | \$176.39 |
| Employee + Spouse | PPO-6B | \$1,427.00 | \$764.83 | \$662.17 |
| Employee + Child(ren) | PPO-6B | \$1,290.00 | \$1,065.34 | \$224.66 |
| Family | PPO-6B | \$2,173.00 | \$1,065.34 | \$1,107.66 |
| Employee Only | PPO-8B | \$614.00 | \$502.61 | \$111.39 |
| Employee + Spouse | PPO-8B | \$1,291.00 | \$764.83 | \$526.17 |
| Employee + Child(ren) | PPO-8B | \$1,167.00 | \$1,065.34 | \$101.66 |
| Family | PPO-8B | \$1,966.00 | \$1,065.34 | \$900.66 |
| Employee Only | Wellness 1 | \$690.00 | \$502.61 | \$187.39 |
| Employee + Spouse | Wellness 1 | \$1,448.00 | \$764.83 | \$683.17 |
| Employee + Child(ren) | Wellness 1 | \$1,311.00 | \$1,065.34 | \$245.66 |
| Family | Wellness 1 | \$2,206.00 | \$1,065.34 | \$1,140.66 |
| Employee Only | Bronze 60 | \$382.00 | \$502.61 | \$0.00 |
| Employee + Spouse | Bronze 60 | \$803.00 | \$764.83 | \$38.17 |
| Employee + Child(ren) | Bronze 60 | \$726.00 | \$1,065.34 | \$0.00 |
| Family | Bronze 60 | \$1,222.00 | \$1,065.34 | \$156.66 |
| DENTAL | | | | |
| Employee Only | HIGH W/ORTHO | \$44.90 | \$49.62 | \$0.00 |
| Employee + 1 | HIGH W/ORTHO | \$82.60 | \$92.50 | \$0.00 |
| Family | HIGH W/ORTHO | \$143.70 | \$159.91 | \$0.00 |
| VISION | | | | |
| Employee Only | B/10 | \$10.20 | \$11.70 | \$0.00 |
| Employee + 1 | B/10 | \$15.20 | \$16.61 | \$0.00 |
| Family | B/10 | \$25.40 | \$29.63 | \$0.00 |

Rates for Full-Time Classified (CSEA) Employees

Active Classified - CVT: Medical, Vision & Dental Rates

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B,
Wellness 1, Bronze 60 with Dental and Vision



| 100% Full Time CLASSIFIED CAP RATES | | | | EMPLOYEE DEDUCTION AMOUNT |
|-------------------------------------|--------------|-------------------|------------|---------------------------|
| MEDICAL | PLAN | 2021/2022 PREMIUM | CAP | 12 MO. |
| Employee Only | PPO-2B | \$792.00 | \$705.21 | \$86.79 |
| Employee + Spouse | PPO-2 | \$1,665.00 | \$998.44 | \$666.56 |
| Employee + Child(ren) | PPO-2B | \$1,505.00 | \$1,334.21 | \$170.79 |
| Family | PPO-2B | \$2,535.00 | \$1,334.21 | \$1,200.79 |
| Employee Only | PPO-5B | \$730.00 | \$703.87 | \$26.13 |
| Employee + Spouse | PPO-5B | \$1,535.00 | \$996.52 | \$538.48 |
| Employee + Child(ren) | PPO-5B | \$1,388.00 | \$1,331.65 | \$56.35 |
| Family | PPO-5B | \$2,338.00 | \$1,331.65 | \$1,006.35 |
| Employee Only | PPO-6B | \$679.00 | \$703.19 | \$0.00 |
| Employee + Spouse | PPO-6B | \$1,427.00 | \$995.57 | \$431.43 |
| Employee + Child(ren) | PPO-6B | \$1,290.00 | \$1,330.38 | \$0.00 |
| Family | PPO-6B | \$2,173.00 | \$1,330.38 | \$842.62 |
| Employee Only | PPO-8B | \$614.00 | \$702.52 | \$0.00 |
| Employee + Spouse | PPO-8B | \$1,291.00 | \$994.61 | \$296.39 |
| Employee + Child(ren) | PPO-8B | \$1,167.00 | \$1,329.10 | \$0.00 |
| Family | PPO-8B | \$1,966.00 | \$1,329.10 | \$636.90 |
| Employee Only | Wellness 1 | \$690.00 | \$704.53 | \$0.00 |
| Employee + Spouse | Wellness 1 | \$1,448.00 | \$997.47 | \$450.53 |
| Employee + Child(ren) | Wellness 1 | \$1,311.00 | \$1,332.93 | \$0.00 |
| Family | Wellness 1 | \$2,206.00 | \$1,332.93 | \$873.07 |
| Employee Only | Bronze 60 | \$382.00 | \$702.52 | \$0.00 |
| Employee + Spouse | Bronze 60 | \$803.00 | \$994.61 | \$0.00 |
| Employee + Child(ren) | Bronze 60 | \$726.00 | \$1,329.10 | \$0.00 |
| Family | Bronze 60 | \$1,222.00 | \$1,329.10 | \$0.00 |
| DENTAL | | | | |
| Employee Only | HIGH W/ORTHO | \$44.90 | \$53.60 | \$0.00 |
| Employee + 1 | HIGH W/ORTHO | \$82.60 | \$99.30 | \$0.00 |
| Family | HIGH W/ORTHO | \$143.70 | \$171.66 | \$0.00 |
| VISION | | | | |
| Employee Only | B/10 | \$10.20 | \$12.63 | \$0.00 |
| Employee + 1 | B/10 | \$15.20 | \$17.92 | \$0.00 |
| Family | B/10 | \$25.40 | \$31.97 | \$0.00 |

Rate Sheets for Part-time Classified (CSEA) Employees

Separate Rate Sheets Available

The following four (4) Rate Sheets will be available to part-time employees based on their part-time eligibility status if they desire to enroll in medical, dental, or vision. If the eligible part-time employee is not interested in enrolling, an “opt out” form will be required annually.

1

Part-Time Classified - CVT: Medical, Vision & Dental Rates **4 hours**

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B, Wellness 1, Bronze 60 with Dental and Vision

2

Part-Time Classified - CVT: Medical, Vision & Dental Rates **4.5 - 5 hours**

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B, Wellness 1, Bronze 60 with Dental and Vision

3

Part-Time Classified - CVT: Medical, Vision & Dental Rates **5.5 - 6 hours**

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B, Wellness 1, Bronze 60 with Dental and Vision

4

Part-Time Classified - CVT: Medical, Vision & Dental Rates **6.5 - 7 hours**

2021/2022 (October 2021 - September 2022) Plans PPO- 2B, 5B, 6B, 8B, Wellness 1, Bronze 60 with Dental and Vision

IMPORTANT NOTE FOR PART-TIME EMPLOYEES

Please be aware that if your part-time status changes (*increasing or decreasing hours*), your monthly insurance deduction or eligibility may change. Please contact the Benefits Office to review your new status to determine if your deduction will increase or decrease. You may also choose to Opt Out of insurance when there is a status change.

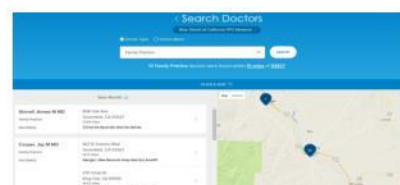
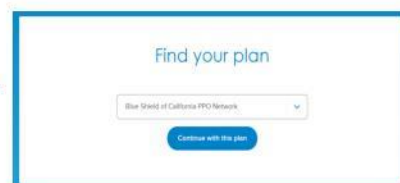
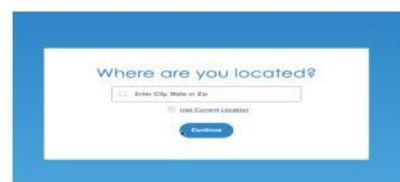
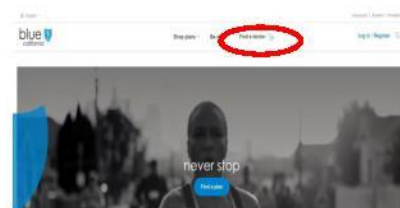


Greenfield Union School District How to Find a Provider



August 2017

1. Visit the health plan website:
<https://blueshieldca.com> or call
(800)393-6130
2. Click on "Find a Doctor"
3. Click on the "DOCTORS" or other search option you are looking for.
4. If you are a Blue Shield Member, select "Yes" and proceed to member login page and enter your credentials. If you are not, select "No".
5. Enter **city, state or zip** located in the area you are searching
6. Select "**Blue Shield California PPO Network**" from the drop down menu under *medical plan and network* and Select "**Continue with this plan**".
7. Next, search by "**Doctor Type**" or "**Doctor Name**". If you are searching by "**Doctor Type**", click on the down arrow and select the specialty you are looking for. If you are searching by "**Doctor Name**", simply type in the doctor's name and click search.
8. View the results of the provider directory. You can change the mile radius by clicking on the number of miles and from there, you can filter by other search results. Once you are finished, click apply.





MyCVT Online Member Enrollment

Quick steps for account set-up

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

MyCVT can be accessed by most computer browsers, including Microsoft Internet Explorer Version 7-11, Mozilla Firefox, Safari and Google Chrome. If you don't have any of these browsers you may not be able to access the site.

Getting started

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

Creating your account

1. From the MyCVT registration page, select "Create new account." Complete the requested information and submit.
2. Verify your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. **Click on the link in the email** to complete the registration process.

You're ready to go!

1. Now you're logged into the MyCVT portal and are ready to complete your member enrollment.
2. Or, if you want to come back later and complete enrollment, simply log-out. When you're ready to return, use your newly set up Email and Password to access your account.
3. If you've forgotten your password, don't worry. Select "Request new password" on the login page and follow the directions sent to your account email.

Questions

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



CALIFORNIA'S
VALUED TRUST
Healthcare Benefits for the Education Community

www.cvtrust.org



March 2015

Dental Plan



GREENFIELD UNION SCHOOL DISTRICT

Delta Dental PPO Plan Summary of Benefits

|   | DELTA DENTAL PPO | |
|---|---|---|
| | DELTA DENTAL PPO | NON-DELTA DENTAL PPO |
| Calendar Year Deductible | None | None |
| Calendar Year Maximum Benefit | \$2,200 per person | \$2,000 per person |
| Diagnostic & Preventive Services <ul style="list-style-type: none"> Exams 3 cleanings X-rays | 70-100% | 70-100% |
| Basic Services <ul style="list-style-type: none"> Fillings Posterior Composite Restorations Sealants | 70-100% | 70-100% |
| Periodontics (gum treatment) <ul style="list-style-type: none"> Covered Under Basic Services | 70-100% | 70-100% |
| Major Services <ul style="list-style-type: none"> Crowns Inlays Onlays Cast Restoration | 70-100% | 70-100% |
| Prosthodontics <ul style="list-style-type: none"> Bridges Dentures Implants | 70% | 70% |
| Orthodontic Benefits Adults & Dependent Children | 50% | 50% |
| Orthodontic Maximums | \$1,000 / lifetime | \$1,000 / lifetime |
| Dental Accident Benefits | 100% (\$1,000 maximum per person each calendar year) | 100% (\$1,000 maximum per person each calendar year) |

Note: This is only a summary of Delta Dental PPO Benefits. Please contact Delta Dental at 866.499.3001 or visit deltadentalins.com. Create a free online account to review your personalized benefits..

Create your personal account on deltadentalins.com

View benefits, eligibility & claim status * Locate a Delta Dental doctor * View or print your ID Card
 Your Dental Plan Support Guide * Check average dental costs in your area * Enjoy more savings and offers



Healthier Smiles

For California school district employees



Delta Dental's incentive plan for California school district employees is designed to encourage regular dentist visits that keep your smile healthy and bright. If you visit any licensed dentist for a cleaning and exam at least one time during your plan year, your benefits will increase each consecutive year until your plan covers 100% of your coinsurance (the amount you pay for covered services) for preventive services.¹

No visit? No worries

If you miss your cleaning and exam one year, your benefits continue at the same level. (For example, if your plan pays 80% your second year and you don't visit the dentist that year, your plan will still pay 80% your third year.) You won't receive an incentive increase that year, but you aren't penalized either.

Lapses in coverage

If there's a break in your coverage, your benefits revert to the first year's coverage level (70% in the chart). Breaks in coverage usually happen if you opt out of dental insurance for a period of time. If you're transferring to another school district with an incentive plan, as long as termination and enrollment are on consecutive days, you won't have a break in coverage.

Lower your out-of-pocket costs

| Consecutive years you are covered by the incentive plan | First year | Second year | Third year | Fourth year |
|---|------------|-------------|------------|-------------------|
| Your plan pays | 70% | 80% | 90% | 100% |
| Your coinsurance | 30% | 20% | 10% | None ² |

This example assumes you visit a licensed dentist for diagnostic or preventive care at least once per plan year. For illustrative purposes only.

¹ Some plans may also extend the incentive to diagnostic benefits and other services. If your plan includes orthodontics or prosthodontics, these services are typically not part of the incentive plan. Other benefits may also be excluded. Refer to your plan booklet for a full list of services covered by your incentive plan. You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

² In this illustrative example, you would have no coinsurance at a Delta Dental dentist. Since non-Delta Dental dentists have no restrictions on what they can charge, you may have to pay the difference between the plan allowance and their submitted fee, which is known as "balance billing."



deltadentalins.com/enrollees

5 easy ways to get more value from your plan

Already on track to get the most from your incentive plan?

Learn more easy ways to save:

1

Choose a network dentist

Maximize your savings by choosing a Delta Dental network dentist. Delta Dental dentists agree to charge reduced fees for covered services and won't "balance bill" you for amounts not covered by your dental plan. Delta Dental dentists are carefully screened for quality and they will complete and submit all claim forms for you. Find a network dentist near you at deltadentalins.com.

2

Try a pre-treatment estimate

You can ask your dentist to obtain a free estimate from us before you begin treatment.³ Called a "pre-treatment estimate," this service is especially helpful when you:

- Expect dental work to exceed \$300 (like for a crown, wisdom tooth extraction, bridge, dentures or periodontal surgery)
- Aren't sure if a procedure is covered by your plan
- Worry that a procedure might exceed your annual plan maximum
- Need to budget for your payment

3

Set up an online account

Create a free, secure online account at deltadentalins.com to get plan information online anytime. Access benefits, eligibility, claims status, average procedure costs and more. Plus, you can view or print your ID card online.

4

Coordinate your benefits

Are you also covered under another dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.⁴

5

Check out our wellness resources

Visit mysmileway.com to access a variety of oral health resources for all members of your family. And, subscribe to *Grin!*, our fun, free dental health e-magazine at deltadentalins.com/grin.

³ A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and we receive a claim for payment, we will calculate payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your plan booklet for specific details about your coverage.

⁴ Group-specific exceptions may apply. Please review your plan booklet for details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

Contact us

Online assistance:

For quick and easy online assistance, go to deltadentalins.com > Contact Us > Delta Dental of California > Delta Dental Premier and Delta Dental PPO Inquiries.

Telephone assistance:

California School District Employees: 866-499-3001

Vision Plan



GREENFIELD UNION SCHOOL DISTRICT

VSP Vision Plan Summary of Benefits



| VSP Coverage Summary | | |
|---|--|----------------------|
| | IN-NETWORK | OUT-OF-NETWORK |
| Exam | No Charge | Up to \$45 |
| Frames | <ul style="list-style-type: none"> \$120 allowance \$140 for featured frame brands 20% savings on amount over allowance | Up to \$45 |
| Lenses | | |
| Single-Lenses | No Charge | Up to \$45 |
| Bi-Focal Lenses | No Charge | Up to \$45 |
| Tri-Focal Lenses | No Charge | Up to \$85 |
| Lens Enhancements | | |
| Standard Progressive Lenses | \$50 copay | Up to \$85 |
| Premium Progressive Lenses | \$80-\$90 copay | Up to \$85 |
| Custom Progressive Lenses | \$120-\$160 copay | Up to \$85 |
| Contacts (Instead of glasses) | <ul style="list-style-type: none"> \$120 allowance for contacts & contact lens exam 15% savings on a contact lens exam | Up to \$105 |
| Additional Coverage | Primary Eyecare | N/A |
| Benefit Frequency | | |
| Exam | Once every 12 months | Once every 12 months |
| Contacts/Lenses | Once every 12 months | Once every 12 months |
| Frames | Once every 12 months | Once every 12 months |
| Extra Savings (In-Network Provider Only) | Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/special 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 with 12 months of your last WellVision Exam. Retinal Screening <ul style="list-style-type: none"> No more than \$39 copy on routine retinal screening as an enhancement to a WellVision Exam. Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. | |

Note: This is a summary only of VSP Vision Benefits. Please contact VSP at 800.877.7195 or visit vsp.com for detailed information.

Create your personal account on VSP.com

View your In-Network Coverage
Shop online and connect your benefits

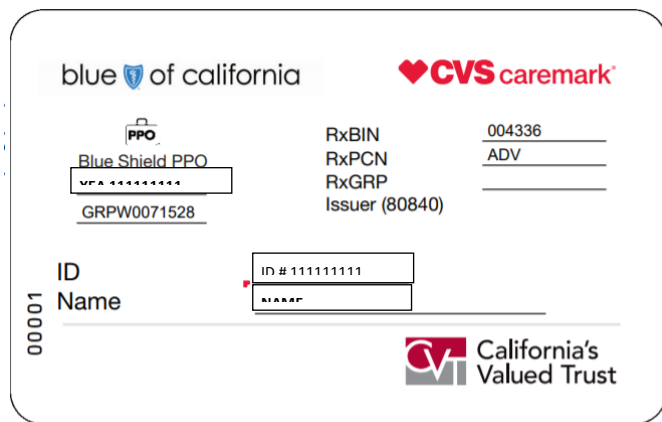
Find your In-Network doctor
Enjoy more savings and offers




Additional Resources

HEALTH BENEFITS CONTACT INFORMATION

Front of Medical ID Card




blue shield of california 

PPO
Blue Shield PPO
VFA *****
GRP0071528

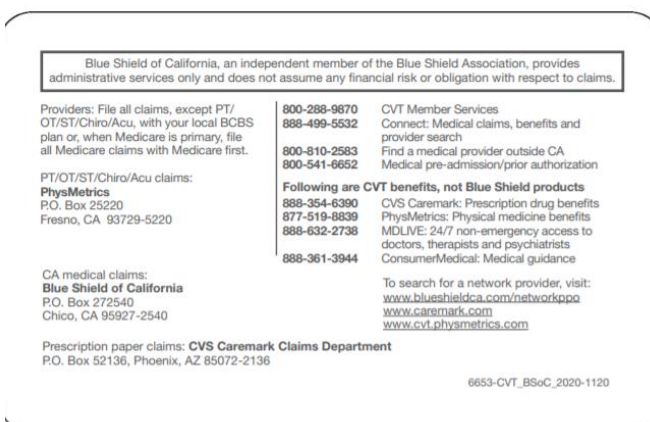
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RxPCN ADV
RxGRP
Issuer (80840)

ID # 111111111
Name

00001

 California's Valued Trust

Back of Medical ID Card



Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

Providers: File all claims, except PT/OT/ST/Chiro/Acu, with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare first.

PT/OT/ST/Chiro/Acu claims:
PhysMetrics
P.O. Box 25220
Fresno, CA 93729-5220

CA medical claims:
Blue Shield of California
P.O. Box 272540
Chicago, CA 95927-2540

Prescription paper claims: CVS Caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136

800-288-9870 CMT Member Services
888-499-5532 Connect: Medical claims, benefits and provider search
800-810-2583 Find a medical provider outside CA
800-541-6652 Medical pre-admission/prior authorization

Following are CVT benefits, not Blue Shield products
888-354-6390 CVS Caremark: Prescription drug benefits
877-519-8839 PhysMetrics: Physical medicine benefits
888-632-2738 MDLIVE: 24/7 non-emergency access to doctors, therapists and psychiatrists
888-361-3944 ConsumerMedical: Medical guidance

To search for a network provider, visit:
www.blueshieldca.com/networkppo
www.caremark.com
www.cvt.physmetrics.com

6653-CVT_BSoc_2020-1120



Delta Dental of California and Affiliates

DeltaCare USA Customer Service

Call toll-free:
800-422-4234 (TTY/TDD 711)
Monday through Friday between 5:00 a.m. and 6:00 p.m., Pacific time.

Or write to:
DeltaCare USA Customer Service
P.O. Box 1803
Alpharetta, GA 30023



VSP Vision of California

Call Member Services

Call 800-877-7195 to speak with Member Services

Monday – Friday 5 a.m. to 8 p.m., Pacific Time
Saturday 7 a.m. to 8 p.m., Pacific Time
Sunday 7 a.m. to 7 p.m., Pacific Time
Closed Thanksgiving Day and Christmas Day

Hearing impaired customers may call 800-428-4833 for assistance

[Blue Shield \(Connect\) Member Services: 888-499-5532](#)

****The following are CVT benefits, not Blue Shield:**

800-288-9870 CMT Member Services
888-354-6390 CVS/Caremark (Prescriptions)
877-219-8839 PhysMetrics (Physical Medicine)
888-632-2738 MDLIVE 24/7 non-emergency access to doctors, therapists and psychiatrists
888-361-3944 Consumer Medical (Medical Guidance)

Greenfield Union School District Health & Wellness Contact

Mindy Hunt

(831) 674-2840 x2087

mhunt@greenfield.k12.ca.us

Schedule appointments @

<https://tinyurl.com/BenefitsAppointments>

PhysMetrics

Physical medicine is essential to overall wellbeing.

Summary

Providing a full-service approach to physical medicine management.

- Expert management of physical medicine benefit programs:
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Chiropractic
 - Acupuncture
- Focused on member and client service
- Custom-tailored network provided for CVT
- Open client communication on all aspects of program performance
- Proven ability to reduce and manage physical medicine benefit spend



PhysMetrics

physmetrics.com | 877.519.8839

PhysMetrics manages the Physical Therapy, Occupational Therapy, Speech Therapy, Chiropractic and Acupuncture benefits for CVT Blue Shield PPO members. Please use the www.cvt.physmetrics.com website as a resource to understand your benefits and contact PhysMetrics with any questions.

CONTACT US

PhysMetrics

PO Box 25220, Fresno, CA 93729-5220

877-519-8839 T

888-439-4819 F

info@phymetrics.com

www.cvt.phymetrics.com

MDLIVE (telehealth)

MDLIVE

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.

Signing up is free, you only pay per consult.
Medical and Dermatology Consults:
PPO Plans \$0 copay/consultation
HDHP Plans-Subject to deductible /coinsurance
Behavioral Health (Active and non-medicare retirees)
Copays are the same as your specialty physician office visit



**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.**

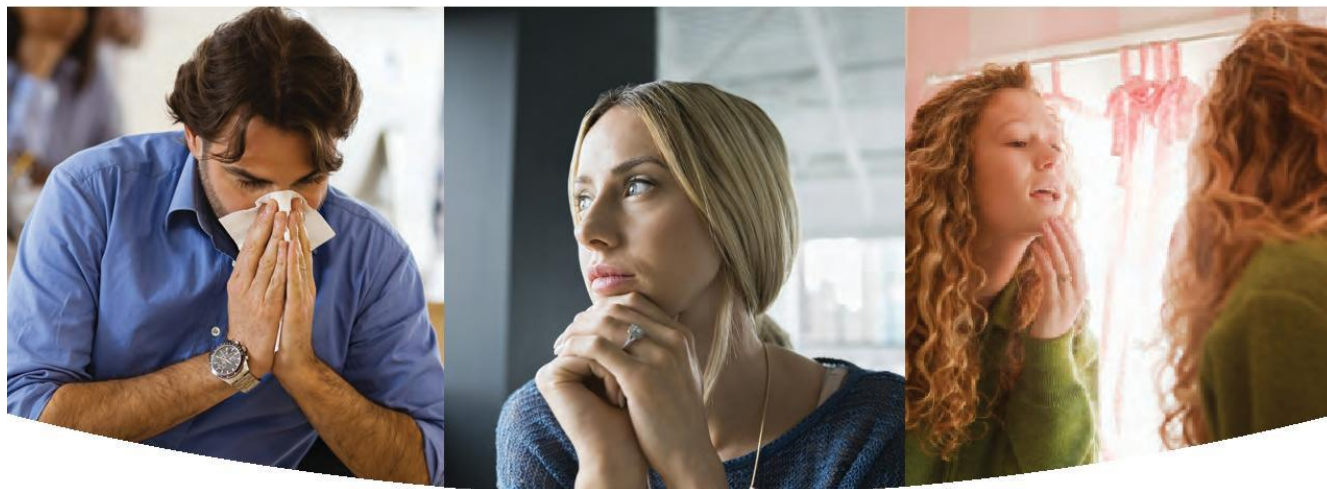
Your virtual doctor is here. Join for free today!



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

MDLIVE.com/cvt
888-632-2738

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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

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Employee Assistance Program (EAP)

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, 7 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/7 days a week. As with all EAP services, your conversation will be strictly confidential.

LEGAL SERVICES (Free 30-minute consultation and discounted rates)

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

FINANCIAL SERVICES (Free 30-minute consultation and discounted rates)

Talk to a financial coach for guidance on:

- 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



**CALIFORNIA'S
VALUED TRUST**
Building a Foundation for Education Opportunity



beacon
health options



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VALUED TRUST**
Building a Foundation for Education Opportunity

1.877.397.1032 | www.achievesolutions.net/cvt



beacon
health options

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 birth of a child

ONLINE RESOURCES

Visit the Achieve Solutions website to access articles, videos, calculators and quizzes to help you improve your health and manage life events. You can also search for service providers in your area. The site is available in English and Spanish.

Topics include:

- Depression
- Strengthening marriage and relationships
- 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 on this brochure 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 brochure 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
- Managing life events
- Achieving personal goals
- Legal services
- Healthy living
- Financial services
- Resilience
- Work/life services



**CALIFORNIA'S
VALUED TRUST**
Beacon's Promise to the Member Community

1.877.397.1032 | www.achievesolutions.net/cvt



consumermedical

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Provides free, expert medical guidance for any condition. Offers one-on-one support to help you make informed decisions about medical care and treatment. Offered at no cost to all active and non-Medicare retiree members and eligible dependents.

<https://www.cvtrust.org/consumermedical>

www.myconsumermedicalteam.com

[1-888-361-3944](tel:1-888-361-3944)

Solera4Me Diabetes

Solera4Me is a preventive healthcare benefit for Blue Shield of California PPO CVT PPO plan subscribers. It is a lifestyle change program that can help you lose weight, adopt health habits and reduce your risk of developing diabetes. The program is 16 weeks and is available at no charge to members who qualify.

You can find out if you qualify by visiting soler4me.com/cvt and taking a 1-minute quiz.



Prescription Drug Benefits

California's Valued Trust (CVT) and our prescription benefit provider, CVS/caremark, provide prescription drug benefits for plan participants. Please refer to the CVS Caremark Benefit Booklet for Prescription Benefits located at www.cvtrust.org/CVT-caremark-plan-documents. Consider downloading the CVS/caremark app for more access to your prescription benefits.

www.caremark.com

Call 888-354-6390 for additional assistance with your prescription benefits.



Find the perfect program for you! Create your health profile and discover the right program for you at no extra cost. You can begin by exploring the many available programs or start by picking your primary goal.

- Lose Weight
- Prevent Diabetes
- Treat Diabetes
- Quit Smoking

What's New in 2021?



CVT announces 2 new clinics open to CVT members in Monterey and Salinas.

Altais Salinas North Main Street

903 N. Main Street

Salinas, CA 93906

831-269-3346

Altais Monterey Ryan Ranch

2 Lower Ragsdale Drive, Suite 260

Monterey, CA 93940

831-920-3920

A Smarter Approach to Healthcare

Altais has two clinics in Monterey County, California – one in Monterey and one in Salinas. The clinics were formed in partnership with Everside Health (formerly Paladina Health). As part of ongoing benefits to eligible staff and dependents of MCSIG (Municipalities Colleges Schools Insurance Group) and CVT (California's Valued Trust), participating members can now access a wide variety of services through the Altas/Everside clinics, including:

- In-person and virtual appointments (via phone or video), with same-day and next-day scheduling
- Access to care for a range of healthcare needs, from routine checkups and urgent matters to chronic condition management, behavioral health screenings, therapy, and more
- Flexibility to address multiple health concerns in a single visit
- 24/7 access to your care team for urgent after-hours needs
- Affordable care options that eliminate the need to use costly out-of-network providers or urgent care facilities

MCSIG and CVT members can access the clinics and schedule appointments below:

<https://altas.com/altas-everside/>

Everside. By your side, online.

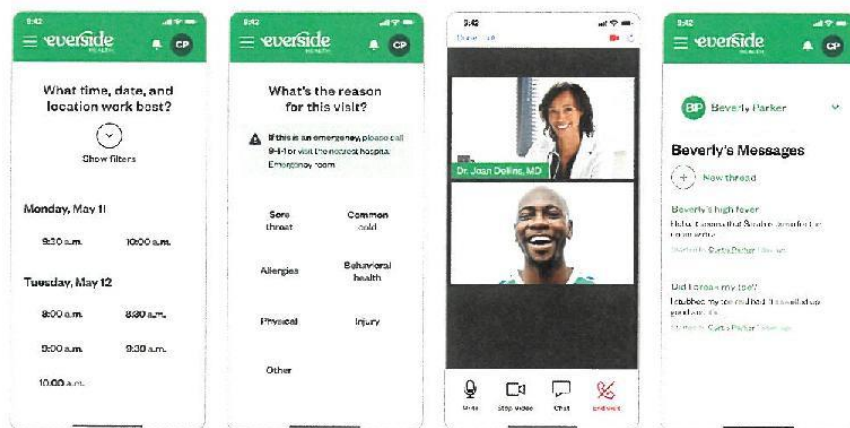


The Everside mobile app and member website is now available to you.

- Easy appointment scheduling
- Chat feature connects you directly with your care team
- Start video visits within the app or browser
- Mobile app available for iOS and Android (or you can use the web)

Set up your account and get started today!

Members can set up a new account by visiting members.eversidehealth.com or by downloading the free app by searching for “Everside Health” on the Apple App Store or Google Play Store



Questions?

866-808-6005 or MemberServices@eversidehealth.com

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everside
HEALTH

Our services

In-person and virtual care (for adults and children)

The following list provides an overview of the broad scope of diagnoses, procedures, and services that may be offered in Everside Health centers (not a complete list). Everside's onsite clinicians make all treatment decisions with the health, well-being, and best interest of the patient as the foremost goal.

| Primary and preventive care | | Labs | |
|---|--|---|--|
| <ul style="list-style-type: none">• Acute illness visits & treatment*• Basic vision screening (color & near vision)• Biometric screening• Blood pressure and vitals screening• Chronic condition management*• Comprehensive personal evaluation including routine check ups*• Coordination with other providers (e.g., specialists, hospitals)* | <ul style="list-style-type: none">• Depression & anxiety*• Fitness & nutrition coaching*• Health risk assessment*• Hearing screening (audiometry)• Lifestyle & risk-reduction coaching*• Pediatric visits*• Sports physicals• Women's health• Routine adult physicals• Pre-op evaluations & clearance | <ul style="list-style-type: none">• Basic Metabolic Panel• Blood draws & sample collection• Cholesterol• Hemoglobin A1C• Pregnancy test• Screening for diabetes• Strep throat test• Urinalysis | |
| Procedures | | Behavioral health | |
| <ul style="list-style-type: none">• Asthma/pulmonary treatments• Basic ENT procedures• Basic wound care• Dermatological procedures including mole removal• Ingrown toenail removal | <ul style="list-style-type: none">• Skin biopsy (lab not included)• Skin cyst removal• Skin tag & wart removal (cryo)• Stitches• Suture/staple removal | <ul style="list-style-type: none">• Addiction assessment & treatment*• Anger management*• Anxiety assessment & treatment*• Cognitive behavioral therapy*• Depression assessment & treatment* | <ul style="list-style-type: none">• Health psychology services*• OCD assessment & treatment*• Trauma treatments (PTSD, domestic violence, etc.)* |
| Immunizations | | Diagnostic testing & vitals | |
| <ul style="list-style-type: none">• Flu vaccine• Hepatitis A series• Hepatitis B series• Hib (haemophilus)• HPV series (human papilloma virus)• Meningococcal• MMR (measles, mumps, rubella) | <ul style="list-style-type: none">• Pneumococcal• Polio• Rotavirus• Td (tetanus, diphtheria)• Tdap (tetanus, diphtheria, pertussis)• Varicella (chicken pox) | <ul style="list-style-type: none">• Blood pressure & vitals• EKG• Peak flow testing• Spirometry | |
| Health portal: Visit members.eversidehealth.com to get access | | | |
| <ul style="list-style-type: none">• Available 24/7• Download your personal health record | <ul style="list-style-type: none">• Email your doctor securely• Make and manage prescriptions from your doctor | <ul style="list-style-type: none">• Manage your membership• Request refills and view prescriptions | |

*Available for virtual appointments. Follow-up in-person care will be coordinated with your provider if needed.

Make an appointment today.
866-808-6005

everside
HEALTH.

Workers Compensation – Reporting Work Injuries

IN CASE OF WORKPLACE INJURY:
ACCION a seguir en caso de un accidente en el trabajo



1-855-602-5266

▶ AVAILABLE 24 HOURS A DAY

- 1▶** Injured worker notifies supervisor.
Empleado lesionado notifica a su supervisor.
- 2▶** Supervisor / Injured worker immediately calls injury hotline.
Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.
- 3▶** Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.
Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
 (NOMBRE DE COMPAÑIA)

SEARCH CODE
 (CÓDIGO DEL BÚSQUEDA)

Greenfield Union
 School District

Q190

Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com



Tips to get the most out of your health plan

1. Choose the right plan for your family
2. Read the information given to you and make sure you understand your plan
3. Ask questions!
4. No charge for annual preventive care (includes physical exams & screenings)
5. Make sure all your doctors are in-network and covered by your plan
6. Get your prescriptions via mail order for cost savings
7. Use hospital emergency rooms only for medical emergencies to avoid additional co-pays
8. Use non-hospital facilities for labs and x-rays to avoid additional co-pays.
9. Use MDLive as your virtual doctor for convenience when possible for a \$0 co-pay

