

EL DORADO UNION HIGH SCHOOL DISTRICT

CERTIFICATED EMPLOYEES

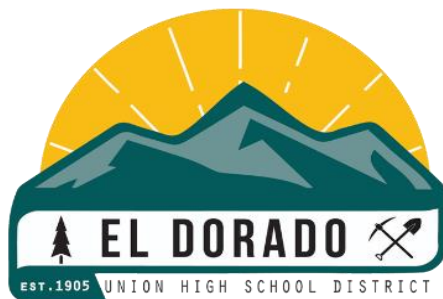
2019-2020 OPEN ENROLLMENT

September 1 – September 30, 2019 – CVT

(CVT Changes Take Effect on October 1, 2019)

IMPORTANT – PLEASE READ

Its open enrollment time again.
Enclosed is important information regarding your medical, dental
and vision plans.





California's Valued Trust Dental and Vision Only

You can begin making changes to your dental and vision plans online at mycvtrust.org beginning on September 1, 2019.

All changes must be submitted on-line no later than September 30, 2019.



American Fidelity

Sign up for coverage, or make changes to existing coverages by scheduling an appointment with an American Fidelity representative. Policies that you currently have in place will continue with the exception of Dependent Care and Medical Expense Reimbursement accounts, which will automatically stop on October 1, 2019.

If you wish to continue your Dependent Care and/or Medical Expense Reimbursement policies, you need to meet with an American Fidelity representative to set them up again.

Check with your site secretary for appointment availability. If you are not able to schedule an appointment with a representative at your site, you can contact an American Fidelity representative via email at Tangee.Franco@americanfidelity.com.

If you are not making changes to your current medical, dental or visions plans, you do not need to do anything.

All plans/policies will remain as they were unless you make a change.

2019-2020 PREMIUM RATES - CERTIFICATED EMPLOYEES

CAPPED AMOUNT: \$ 14,139.00

10 Pay Premium

	Blue Cross Plan 1	Blue Cross Plan 3	Blue Cross Plan 6	Blue Cross Plan 8	CVT Bronze Plan	High Deductible	Blue Cross PPO Wellness	Delta Dental	Vision Services
Single	\$ 1,333.20	\$ 1,225.20	\$ 1,083.60	\$ 980.40	\$ 609.60	\$ 736.80	\$ 1,096.80	\$ 68.17	\$ 12.53
Single +1	\$ 2,293.20	\$ 2,107.20	\$ 1,863.60	\$ 1,686.00	\$ 1,047.60	\$ 1,267.20	\$ 1,886.40	\$ 123.48	\$ 23.27
Single + Fmly	\$ 2,893.20	\$ 2,658.00	\$ 2,350.80	\$ 2,127.60	\$ 1,322.40	\$ 1,599.60	\$ 2,379.60	\$ 177.52	\$ 35.83
	RX Plan A	RX Plan B	RX Plan B	RX Plan B			RX Plan C		

10 Pay Premium

	Sutter/AETNA EPO-100	Sutter/AETNA EPO-90	Sutter/AETNA EPO-80	Sutter/AETNA EPO-70	Kaiser Plan 1	Kaiser Plan 6	Kaiser Plan 7	Kaiser Plan HSA	Kaiser Wellness	Monthly Cap Amount
Single	\$ 1,045.20	\$ 937.20	\$ 826.80	\$ 603.60	\$ 1,328.40	\$ 1,285.20	\$ 1,222.80	\$ 819.60	\$ 1,034.40	
Single +1	\$ 1,797.60	\$ 1,611.60	\$ 1,422.00	\$ 1,038.00	\$ 2,283.60	\$ 2,210.40	\$ 2,102.40	\$ 1,408.80	\$ 1,777.20	
Single + Fmly	\$ 2,268.00	\$ 2,034.00	\$ 1,794.00	\$ 1,309.20	\$ 2,880.00	\$ 2,787.60	\$ 2,650.80	\$ 1,753.20	\$ 2,241.60	\$ 1,413.90
	RX Plan A	RX Plan B	RX Plan B	RX Plan C						

**PLEASE REMEMBER - EVEN IF YOU OPT FOR 12 PAY,
ALL PREMIUMS MUST BE TAKEN OUT OF 10 CHECKS ONLY.**





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



520 East Herndon Avenue
Fresno, CA 93720
(800) 288-9870
www.cvtrust.org

**MONTHLY MEDICAL PREMIUMS ONLY
-AMERICAN FIDELITY ASSURANCE COMPANY
SECTION 125 BENEFIT ELECTION FORM/SALARY REDUCTION AGREEMENT**

Name of Employer EDUHSD	
Name of Employee	
Social Security Number:	Plan Year

SECTION 125 BENEFIT ELECTION

Please indicate which benefits you wish to select:

BENEFIT	COMPANY PLAN	SECTION 125 BEFORE TAX	EMPLOYER-PAID
<input type="checkbox"/> Medical Insurance			
<input type="checkbox"/> Dental			
<input type="checkbox"/> Vision			
TOTALS			

Terms and Conditions

I hereby authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan.

I understand that:

- Changes in the cafeteria plan elections can only be made at the end of the plan year unless due to and consistent with a valid status change (e.g., change in legal marital status; change in number of dependents; termination or commencement of employment; change in work schedule; dependent satisfies or ceases to satisfy dependent eligibility under the IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. In most cases NO change may be made in the Medical Expense Reimbursement Account except for termination of participation due to termination of employment. For special rules affecting your plan, please contact your employer. FICA taxes are not paid on section 125 salary reductions. Therefore, your social security benefits at retirement may be reduced.
- Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the insurance carrier issuing the contract and my "take-home" pay may be higher or lower depending on the selections made.

This authorization replaces any previous authorization I have made.

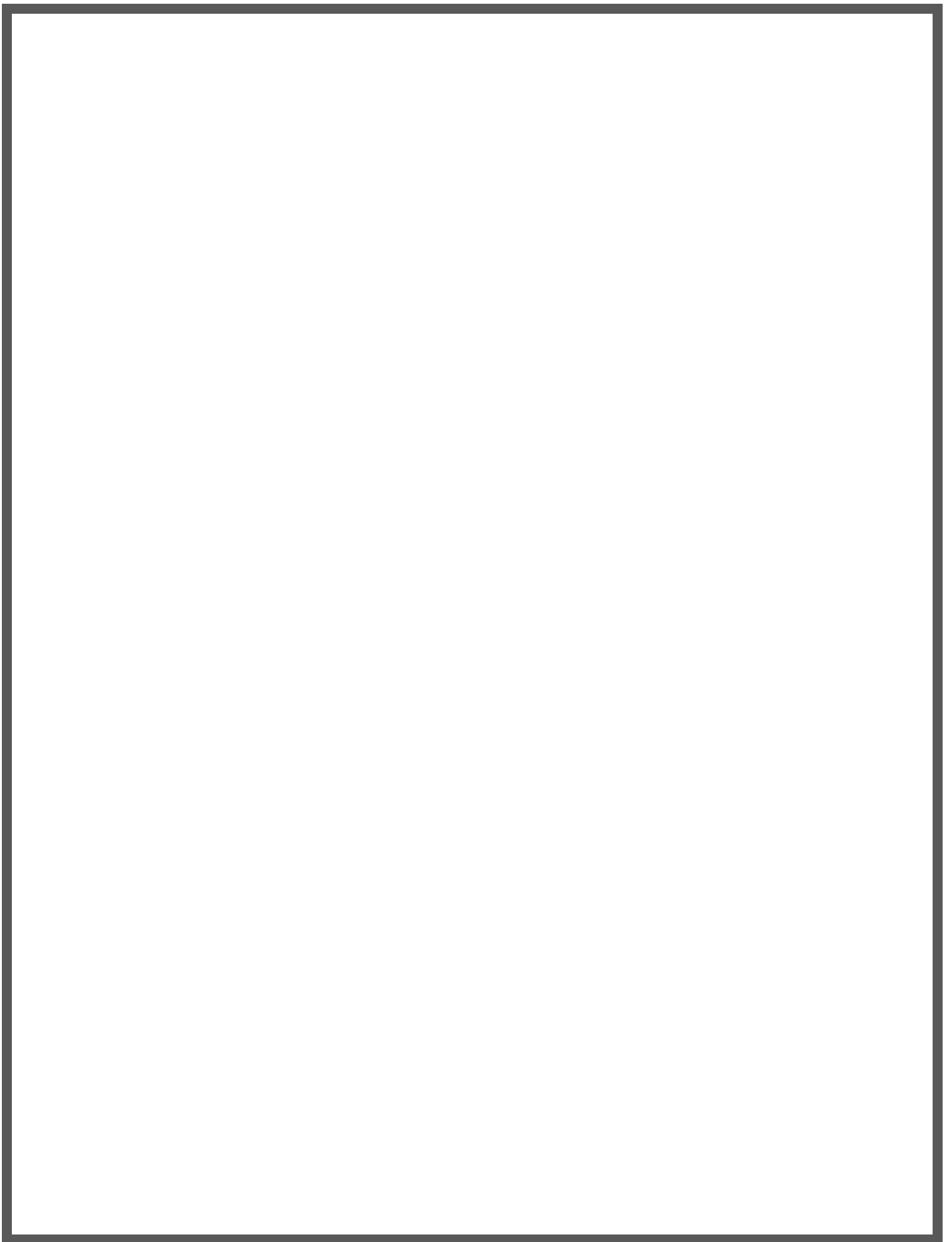
Signature of Employee

Date

PARTICIPATION WAIVED- sign this section ONLY if you wish to waive participation in Section 125

Signature of Employee

Date



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

EI Dorado Union High SD - CERTIFICATED

October 1, 2019 - September 30, 2020

BENEFIT	PPO 1A	PPO 3B	PPO 6B	PPO 8B
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000
Coinsurance	Paid at 100%*	Paid at 100%* 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 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,250 Family: \$6,500
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 - \$30 Copay Specialty Physician - \$30 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 - \$50 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$50 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$50 copay, then paid at 80%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$75 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$75 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$75 copay, then paid at 80%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%* 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 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 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 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 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
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$250 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 copay, then paid at 80%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$30 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 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year

BENEFIT	PPO 1A		PPO 3B		PPO 6B		PPO 8B	
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$10 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit 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⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	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)	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)

PPO Plans:

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

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

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

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

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

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

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

EI Dorado Union High SD - CERTIFICATED

October 1, 2019 - September 30, 2020

BENEFIT	PPO Wellness	HDHP 1	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,350 Family: \$2,700 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	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: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150.	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Paid at 90%* after deductible is met	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%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90% after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	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 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 90% ⁽¹⁾ after deductible is met	Paid at 70% ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met	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 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 90%* after deductible is met	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 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

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Prescription Drugs	<table border="0"> <tr> <td>Retail⁽⁴⁾</td> <td>Mail Order⁽⁴⁾</td> </tr> <tr> <td>\$7 Generic</td> <td>\$15 Generic</td> </tr> <tr> <td>\$25 Pref</td> <td>\$60 Pref</td> </tr> <tr> <td>\$40 Non-Pref</td> <td>\$90 Non-Pref</td> </tr> <tr> <td>(30-Day Supply)</td> <td>(90-Day Supply)</td> </tr> </table>	Retail ⁽⁴⁾	Mail Order ⁽⁴⁾	\$7 Generic	\$15 Generic	\$25 Pref	\$60 Pref	\$40 Non-Pref	\$90 Non-Pref	(30-Day Supply)	(90-Day Supply)	Paid at 90%* after deductible is met	<table border="0"> <tr> <td>Retail</td> <td>Mail Order</td> </tr> <tr> <td>Subject to deductible, then</td> <td>Subject to deductible, then</td> </tr> <tr> <td>\$25 Generic Copay</td> <td>\$50 Generic Copay</td> </tr> <tr> <td>\$50 Brand Copay</td> <td>\$100 Brand Copay</td> </tr> <tr> <td>(30-Day Supply)</td> <td>(90-Day Supply)</td> </tr> </table>	Retail	Mail Order	Subject to deductible, then	Subject to deductible, then	\$25 Generic Copay	\$50 Generic Copay	\$50 Brand Copay	\$100 Brand Copay	(30-Day Supply)	(90-Day Supply)
Retail ⁽⁴⁾	Mail Order ⁽⁴⁾																						
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PPO Plans:

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CVT HMO Health Plans with Kaiser Permanente
EI Dorado Union High SD - CERTIFICATED
October 1, 2019 - September 30, 2020

BENEFIT	Kaiser 1	Kaiser 6	Kaiser 7	Kaiser Wellness	Kaiser HSA
Calendar Year Deductible	\$0	\$0	\$0	\$0	Self-Only Coverage: \$2,000 (A family of one member) Family Coverage: \$2,700 (Each member in a family of two or more members) Family Coverage: \$4,000 (Entire family of two or more members)
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Not applicable
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: \$1,500 Family: \$3,000	Self-Only Coverage: \$3,000 (A family of one member) Family Coverage: \$3,000 (Each member in a family of two or more members) Family Coverage: \$6,000 (Entire family of two or more members)
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Primary Care Physician - \$30 copay after deductible is met Specialty Physician - \$30 copay after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay	\$10 copay after deductible is met
Outpatient Radiology	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$25 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$35 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay	Paid at 100%*, after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary	\$100 copay after deductible is met
Physical Therapy	\$10 Copay	\$25 Copay	\$35 Copay	\$20 Copay	\$30 copay after deductible is met
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician	\$30 copay after deductible is met Referral by plan physician
Outpatient Surgery	\$10 Copay	\$25 Copay	\$250 Copay	\$500 Per Procedure	\$150 copay per admission after deductible is met
Hospital Inpatient	Paid at 100%*	\$250 Copay	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room	\$250 copay per admission after deductible is met
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	\$100 Copay (Copay waived if admitted as in-patient)	\$100 copay per visit after deductible is met
Urgent Care	\$10 Copay	\$25 Copay	\$35 Copay	\$20 Copay	\$30 copay after deductible is met
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)

BENEFIT	Kaiser 1		Kaiser 6		Kaiser 7		Kaiser Wellness		Kaiser HSA	
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	
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) \$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 \$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)	Retail \$10 Generic \$30 Brand (30 day supply) \$20 Generic \$60 Brand (31-60 day supply) \$30 Generic \$60 Brand (31 - 100 day supply) After Deductible is Met	Mail Order \$10 Generic \$30 Brand (Up to 30 day supply) \$20 Generic \$60 Brand (31 - 100 day supply) After Deductible is Met

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 EPO Health Plans with Sutter Health Aetna
EI Dorado Union High SD - CERTIFICATED
October 1, 2019 - September 30, 2020

BENEFIT	EPO 100A	EPO 90B	EPO 80B	EPO 70C
Calendar Year Deductible	Individual: \$300 Family: \$600	Individual: \$750 Family: \$1,500	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% 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: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 copay per visit; deductible waived Specialty Physician - \$40 copay per visit; deductible waived	Primary Care Physician - \$20 copay per visit; deductible waived Specialty Physician - \$40 copay per visit; deductible waived	Primary Care Physician - \$30 copay per visit; deductible waived Specialty Physician - \$50 copay per visit; deductible waived	Primary Care Physician - \$60 copay - 1st 3 visits per year; deductible waived. Paid at 70% - 4th and all subsequent visits; after deductible Specialty Physician - \$75 copay per visit; after deductible
Preventive Care / Immunizations	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Outpatient Laboratory	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Outpatient Radiology	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Durable Medical Equipment	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Ambulance - Ground / Air	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Physical Therapy	\$20 copay per visit; deductible waived	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$75 copay per visit; deductible waived
Chiropractic	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$75 copay per visit; deductible waived Limited to 30 visits per calendar year
Acupuncture	\$20 copay per visit; deductible waived	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$75 copay per visit; deductible waived
Outpatient Surgery	Non-Hospital - Paid at 100% after deductible is met Hospital - \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 90% after deductible is met Hospital - Paid at 90% after \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 80% after deductible is met Hospital - Paid at 80% after \$250 Copay, then paid at 100% after deductible is met	Non-Hospital - Paid at 70% after deductible is met Hospital - Paid at 70% after \$250 Copay, then paid at 100% after deductible is met
Hospital Inpatient	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Hospital Emergency Room	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100% after deductible is met	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90% after deductible is met	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80% after deductible is met	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 70% after deductible is met
Urgent Care	\$20 copay per visit; deductible waived	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$60 copay - 1st 3 visits per year; deductible waived Paid at 70% - 4th and all subsequent visits; after deductible
Home Health Care	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	Paid at 70% after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$40 copay for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com /CVT	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$40 copay for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com /CVT	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$50 copay for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com /CVT	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions; \$75 copay after deductible is met for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com /CVT

BENEFIT	EPO 100A		EPO 90B		EPO 80B		EPO 70C	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumemedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumemedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumemedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumemedical.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⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	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)	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)

For Covered Expenses Only using In-Network Providers Only: If you receive care from an out-of-network provider your care may not be covered at all. To find an in-network provider, visit www.sutterhealthaetna.com, click **Find a Doctor**, and then select **Open Access EPO** after entering your location.

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

(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



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

El Dorado Union High SD

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2019 to September 30, 2020

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
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.



Protect
your vision
with VSP.

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



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

You'll like what you see with VSP.

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

Using your VSP benefit is easy.

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

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

Choice in Eyewear

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

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

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary

2019-2020

El Dorado Union High SD



VSP 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"> \$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	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses Standard progressive 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)	<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 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers 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 <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			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$50	Progressive Lenses	up to \$75
Contacts	up to \$105	Tints	up to \$5
<small>Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.</small>			

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

¹Brands/Promotion subject to change.

²Blueocean Market Intelligence National Vision Plan Member Research, 2014

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