

Spreckels Union School District
California's Valued Trust (CVT)
 Certificated Health and Welfare
 2022-23 Adopted Rates

Oct 1, 2022- Sep 30, 2023 (12 month rates - ALL PLAN OPTIONS)

	2022-23	2021-22	10/01/22-09/30/23	10/01/22-09/30/23
Coverage Level	CVT PREMIUM Medical (per month)	DISTRICT CONTRIBUTION Medical 2021-22 "cap"	EMPLOYEE CONTRIBUTION (12 month rate)	ESTIMATED EMPLOYEE CONTRIBUTION (for 11 months)

PPO-1, RX-A

Employee Only	\$ 903.00	\$ 562.75	\$ 340.25	\$ 371.18
Employee plus One	\$ 1,897.00	\$ 1,076.25	\$ 820.75	\$ 895.36
Employee plus Children	\$ 1,715.00	\$ 1,023.83	\$ 691.17	\$ 754.00
Family	\$ 2,889.00	\$ 1,381.83	\$ 1,507.17	\$ 1,644.19

PPO-3, RX-B

Employee Only	\$ 830.00	\$ 562.75	\$ 267.25	\$ 291.55
Employee plus One	\$ 1,743.00	\$ 1,076.25	\$ 666.75	\$ 727.36
Employee plus Children	\$ 1,576.00	\$ 1,023.83	\$ 552.17	\$ 602.37
Family	\$ 2,655.00	\$ 1,381.83	\$ 1,273.17	\$ 1,388.91

PPO-4, RX-B

Employee Only	\$ 797.00	\$ 562.75	\$ 234.25	\$ 255.55
Employee plus One	\$ 1,674.00	\$ 1,076.25	\$ 597.75	\$ 652.09
Employee plus Children	\$ 1,516.00	\$ 1,023.83	\$ 492.17	\$ 536.91
Family	\$ 2,553.00	\$ 1,381.83	\$ 1,171.17	\$ 1,277.64

PPO-6, RX-B

Employee Only	\$ 734.00	\$ 562.75	\$ 171.25	\$ 186.82
Employee plus One	\$ 1,542.00	\$ 1,076.25	\$ 465.75	\$ 508.09
Employee plus Children	\$ 1,395.00	\$ 1,023.83	\$ 371.17	\$ 404.91
Family	\$ 2,350.00	\$ 1,381.83	\$ 968.17	\$ 1,056.19

PPO-8, RX-B

Employee Only	\$ 664.00	\$ 562.75	\$ 101.25	\$ 110.45
Employee plus One	\$ 1,394.00	\$ 1,076.25	\$ 317.75	\$ 346.64
Employee plus Children	\$ 1,261.00	\$ 1,023.83	\$ 237.17	\$ 258.73
Family	\$ 2,125.00	\$ 1,381.83	\$ 743.17	\$ 810.73

PPO-9, RX-B

Employee Only	\$ 593.00	\$ 562.75	\$ 30.25	\$ 33.00
Employee plus One	\$ 1,244.00	\$ 1,076.25	\$ 167.75	\$ 183.00
Employee plus Children	\$ 1,126.00	\$ 1,023.83	\$ 102.17	\$ 111.46
Family	\$ 1,897.00	\$ 1,381.83	\$ 515.17	\$ 562.00

High Deductible Plan 1

Employee Only	\$ 500.00	\$ 562.75	\$ (62.75)	\$ -
Employee plus One	\$ 1,049.00	\$ 1,076.25	\$ (27.25)	\$ -
Employee plus Children	\$ 950.00	\$ 1,023.83	\$ (73.83)	\$ -
Family	\$ 1,600.00	\$ 1,381.83	\$ 218.17	\$ 238.00

Spreckels Union School District
California's Valued Trust (CVT)
 Certificated Health and Welfare: Dental and Vision
 2022-23 Adopted Rates

12 month rates - ALL PLAN OPTIONS

	2022-23	2011-12	10/1/22-9/30/23	10/1/22-9/30/23
Coverage Level	CVT PREMIUM Dental (per month)	DISTRICT CONTRIBUTION Dental "cap"	EMPLOYEE CONTRIBUTION (12 month rate)	ESTIMATED EMPLOYEE CONTRIBUTION (for 11 months)

Low Dental

Employee Only	\$ 57.85	\$ 55.21	\$ 2.64	\$ 2.88
Employee plus One	\$ 104.79	\$ 99.96	\$ 4.83	\$ 5.27
Family	\$ 150.64	\$ 143.71	\$ 6.93	\$ 7.56

	2022-23	2011-12	10/1/22-9/30/23	10/1/22-9/30/23
Coverage Level	CVT PREMIUM Vision (per month)	DISTRICT CONTRIBUTION Vision "cap"	EMPLOYEE CONTRIBUTION (12 month rate)	ESTIMATED EMPLOYEE CONTRIBUTION (for 11 months)

Vision A

Employee Only	\$ 7.39	\$ 7.86	\$ -	\$ -
Employee plus One	\$ 13.73	\$ 14.89	\$ -	\$ -
Family	\$ 21.14	\$ 23.20	\$ -	\$ -

CVT PPO Health Plans with Blue Shield of California, PhysMetrics and CVS/caremark

Spreckels Union SD - CERTIFICATED

October 1, 2022 - September 30, 2023

BENEFIT	PPO 1, Rx A	PPO 3, Rx B	PPO 4, Rx B	PPO 6, Rx B	PPO 8, Rx B	PPO 9, Rx B
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	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	Paid at 80%* 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: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$6,500 ⁽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 - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 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%*	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%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	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%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	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	Paid at 80%* 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	Paid at 80%* 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.)	Paid at 80%*(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.)	Paid at 80%*(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	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
EE ONLY	\$903.00	\$830.00	\$797.00	\$734.00	\$664.00	\$593.00
EE + 1	\$1,897.00	\$1743.00	\$1,674.00	\$1,542.00	\$1,394.00	\$1,244.00
CHILDREN	\$1,715.00	\$1,576.00	\$1,516.00	\$1,395.00	\$1,261.00	\$1,126.00
FAMILY	\$2,889.00	\$2,655.00	\$2,553.00	\$2,350.00	\$2,125.00	\$1,897.00

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

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

CVT PPO Health Plans with Blue Shield of California, PhysMetrics and CVS/caremark

Spreckels Union SD - CERTIFICATED

October 1, 2022 - September 30, 2023

EE ONLY	\$500.00
EE+1	\$1,049.00
EE + CHILDREN	\$950.00
FAMILY	\$1,600.00

BENEFIT	PPO HDHP 1
Calendar Year Deductible	Individual: \$1,400 Family: \$2,800 (No individual limit applies to family)
Coinsurance	Paid at 90%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.
Doctor Visits	Paid at 90%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*
Outpatient Laboratory	Paid at 90%* after deductible is met
Outpatient Radiology	Paid at 90%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met
Acupuncture	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 90%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	Paid at 90%* after deductible is met
Urgent Care	Paid at 90%* after deductible is met
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* after deductible is met 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
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	Paid at 90%* after deductible is met

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.

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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

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

**Spreckels Union SD
Certificated**

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	\$2,200	\$2,000
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	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.

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CALIFORNIA'S VALUED TRUST - PLAN A \$10 COPAY AND VSP.



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. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to eyeconic.com® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

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

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SEE MORE BRANDS AT VSP.COM/OFFERS.

UP
TO **40%**

SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

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

YOUR VSP VISION BENEFITS SUMMARY

2022-2023

Spreckels Union SD - Certificated

PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®, Costco® frame allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 24 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 24 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 24 months
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> 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. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

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. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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.

Classification: Restricted

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MyCVT Online Member Enrollment

Quick steps to apply for insurance coverage

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

Before you can enroll online, you must first create your account.

Getting started

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

Creating your account

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

New member enrollment

1. Login to your MyCVT account at <https://mycvt.cvtrust.org>.
2. Click the "Apply for Insurance Coverage" link
3. Complete the personal information section, choose "Next" to save and continue.

Add dependents

1. You can add or remove dependents. Add dependents by clicking on the blue "Add Dependent" button. Click the "Terminate" button next to any dependent you wish to remove from coverage.
2. If adding a dependent, enter all the required dependent information and click "Save" after each dependent has been added.
3. If you need to change any information, the forms can be opened again and edited by clicking the blue link of the dependent's name you want to update on the "Dependent Information" page. Always save every edit.

Choose your plan

1. The next step is to select your plans from the plan choice page. The plan selection will include those bargained benefits available to your unit.

2. Click “Show Plans” next to the coverage types (Health, Dental, Vision, Life) to see a grid of drop down menus that contain the plans available to you. You can compare up to four different plans by clicking the drop down menus and selecting the plans you want to compare. Once you have decided which plan you are going to choose, click the blue “Select this plan” button above the drop down menu to select that plan for that coverage. If you are unsure about which plans to choose, consult your district office for a summary of plans and the options/costs. You can also call CVT Member Services for assistance.
3. If your district does not offer plans for a particular coverage type, the words “No plans available” will appear next to that coverage type.
4. Once you have completed selecting your plans for all of the available coverage types, click “I’m Ready to Review My Application” to continue.

Submit your completed enrollment

1. If you have completed all the information and are ready to submit your forms, click the “I’m Ready to Review My Application” button located in the lower left side of the “Plans” page.
2. The Review page gives a summary of the plans selected and displays any dependents you have added. Click on the blue “Submit” button to submit your application.
3. Once your application has been submitted, any documents that are required will be listed. If you have the documents in a digital version available to upload, use the “Browse” and “Upload” buttons to upload the documents. When the document has been successfully uploaded, that document section will appear as green.
4. If you do not have the documents available at that time, you can login at a later time to upload them. There will be a count of documents required in the submitted enrollment section when you login.
5. You can print your enrollment form for your records by clicking the “Print your enrollment button” located on the bottom portion of the page.
6. Your submitted application and documents will be reviewed by your district and then submitted to CVT for review and approval.

Questions

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



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Fresno, CA 93720
(800) 288-9870
www.cvtrust.org