



# OPEN ENROLLMENT 2019-2020

## Important Dates

- **August 8<sup>th</sup> | Health Fair**  
Please see the back of this flyer for additional information.
- **August 31<sup>st</sup> | Changes Deadline**  
Contact Payroll & Benefits before 8/31 if you wish to make a change.
- **September 30<sup>th</sup> | Rates in Effect**  
The updated rates for 19-20 will be seen on your 9/30 paycheck.
- **October 1<sup>st</sup> | Changes in Effect**  
If you made a change, your new plan will go in to effect on this day.

## Ripon Unified's Health & Wellness Open Enrollment Period Starts Now!

We hope everyone is enjoying their summer. It is that time of year again where you can enroll in health insurance, switch plans, add dependents, and more! This year we are providing you the new rates earlier, so that you can get a jump start if you need to make a change. We know the beginning of the school year can be a busy time for everyone.

Additional plan information, including comparison charts, have been sent to your @riponusd.net email. If you have any questions or wish to make a change, please contact Krista Galvan.

*If you do not want to make a change this year, no action is needed.*

For Changes and Questions, Please Contact Krista Galvan: [kgalvan@riponusd.net](mailto:kgalvan@riponusd.net) | 209-253-1968

8  
AUG

# WELCOME BACK HEALTH FAIR

8:30  
AM

*Abeyta-Hortin Gym*  
**RIPON HIGH SCHOOL**

**Please join us for our annual health fair.  
The Health Fair will run from 8:30 a.m. to 11:00 a.m.  
There will be vendors, raffles, and more!**

- ✓ Pickup Annual Employment Summary Packet
  - ✓ Talk to Health Insurance Vendors
  - ✓ Meet Local Businesses
- ✓ Pickup Miscellaneous Forms (W4 changes, address changes, etc.)



# CVT Health Insurance Rates

Plan Year: October 2019 - September 2020

Full Time Employee (1.0 FTE)

District Paid Contribution/Month  
Employee Family

Medical CAP 572.50 881.50  
Total Annual District Contribution 6,870.00 10,578.00

		Employee	Family	Calculate Your Monthly Cost
<b>ANTHEM PPO-4 RX-B</b>	Premium	\$953.00	\$1,925.00	
\$100/\$200 Deductible	Dist CAP	\$572.50	\$881.50	
\$1,250/\$2,500 Max Out of Pocket	employee cost	\$380.50	\$1,043.50	
<b>ANTHEM WELL-1 RX-C</b>	Premium	\$889.00	\$1,796.00	
\$500/\$1,000 Deductible	Dist CAP	\$572.50	\$881.50	
\$1,750/\$3,500 Max Out of Pocket	employee cost	\$316.50	\$914.50	
<b>ANTHEM PPO-6 RX-B</b>	Premium	\$877.00	\$1,771.00	
\$250/\$500 Deductible	Dist CAP	\$572.50	\$881.50	
\$2,000/\$4,000 Max Out of Pocket	employee cost	\$304.50	\$889.50	
<b>ANTHEM PPO-8 RX-C</b>	Premium	\$784.00	\$1,583.00	
\$500/\$1,000 Deductible	Dist CAP	\$572.50	\$881.50	
\$3,250/\$6,500 Max Out of Pocket	employee cost	\$211.50	\$701.50	
<b>ANTHEM HDHP-1 RX-H1</b>	Premium	\$597.00	\$1,206.00	
\$1,350/\$2,700 Deductible	Dist CAP	\$572.50	\$881.50	
\$4,250/\$8,500 Max Out of Pocket	employee cost	\$24.50	\$324.50	
<b>ANTHEM PPO-10 RX-C</b>	Premium	\$602.00	\$1,216.00	
\$2,000/\$4,000 Deductible	Dist CAP	\$572.50	\$881.50	
\$6,350/\$12,700 Max Out of Pocket	employee cost	\$29.50	\$334.50	
<b>KAISER HMO-3</b>	Premium	\$999.00	\$2,016.00	
\$0 Deductible   \$1,500/\$3,000 MOP	Dist CAP	\$572.50	\$881.50	
\$20 Copay	employee cost	\$426.50	\$1,134.50	
<b>KAISER HMO-4 (w/ Chiro)</b>	Premium	\$987.16	\$1,996.39	
\$0 Deductible   \$1,500/\$3,000 MOP	Dist CAP	\$572.50	\$881.50	
\$30 Copay	employee cost	\$414.66	\$1,114.89	
<b>KAISER 6</b>	Premium	\$988.00	\$1,994.00	
\$0 Deductible   \$1,500/\$3,000 MOP	Dist CAP	\$572.50	\$881.50	
\$25 Copay	employee cost	\$415.50	\$1,112.50	
<b>KAISER 7</b>	Premium	\$946.00	\$1,909.00	
\$0 Deductible   \$1,500/\$3,000 MOP	Dist CAP	\$572.50	\$881.50	
\$35 Copay	employee cost	\$373.50	\$1,027.50	
<b>CVT BRONZE PLAN</b>	Premium	\$495.00	\$1,000.00	
\$5,000/\$10,000 Deductible	Dist CAP	\$572.50	\$881.50	
\$6,350/\$12,700 Max Out of Pocket	employee cost	-\$77.50	\$118.50	
<b>Delta Dental Premier - Incentive Plan</b>	employee cost	\$107.19	\$107.19	
<b>VSP Vision</b>	employee cost	\$23.18	\$23.18	

Total employee selection \$

x 12 mos/ 11 paychecks \$

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

## Ripon Unified SD - CERTIFICATED

October 1, 2019 - September 30, 2020

BENEFIT	PPO 4B	PPO 6B	PPO 8C	PPO 10C
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,250 Family: \$6,500	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 90%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 90%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	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	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 90%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met
<b>Hospital Inpatient</b>	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 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
<b>Home Health Care</b>	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 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO 4B		PPO 6B		PPO 8C		PPO 10C	
<b>Telehealth</b>	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health <sup>(2)</sup> Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health <sup>(2)</sup> Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$30 copay for Behavioral Health <sup>(2)</sup> Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, Behavioral Health <sup>(2)</sup> at 80% after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT.	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)

**PPO Plans:**

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

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

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

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).

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

## Ripon Unified SD - CERTIFICATED

October 1, 2019 - September 30, 2020

BENEFIT	PPO Wellness	HDHP 1	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$1,350 Family: \$2,700 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,750 Family: \$3,500	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150.	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	Paid at 90%* after deductible is met	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialty Physician</b> - Subject to deductible then \$70 copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 90% after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Acupuncture</b>	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
<b>Hospital Emergency Room</b>	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
<b>Urgent Care</b>	\$20 Copay	Paid at 90%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	Paid at 90%* 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 70%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO Wellness		HDHP 1	PPO Bronze	
<b>Telehealth</b>	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - Paid at 90%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical and dermatology conditions and Behavioral Health.	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 90%* after deductible is met	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</b> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

**PPO Plans:**

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

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

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).



# CVT HMO Health Plans with Kaiser Permanente

## Ripon Unified SD - CERTIFICATED

October 1, 2019 - September 30, 2020

BENEFIT	Kaiser 3	Kaiser 4 W / CHIRO	Kaiser 6	Kaiser 7
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	\$0
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$25 Copay <b>Specialty Physician</b> - \$25 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialty Physician</b> - \$35 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Radiology</b>	Radiation Therapy: Paid at 100%* Chemotherapy: \$20 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$30 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$25 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$35 Copay
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Per Trip If Medically Necessary
<b>Physical Therapy</b>	\$20 Copay	\$30 Copay	\$25 Copay	\$35 Copay
<b>Chiropractic</b>	Not Covered	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year - After 12 <sup>th</sup> visit must be pre-certified	Not Covered	Not Covered
<b>Acupuncture</b>	\$20 Copay Referral by Plan Physician	\$30 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician
<b>Outpatient Surgery</b>	\$20 Copay	\$30 Copay	\$25 Copay	\$250 Copay
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	\$250 Copay	\$250 Copay
<b>Hospital Emergency Room</b>	\$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
<b>Urgent Care</b>	\$20 Copay	\$30 Copay	\$25 Copay	\$35 Copay
<b>Home Health Care</b>	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>	For after-hours advice, call <b>1-888-576-6225</b>
<b>Medical Decision Support</b>	N/A	N/A	N/A	N/A
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>



BENEFIT	Kaiser 3		Kaiser 4 W / CHIRO		Kaiser 6		Kaiser 7	
Prescription Drugs	<b>Retail</b>		<b>Retail</b>		<b>Retail</b>		<b>Retail</b>	
	\$10 Generic		\$10 Generic		\$10 Generic		\$10 Generic	
	\$20 Brand (Up to 30	<b>Mail Order</b>	\$20 Brand (Up to 30	<b>Mail Order</b>	\$20 Brand (Up to 30	<b>Mail Order</b>	\$30 Brand	<b>Mail Order</b>
	Day Supply)	\$10 Generic	Day Supply)	\$10 Generic	Day Supply)	\$10 Generic	(Up to 30 Day Supply)	\$10 Generic
	\$20 Generic	\$20 Brand (30 Day	\$20 Generic	\$20 Brand (30 Day	\$20 Generic	\$20 Brand (30 Day	\$20 Generic	\$30 Brand
	\$40 Brand (31-60 Day	Supply)	\$40 Brand (31-60 Day	Supply)	\$40 Brand (31-60 Day	Supply)	\$60 Brand	(30 Day Supply)
	Supply)	\$20 Generic	Supply)	\$20 Generic	Supply)	\$20 Generic	(31-60 Day Supply)	\$20 Generic
	\$30 Generic	\$40 Brand (31-100	\$30 Generic	\$40 Brand (31-100	\$30 Generic	\$40 Brand (31-100	\$30 Generic	\$60 Brand
	\$60 Brand (61-100	Day Supply)	\$60 Brand (61-100	Day Supply)	\$60 Brand (61-100	Day Supply)	\$90 Brand	(31-100 Day Supply)
	Day Supply)		Day Supply)		Day Supply)		(61-100 Day Supply)	

**Kaiser Permanente Plans:**

**\* For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

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

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

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).



**CALIFORNIA'S  
VALUED TRUST**  
Healthcare Benefits for the Education Community

## Ripon Unified School District Certificated

### Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2019 to September 30, 2020

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	\$1,700	\$1,500
<b>Diagnostic &amp; Preventive Services</b> Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Endodontics</b> (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Prosthodontics</b> Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	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](http://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 **mymileway.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.

# Your VSP Vision Benefits Summary

2019-2020

Ripon Unified School District - Certificated



VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"><li>\$150 allowance for a wide selection of frames</li><li>\$170 allowance for featured frame brands</li><li>20% savings on the amount over your allowance</li><li>\$80 Costco® frame allowance</li></ul>	Combined with exam	Every 12 months
Lenses	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Polycarbonate lenses for dependent children</li></ul>	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"><li>Tints/Photochromic adaptive lenses</li><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 35-40% on other lens enhancements</li></ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"><li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every 12 months
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li><li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		
Your Coverage with Out-of-Network Providers			
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP network provider.			
Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$75
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$100
Single Vision Lenses .....	up to \$50	Progressive Lenses .....	up to \$75
		Contacts .....	up to \$105
		Tints .....	up to \$5
Coverage with a participating retail chain may be different. Once your benefit is effective, visit <a href="http://vsp.com">vsp.com</a> for details. 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.			

Contact us. [800.877.7195](tel:800.877.7195) | [vsp.com](http://vsp.com)

<sup>1</sup>Brands/Promotion subject to change.

<sup>2</sup>Blueocean Market Intelligence National Vision Plan Member Research, 2014

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# Protect your vision with VSP.

**Get the best in eye care and eyewear  
with CALIFORNIA'S VALUED TRUST -  
Plan C, \$10.00 copay and VSP® Vision Care.**



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

## You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

## Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit [vsp.com](http://vsp.com) to find a Premier Program location who carries these brands.

See why we're consumers' #1  
choice in vision care².

Contact us. 800.877.7195  
[vsp.com](http://vsp.com)