KINGS CANYON UNIFIED SCHOOL DISTRICT
EDUCATIONAL SUPPORT CENTER

BUSINESS SERVICES CONTACT INFORMATION:
(559) 305-7021
insurance@kcusd.com

2022-2023
CLASSIFIED RATES
EFFECTIVE 10/1/2022-9/30/2023

	PPO Plans						HMO Plans					
Plan Options	**Plan 1A**	**Plan 3B**	**Plan 4A**	**Plan 9A**	**Wellness**	**Bronze**	**Kaiser 1**	**Kaiser 5**	**Kaiser 7**	**Kaiser 8**	**Kaiser Wellness**	**Blue Shield HMO B**
Blue Cross or Kaiser	$1,568.00	$1,443.00	$1,398.00	$1,056.00	$1,294.00	$729.00	$1,767.00	$1,543.00	$1,419.00	$1,291.00	$1,444.00	$2,107.00
Delta Dental Incentive	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25	$133.25
Vision Service Plan	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08
Met Life	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30
Total Monthly Plan Cost	$1,728.63	$1,603.63	$1,558.63	$1,216.63	$1,454.63	$889.63	$1,927.63	$1,703.63	$1,579.63	$1,451.63	$1,604.63	$2,267.63
Total Annual Plan Cost	$20,743.56	$19,243.56	$18,703.56	$14,599.56	$17,455.56	$10,675.56	$23,131.56	$20,443.56	$18,955.56	$17,419.56	$19,255.56	$27,211.56
10 Month Cost	**$2,074.36**	**$1,924.36**	**$1,870.36**	**$1,459.96**	**$1,745.56**	**$1,067.56**	**$2,313.16**	**$2,044.36**	**$1,895.56**	**$1,741.96**	**$1,925.56**	**$2,721.16**
District Contribution*	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98
Employee Monthly Cost (exclude July & August)	**$571.38**	**$421.38**	**$367.38**	**$0.00**	**$242.58**	**$0.00**	**$810.18**	**$541.38**	**$392.58**	**$238.98**	**$422.58**	**$1,218.18**

*KCUSD annual district contribution is: $15,029.81

**October 2022 -September 2023 excludes July and August

Reminder: Please remember to contact payroll for all qualifying events including newly eligible dependents.

Also, if you want to change to a **Kaiser plan**, you must fill out a **SEPARATE APPLICATION**.

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2022-2023
CLASSIFIED RATES
EFFECTIVE 10/1/2022-9/30/2023

	PPO Plans						HMO Plans					
Plan Options	**Plan 1A**	**Plan 3B**	**Plan 4A**	**Plan 9A**	**Wellness**	**Bronze**	**Kaiser 1**	**Kaiser 5**	**Kaiser 7**	**Kaiser 8**	**Kaiser Wellness**	**Blue Shield HMO**
Blue Cross or Kaiser	$1,568.00	$1,443.00	$1,398.00	$1,056.00	$1,294.00	$729.00	$1,767.00	$1,543.00	$1,419.00	$1,291.00	$1,444.00	$2,107.00
Delta Dental Limited	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17	$77.17
Vision Service Plan	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08	$22.08
Met Life	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30	$5.30
Total Monthly Plan Cost	$1,672.55	$1,547.55	$1,502.55	$1,160.55	$1,398.55	$833.55	$1,871.55	$1,647.55	$1,523.55	$1,395.55	$1,548.55	$2,211.55
Total Annual Plan Cost	$20,070.60	$18,570.60	$18,030.60	$13,926.60	$16,782.60	$10,002.60	$22,458.60	$19,770.60	$18,282.60	$16,746.60	$18,582.60	$26,538.60
10 Month Cost	**$2,007.06**	**$1,857.06**	**$1,803.06**	**$1,392.66**	**$1,678.26**	**$1,000.26**	**$2,245.86**	**$1,977.06**	**$1,828.26**	**$1,674.66**	**$1,858.26**	**$2,653.86**
District Contribution*	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98	-$1,502.98
Employee Monthly Cost (exclude July & August)	**$504.08**	**$354.08**	**$300.08**	**$0.00**	**$175.28**	**$0.00**	**$742.88**	**$474.08**	**$325.28**	**$171.68**	**$355.28**	**$1,150.88**

*KCUSD annual district contribution is: $15,029.81
**October 2022 -September 2023 excludes July and August

Reminder: Please remember to contact payroll for all qualifying events including newly eligible dependents.

Also, if you want to change to a **Kaiser plan**, you must fill out a **SEPARATE APPLICATION**.

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

Kings Canyon Joint Unified SD - CERTIFICATED, CLASSIFIED

October 1, 2022 - September 30, 2023

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx A	PPO 9, Rx D
Calendar Year Deductible	$0	Individual: $100 Family: $200	Individual: $100 Family: $200	Individual: $1,000 Family: $2,000
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)(2)	Individual: $1,250(2) Family: $2,500(2)	Individual: $1,250(2) Family: $2,500(2)	Individual: $1,250(2) Family: $2,500(2)	Individual: $5,000(2) Family: $10,000(2)
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialty Physician** - $10 Copay	**Primary Care Physician** - $20 Copay **Specialty Physician** - $20 Copay	**Primary Care Physician** - $20 Copay **Specialty Physician** - $20 Copay	**Primary Care Physician** - $35 Copay **Specialty Physician** - $35 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 100%* **Hospital** - $50 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 80%*
Outpatient Radiology	**Non-Hospital** - Paid at 100%* **Hospital** - $75 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	**Non-Hospital** - Paid at 100%* **Hospital** - $250 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$100 Emergent Copay;** **$175 Non-Emergent Copay** (Copay waived if admitted as inpatient) After copay, paid at 100%*	**$100 Emergent Copay;** **$175 Non-Emergent Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	**$100 Emergent Copay;** **$175 Non-Emergent Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	**$100 Emergent Copay;** **$175 Non-Emergent Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$10 Copay	$20 Copay	$20 Copay	$35 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO 1, Rx A		PPO 3, Rx A		PPO 4, Rx A		PPO 9, Rx D	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.[2] Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.[2] Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.[2] Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.[2] Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	
Medical Decision Support	Consumer Medical - Your Medical Ally **Call 1-888-361-3944** or visit **myconsumermedical.com** for expert medical guidance		Consumer Medical - Your Medical Ally **Call 1-888-361-3944** or visit **myconsumermedical.com** for expert medical guidance		Consumer Medical - Your Medical Ally **Call 1-888-361-3944** or visit **myconsumermedical.com** for expert medical guidance		Consumer Medical - Your Medical Ally **Call 1-888-361-3944** or visit **myconsumermedical.com** for expert medical guidance	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	
Prescription Drugs	**Retail**[4] $5 Generic $22 Brand (30-Day Supply)	**Mail Order**[4] $10 Generic $44 Brand (90-Day Supply)	**Retail**[4] $5 Generic $22 Brand (30-Day Supply)	**Mail Order**[4] $10 Generic $44 Brand (90-Day Supply)	**Retail**[4] $5 Generic $22 Brand (30-Day Supply)	**Mail Order**[4] $10 Generic $44 Brand (90-Day Supply)	**Retail**[4] $10 Generic $40 Pref $100 Non-Pref (30-Day Supply) ($150 Brand Deductible)	**Mail Order**[4] $25 Generic $100 Pref $250 Non-Pref (90-Day Supply) ($150 Brand Deductible)

PPO Plans:

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

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

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

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

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

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

Kings Canyon Joint Unified SD - CERTIFICATED, CLASSIFIED

October 1, 2022 - September 30, 2023

BENEFIT	PPO Wellness, Rx C	PPO Bronze
Calendar Year Deductible	Individual: $500 Family: $1,000	Individual: $5,000 Family: $10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)[2]	Individual: $1,750 Family: $3,500	Individual: $6,350 Family: $12,700
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialty Physician** - $40 Copay	**Primary Care Physician** - First 3 visits covered in full after $60 copay per visit; Remaining visits - Paid at 70%* after deductible is met **Specialty Physician** - Subject to deductible then $70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	Paid at 70%* after deductible is met
Outpatient Radiology	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*[1] after deductible is met (Copay, if applicable.)	Paid at 70%*[1] after deductible is met
Chiropractic	Paid at 90%*[1] after deductible is met (Copay, if applicable.)	Paid at 70%*[1] after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$100 Emergent Copay;** **$175 Non-Emergent Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	Subject to Deductible, then $250 Copay (copay waived if admitted as in-patient)
Urgent Care	$20 Copay	Subject to deductible, then $120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**
Medical Decision Support	Consumer Medical - Your Medical Ally **Call 1-888-361-3944** or visit **myconsumermedical.com** for expert medical guidance	Consumer Medical - Your Medical Ally **Call 1-888-361-3944** or visit **myconsumermedical.com** for expert medical guidance
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]

BENEFIT	PPO Wellness, Rx C		PPO Bronze	
	Retail[4]	**Mail Order**[4]	**Retail**	**Mail Order**
Prescription Drugs	$7 Generic $25 Pref $40 Non-Pref (30-Day Supply)	$15 Generic $60 Pref $80 Non-Pref (90-Day Supply)	Subject to deductible, then $25 Generic Copay $50 Brand Copay (30-Day Supply)	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 and Consumer Medical visits are excluded (2) Pharmacy copayments cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

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

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CVT HMO Health Plans with Kaiser Permanente

Kings Canyon Joint Unified SD - CLASSIFIED

October 1, 2022 - September 30, 2023

BENEFIT	HMO 1	HMO 5	HMO 7	HMO 8	HMO Wellness
Calendar Year Deductible	$0	$0	$0	Individual: $1,000 Family: $2,000	$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)[(2)]	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $3,000 Family: $6,000	Individual: $1,500 Family: $3,000
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialty Physician** - $10 Copay	**Primary Care Physician** - $35 Copay **Specialty Physician** - $35 Copay	**Primary Care Physician** - $35 Copay **Specialty Physician** - $35 Copay	**Primary Care Physician** - $20 Copay **Specialty Physician** - $20 Copay No Deductible	**Primary Care Physician** - $20 Copay **Specialty Physician** - $40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	$10 Copay, No Deductible	$10 Copay
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	**Preventive X-rays, screenings, lab tests:** Paid at 100%*, No deductible **MRI, most CT, and PET scans:** Paid at 80%* up to max $50 per procedure, No Deductible	Most services paid at 100%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 80%*, No deductible	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	$100 Per Trip If Medically Necessary	$150 Per Trip If Medically Necessary No deductible	$100 Copay If Medically Necessary
Physical Therapy	$10 Copay	$35 Copay	$35 Copay	$20 Copay No Deductible	$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	$10 Copay Referral by Plan Physician	$35 Copay Referral by Plan Physician	$35 Copay Referral by Plan Physician	$20 Copay, No Deductible Referral by Plan Physician	$40 Copay Referral by Plan Physician
Outpatient Surgery	$10 Copay	$35 Copay	$250 Copay	Paid at 80%* after deductible is met	$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	$250 Copay	Paid at 80%* after deductible is met	$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	$100 Copay Copay waived if admitted as in-patient	$100 Copay Copay waived if admitted as in-patient	$100 Copay Copay waived if admitted as in-patient	Paid at 80%* after deductible is met	$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	$10 Copay	$35 Copay	$35 Copay	$20 Copay	$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (Limits)	Paid at 100%* (Limits)
Telehealth	For after-hours advice, call **1-888-576-6225**	For after-hours advice, call **1-888-576-6225**	For after-hours advice, call **1-888-576-6225**	For after-hours advice, call **1-888-576-6225**	For after-hours advice, call **1-888-576-6225**
Medical Decision Support	N/A	N/A	N/A	N/A	N/A

BENEFIT	HMO 1		HMO 5		HMO 7		HMO 8		HMO Wellness	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]		Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	
Prescription Drugs	**Retail** $5 Generic $10 Brand (Up to 30 Day Supply) $10 Generic $20 Brand (31-60 Day Supply) $15 Generic $30 Brand (61-100 Day Supply)	**Mail Order** $5 Generic $10 Brand (30 Day Supply) $10 Generic $20 Brand (31-100 Day Supply)	**Retail** $10 Generic $20 Brand (Up to 30 Day Supply) $20 Generic $40 Brand (31-60 Day Supply) $30 Generic $60 Brand (61-100 Day Supply)	**Mail Order** $10 Generic $20 Brand (30 Day Supply) $20 Generic $40 Brand (31-100 Day Supply)	**Retail** $10 Generic $30 Brand (Up to 30 Day Supply) $20 Generic $60 Brand (31-60 Day Supply) $30 Generic $90 Brand (61-100 Day Supply)	**Mail Order** $10 Generic $30 Brand (30 Day Supply) $20 Generic $60 Brand (31-100 Day Supply)	**Retail** $10 Generic $30 Brand (Up to 30 Day Supply) $20 Generic $60 Brand (31-60 Day Supply) $30 Generic $90 Brand (61-100 Day Supply)	**Mail Order** $10 Generic $30 Brand (30 Day Supply) $20 Generic $60 Brand (31-100 Day Supply)	**Retail** $10 Generic $25 Brand (30-day supply)$20 Generic $50 Brand (31-60 day supply) $30 Generic $75 Brand (61-100 day supply)	**Mail Order** $10 Generic $25 Brand (up to 30 day supply) $20 Generic $50 Brand (31 - 100 day supply)

Kaiser Permanente Plans:

*** For Covered Expenses Only**

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

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

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

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

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

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

CVT HMO Health Plans with Blue Shield of California and CVS/caremark

Kings Canyon Joint Unified SD - CLASSIFIED

October 1, 2022 - September 30, 2023

BENEFIT	HMO 1, Rx B	
Calendar Year Deductible	$0	
Coinsurance	Paid at 100%*	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)[2]	Individual: $1,000 Family: $2,000	
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialty Physician** - $10 Copay with PCP referral; $30 Copay Access+ Specialist option[7]	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Laboratory	Paid at 100%*	
Outpatient Radiology	Doctor Visit - $10 Copay Outpatient - Paid in full	
Durable Medical Equipment	Paid at 100%*	
Ambulance - Ground / Air	$100 Copay	
Physical Therapy	$10 Per Visit	
Chiropractic	$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required)[6]	
Acupuncture	Not Covered	
Outpatient Surgery	Paid at 100%*	
Hospital Inpatient	Physician paid at 100%* Inpatient facility services - Paid at 100%* Skilled Nursing - Paid at 100%* Semi-private room	
Hospital Emergency Room	$100 Copay (Copay waived if admitted as in-patient)	
Urgent Care	$10 Copay	
Home Health Care	$10 Per Visit (limited to 100 visits per calendar year)	
Telehealth	Paid at 100% for non-emergency care, call **Teladoc** 24/7 at **(800) 835-2362**	
Medical Decision Support	N/A	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	
Prescription Drugs	**Retail**[4] $7 Generic $15 Preferred $30 Non-Preferred (30-Day Supply)	**Mail Order**[4] $15 Generic $35 Preferred $70 Non-Preferred (90-Day Supply)

Blue Shield HMO Plans:

*** For Covered Expenses Only**

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be $0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications for prescription plans A, B, C (Includes Wellness), D, ValuRx, and the Bronze Plan.

(6) Chiropractic benefits are offered through ASH.

(7) To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

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

California's Valued Trust
Healthcare Benefits for the Education Community

Kings Canyon Joint Unified
Classified

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2022 to September 30, 2023

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	Unlimited	Unlimited
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants : $2000 Annual Max	Paid at: 60% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: $1,250 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * ($1,000 maximum per enrollee each calendar year)	Paid at: 100% * ($1,000 maximum per enrollee each calendar year)

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

** See back for additional details

What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

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

How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%

Percentage paid for certain benefits
as long as you visit the dentist each year.

What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information.
Also available in Spanish: **es.deltadentalins.com**.

Create a free Online Services account at **deltadentalins.com** to:

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

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

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

California's Valued Trust
Healthcare Benefits for the Education Community

Kings Canyon Joint Unified
Classified

Delta Dental PPO 70/30 Plan Summary of Benefits
Effective October 1, 2022 to September 30, 2023

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	$25 per person / $75 per family per calendar year
Calendar Year Maximum Benefit	$2,000	$2,000
Diagnostic & Preventive Services Oral Examinations: 2 Annual Cleanings: 3 X-rays	Paid at: 100% *	Paid at: 70% *
Basic Services Fillings Posterior Composite Restorations Sealants Nitrous Oxide	Paid at: 80% *	Paid at: 60% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Endodontics (root canals)	Paid at: 80% *	Paid at: 60% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 60% *	Paid at: 50% *
Prosthodontics Bridges Dentures Implants	Paid at: 70% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * ($1,000 maximum per enrollee each calendar year)	Paid at: 100% * ($1,000 maximum per enrollee each calendar year)

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** See back for additional details

What are my Delta Dental network options?

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Most potential savings with Delta Dental PPO dentists	***Some savings with Delta Dental Premier dentists***	***No savings with non-Delta Dental dentists***
➢ Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment. ➢ You'll usually pay less when you visit a Delta Dental PPO dentist. ➢ When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.	➢ Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees. ➢ Premier dentists will not bill you above their contracted fees, so you still receive some cost protections not available with a non-Delta Dental dentist.	➢ Non-Delta Dental dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. ➢ You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

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- View or print your ID card
- Check average dental costs in your area

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

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

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CALIFORNIA'S VALUED TRUST - PLAN C $10.00 COPAY AND VSP.

VSP Vision Care | California's Valued Trust
Healthcare Benefits for the Education Community

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

PREMIER PROGRAM With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY!

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

GET YOUR PERFECT PAIR

EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON LACOSTE NINE WEST

SEE MORE BRANDS AT **VSP.COM/OFFERS**.

+ UP TO **40%** SAVINGS ON LENS ENHANCEMENTS

EXCLUSIVE MEMBER EXTRAS

Enroll today.

Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY
2022-2023
Kings Canyon Joint Unified - Classified

California's Valued Trust
Healthcare Benefits for the Education Community

VSP Vision care for life

PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10.00 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	• $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 Costco® frame allowance	Combined with exam	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Tints/Photochromic adaptive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	$0 $0 $80 - $90 $120 - $160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every 12 months
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.