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

Tehama County DOE - M/C OTHER

October 1, 2026 - September 30, 2027

BENEFIT	PPO 4, Rx A	PPO 8, Rx C	PPO 9, Rx A
Calendar Year Deductible	Individual: $150 Family: $300	Individual: $500 Family: $1,000	Individual: $1,000 Family: $2,000
Coinsurance	Paid at 90%* 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: $2,500(2) Family: $5,000(2)	Individual: $4,500(2) Family: $9,000(2)	Individual: $5,500(2) Family: $11,000(2)
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - $30 Copay **Specialist Physician** - $60 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $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** - 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%*
Outpatient Radiology	**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%*
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	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.)
Chiropractic	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.)
Acupuncture	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
Outpatient Surgery	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 80%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 80%*
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$20 Copay	$30 Copay	$35 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**
Virtual Physical Therapy	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.

BENEFIT	PPO 4, Rx A		PPO 8, Rx C		PPO 9, Rx A	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)		Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	
Prescription Drugs	**30-Day Supply**(4, 9) Generic: $5 Pref Brand: $22 Non-Pref Brand: $22 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx	**90-Day Supply**(4, 9) Generic: $10 Pref Brand: $44 Non-Pref Brand: $44 Specialty: N/A	**30-Day Supply**(4, 9) Generic: $7 Pref Brand: $25 Non-Pref Brand: $40 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx	**90-Day Supply**(4, 9) Generic: $15 Pref Brand: $60 Non-Pref Brand: $90 Specialty: N/A	**30-Day Supply**(4, 9) Generic: $5 Pref Brand: $22 Non-Pref Brand: $22 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx	**90-Day Supply**(4, 9) Generic: $10 Pref Brand: $44 Non-Pref Brand: $44 Specialty: N/A

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. Anthem BDC+ required procedures excluded from $250 outpatient surgery copay.

(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) The PrudentRx program is not applicable and 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) 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.

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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

Tehama County DOE - M/C OTHER

October 1, 2026 - September 30, 2027

BENEFIT	Wellness, Rx C	HDHP 2	HDHP 3	Bronze
Calendar Year Deductible	Individual: $500 Family: $1,000	Individual: $2,600 Family: $5,200 (No individual limit applies to family)	Individual: $6,500 Family: $13,000 (No individual limit applies to family)	Individual: $5,000 Family: $10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* 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: $3,500 Family: $7,000	Individual: $6,000 Family: $12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $6,000.	Individual: $8,000 Family: $16,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $8,000.	Individual: $7,000 Family: $14,000
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - Paid at 80%* after deductible is met **Specialist Physician** - Paid at 80% after deductible is met	**Primary Care Physician** - Subject to deductible then $60 copay per visit **Specialist Physician** - Subject to deductible then $120 copay per visit	**Primary Care Physician** - First 3 visits covered in full after $60 copay per visit; Remaining visits - Paid at 70%* after deductible is met **Specialist Physician** - Subject to deductible then $120 copay per visit
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* 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 80%*[1] after deductible is met	Paid at 70%*[1] after deductible is met (Copay, if applicable)	Paid at 70%*[1] after deductible is met (Copay, if applicable)
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Outpatient Surgery	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* 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 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room

BENEFIT	Wellness, Rx C		HDHP 2		HDHP 3		Bronze	
Hospital Emergency Room	$200 Copay; (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*		Paid at 80%* after deductible is met		Paid at 70%* after deductible is met		Subject to Deductible, then $200 Copay (copay waived if admitted as inpatient)	
Urgent Care	$20 Copay		Paid at 80%* after deductible is met		Paid at 70%* 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 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		Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	
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California's Valued Trust
Healthcare Benefits for the Education Community

Tehama County DOE
Management Confidential Other

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2026 to September 30, 2027

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	$2,400	$2,000
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum. Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants Nitrous Oxide	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: 70% *	Paid at: 70% *
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

Make Eye Health a Priority with VSP!

Your health comes first with VSP and California's Valued Trust (Plan B $10 Copay). Take a look at your VSP vision care coverage.

VSP members save an annual average of

$489*

More Ways to Save

Extra $20 to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

Up to 40% savings on lens enhancements‡

See all brands and offers at **vsp.com/offers**.

Enroll through your employer today.
Questions?
vsp.com
800.877.7195 (TTY: 711)

Scan QR code or visit **vsp.com** to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your eye doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp PREMIER edge

Get more at preferred in-network doctor locations

private practice doctors · Visionworks · EYEMART EXPRESS FAMILY OF STORES

Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee.*** Whether you accidentally break or damage your glasses, your prescription changes, or if you don't love the glasses you chose, you're covered! Visit **vsp.com/zerocopay** for details.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
‡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. *Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply. ***Worry-free guarantee covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit (include appropriate link) for terms and conditions.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington. Availability of VSP Premier Edge™ may vary.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.
Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

Classification: Restricted

Your VSP Vision Benefits Summary

2026-2027

Tehama County Dept. of Education - Certificated & Management Confidential Other

Provider Network:
VSP Signature
Frequency:
Exam every 12 months
Frame every 24 months
Lens every 12 months

vsp | California's Valued Trust
Healthcare Benefits for the Education Community

BENEFIT	DESCRIPTION	COPAY WITH PREMIER EDGE DOCTORS	COPAY WITH OTHER VSP NETWORK DOCTORS
COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	• Focuses on your eyes and overall wellness • Every 12 months	**$0**	$10 for exam and glasses
RETINAL SCREENING	• Images of the inside of the eye, used to screen for potential signs of eye disease • Every 12 months	**$0**	Up to $39
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. • Available as needed	$20 per exam	$20 per exam
PRESCRIPTION GLASSES			
FRAME+	• $220 Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $110 Walmart/Sam's Club/Costco frame allowance • Every 24 months	Combined with exam	Combined with exam
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months	Combined with exam	Combined with exam
LENS ENHANCEMENTS+	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements • Every 12 months	$0 $80 – $90 $120 – $160	$0 $80 – $90 $120 – $160
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60	Up to $60
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.