



**KINGS CANYON UNIFIED SCHOOL DISTRICT  
EDUCATIONAL SUPPORT CENTER**

**PAYROLL CONTACT INFORMATION:**  
(559) 305-7020  
payroll@kcusd.com

**2021-2022  
CLASSIFIED RATES  
EFFECTIVE 10/1/2021-9/30/2022**

Plan Options	PPO Plans						HMO Plans					
	Plan 1	Plan 3	Plan 4	Plan 9	Wellness	Bronze	Kaiser 1	Kaiser 5	Kaiser 7	Kaiser 8	Kaiser Wellness	Blue Shield HMO
Blue Cross or Kaiser	\$1,552.00	\$1,428.00	\$1,385.00	\$1,049.00	\$1,282.00	\$723.00	\$1,683.00	\$1,470.00	\$1,351.00	\$1,230.00	\$1,376.00	\$1,990.00
Delta Dental Limited	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24	\$81.24
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	\$1,660.62	\$1,536.62	\$1,493.62	\$1,157.62	\$1,390.62	\$831.62	\$1,791.62	\$1,578.62	\$1,459.62	\$1,338.62	\$1,484.62	\$2,098.62
Total Annual Plan Cost	\$19,927.44	\$18,439.44	\$17,923.44	\$13,891.44	\$16,687.44	\$9,979.44	\$21,499.44	\$18,943.44	\$17,515.44	\$16,063.44	\$17,815.44	\$25,183.44
10 Month Cost	\$1,992.74	\$1,843.94	\$1,792.34	\$1,389.14	\$1,668.74	\$997.94	\$2,149.94	\$1,894.34	\$1,751.54	\$1,606.34	\$1,781.54	\$2,518.34
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
<b>Employee 10 Month Cost**</b>	<b>\$489.76</b>	<b>\$340.96</b>	<b>\$289.36</b>	<b>\$0.00</b>	<b>\$165.76</b>	<b>\$0.00</b>	<b>\$646.96</b>	<b>\$391.36</b>	<b>\$248.56</b>	<b>\$103.36</b>	<b>\$278.56</b>	<b>\$1,015.36</b>

\*KCUSD annual district contribution is: \$15,029.81

\*\*October 2021 -September 2022 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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CLASSIFIED RATES  
EFFECTIVE 10/1/2021-9/30/2022**

Plan Options	PPO Plans						HMO Plans					
	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	\$1,552.00	\$1,428.00	\$1,385.00	\$1,049.00	\$1,282.00	\$723.00	\$1,683.00	\$1,470.00	\$1,351.00	\$1,230.00	\$1,376.00	\$1,990.00
Delta Dental Incentive	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27	\$140.27
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	\$1,719.65	\$1,595.65	\$1,552.65	\$1,216.65	\$1,449.65	\$890.65	\$1,850.65	\$1,637.65	\$1,518.65	\$1,397.65	\$1,543.65	\$2,157.65
Total Annual Plan Cost	\$20,635.80	\$19,147.80	\$18,631.80	\$14,599.80	\$17,395.80	\$10,687.80	\$22,207.80	\$19,651.80	\$18,223.80	\$16,771.80	\$18,523.80	\$25,891.80
10 Month Cost	\$2,063.58	\$1,914.78	\$1,863.18	\$1,459.98	\$1,739.58	\$1,068.78	\$2,220.78	\$1,965.18	\$1,822.38	\$1,677.18	\$1,852.38	\$2,589.18
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
<b>Employee 10 Month Cost**</b>	<b>\$560.60</b>	<b>\$411.80</b>	<b>\$360.20</b>	<b>\$0.00</b>	<b>\$236.60</b>	<b>\$0.00</b>	<b>\$717.80</b>	<b>\$462.20</b>	<b>\$319.40</b>	<b>\$174.20</b>	<b>\$349.40</b>	<b>\$1,086.20</b>

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\*\*October 2021 -September 2022 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 - CLASSIFIED**

**October 1, 2021 - September 30, 2022**

BENEFIT	PPO 1A	PPO 3B	PPO 4A	PPO 9A
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$1,000 Family: \$2,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* 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: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$5,000 Family: \$10,000
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay	<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> - \$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>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$50 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$75 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	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.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	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.)
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$250 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*
<b>Hospital Inpatient</b>	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
<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 100%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
<b>Urgent Care</b>	\$10 Copay	\$20 Copay	\$20 Copay	\$35 Copay
<b>Home Health Care</b>	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 1A		PPO 3B		PPO 4A		PPO 9A	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> 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 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)

**PPO Plans:**

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

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

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

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

(4) 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

## Kings Canyon Joint Unified SD - CLASSIFIED

October 1, 2021 - September 30, 2022

BENEFIT	PPO Wellness	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	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: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	<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%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	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> - After deductible is met, \$75 copay then paid at 90%*	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	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 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	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 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 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> - After deductible is met, \$250 copay then paid at 90%*	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 70%* 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 deductible is met, copay then paid at 90%*	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
<b>Urgent Care</b>	\$20 Copay	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 70%* after deductible is met; Limited to 100 visits per calendar year
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>
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BENEFIT	PPO Wellness		PPO Bronze	
Prescription Drugs	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>
	\$7 Generic	\$15 Generic	Subject to deductible, then	Subject to deductible, then
	\$25 Pref	\$60 Pref	\$25 Generic Copay	\$50 Generic Copay
	\$40 Non-Pref (30-Day Supply)	\$90 Non-Pref (90-Day Supply)	\$50 Brand Copay (30-Day Supply)	\$100 Brand Copay (90-Day Supply)

**PPO Plans:**

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(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, 2021 - September 30, 2022**

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 7	Kaiser 8	Kaiser Wellness
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	Individual: \$1,000 Family: \$2,000	\$0
<b>Coinsurance</b>	Paid at 100%*	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: \$3,000 Family: \$6,000	Individual: \$1,500 Family: \$3,000
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialty Physician</b> - \$35 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialty Physician</b> - \$35 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay No Deductible	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*
<b>Outpatient Laboratory</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay, No Deductible	\$10 Copay
<b>Outpatient Radiology</b>	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$35 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$35 Copay	Radiation Therapy: Paid at 100%*, after deductible is met Chemotherapy: Paid at 100%*, No deductible	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 80%*, No deductible	Paid at 100%*
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	\$10 Copay	\$35 Copay	\$35 Copay	\$20 Copay No Deductible	\$20 Copay
<b>Chiropractic</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Acupuncture</b>	\$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
<b>Outpatient Surgery</b>	\$10 Copay	\$35 Copay	\$250 Copay	Paid at 80%* after deductible is met	\$500 Per Procedure
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	\$250 Copay	Paid at 80%* after deductible is met	\$500 Copay Per Admission Unlimited days, semi-private room
<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	Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient)
<b>Urgent Care</b>	\$10 Copay	\$35 Copay	\$35 Copay	\$20 Copay	\$20 Copay
<b>Home Health Care</b>	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (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>	For after-hours advice, call <b>1-888-576-6225</b>
<b>Medical Decision Support</b>	N/A	N/A	N/A	N/A	N/A

BENEFIT	Kaiser 1		Kaiser 5		Kaiser 7		Kaiser 8		Kaiser Wellness	
<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 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> \$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)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$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)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	<b>Retail</b> \$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)	<b>Mail Order</b> \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	<b>Retail</b> \$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)	<b>Mail Order</b> \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	<b>Mail Order</b> \$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](http://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, 2021 - September 30, 2022**

<b>BENEFIT</b>	<b>HMO 1B</b>	
<b>Calendar Year Deductible</b>	\$0	
<b>Coinsurance</b>	Paid at 100%*	
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,000 Family: \$2,000	
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay with PCP referral; \$30 Copay Access+ Specialist option <sup>(7)</sup>	
<b>Preventive Care / Immunizations</b>	Paid at 100%*	
<b>Outpatient Laboratory</b>	Paid at 100%*	
<b>Outpatient Radiology</b>	Doctor Visit - \$10 Copay Outpatient - Paid in full	
<b>Durable Medical Equipment</b>	Paid at 100%*	
<b>Ambulance - Ground / Air</b>	\$100 Copay	
<b>Physical Therapy</b>	\$10 Per Visit	
<b>Chiropractic</b>	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) <sup>(6)</sup>	
<b>Acupuncture</b>	Not Covered	
<b>Outpatient Surgery</b>	Paid at 100%*	
<b>Hospital Inpatient</b>	Physician paid at 100%* Inpatient facility services - Paid at 100%* Skilled Nursing - Paid at 100%* Semi-private room	
<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as in-patient)	
<b>Urgent Care</b>	\$10 Copay	
<b>Home Health Care</b>	\$10 Per Visit (limited to 100 visits per calendar year)	
<b>Telehealth</b>	Paid at 100% for non-emergency care, call <b>Teladoc</b> 24/7 at <b>(800) 835-2362</b>	
<b>Medical Decision Support</b>	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>	
<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)

**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.cvrtrust.org/plan-documents](http://www.cvrtrust.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, 2021 to September 30, 2022

<b>Benefits and Covered Services*</b>	<b>PPO Network **</b>	<b>Premier Network and Out of Network **</b>
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	Unlimited	Unlimited
<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 : \$2000 Annual Max	Paid at: 60% *	Paid at: 50% *
<b>Orthodontic Benefits</b> Adults & Dependent Children Lifetime Maximum: \$1,250 12 Month Wait: No	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 **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, 2021 to September 30, 2022

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

<b><i>Most potential savings with Delta Dental PPO dentists</i></b>	<b><i>Some savings with Delta Dental Premier dentists</i></b>	<b><i>No savings with non-Delta Dental dentists</i></b>
<ul style="list-style-type: none"><li>➤ Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment.</li><li>➤ You'll usually pay less when you visit a Delta Dental PPO dentist.</li><li>➤ When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.</li></ul>	<ul style="list-style-type: none"><li>➤ Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees.</li><li>➤ 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.</li></ul>	<ul style="list-style-type: none"><li>➤ 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.</li><li>➤ You are responsible for the difference between what Delta Dental pays and the dentist's fee.</li></ul>

## 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.



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.



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](http://vsp.com/offers).

UP  
TO **40%**

SAVINGS ON LENS  
ENHANCEMENTS



**Enroll today.**

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

# YOUR VSP VISION BENEFITS SUMMARY 2021-2022

Kings Canyon Joint Unified - Classified

PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10.00 for exam and glasses	Every 12 months
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME</b>	<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
<b>LENSES</b>	<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
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Photochromic adaptive 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
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<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
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</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> <p><b>Retinal Screening</b></p> <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> <p><b>Laser Vision Correction</b></p> <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

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](http://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.

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