

Spreckels Union School District  
**California's Valued Trust (CVT) Classified**  
 Health and Welfare Premiums  
 OCT 01, 2025-SEP 30, 2026

	2025-26	April 2022	OCT 01, 2025- SEP 30, 2026	OCT 01, 2025- SEP 30, 2026
Coverage Level	CVT PREMIUM Medical plus Life \$2.60 (per month)	District Contribution Level Medical "cap" plus Life (\$2.60/\$25,000)	TOTAL EMPLOYEE CONTRIBUTION (for 12 months)	**ESTIMATED EMPLOYEE CONTRIBUTION (for 11 months)

PPO-1, RX-A

Employee Only	\$ 1,307.38	\$ 576.35	\$ 731.03	\$ 797.49
Employee plus One	\$ 2,742.38	\$ 1,095.35	\$ 1,647.03	\$ 1,796.76
Employee plus Children	\$ 2,482.38	\$ 1,043.85	\$ 1,438.53	\$ 1,569.31
Family	\$ 4,178.38	\$ 1,408.27	\$ 2,770.11	\$ 3,021.94

PPO-3, RX-B

Employee Only	\$ 1,201.38	\$ 576.35	\$ 625.03	\$ 681.85
Employee plus One	\$ 2,521.38	\$ 1,095.35	\$ 1,426.03	\$ 1,555.67
Employee plus Children	\$ 2,282.38	\$ 1,043.85	\$ 1,238.53	\$ 1,351.12
Family	\$ 3,841.38	\$ 1,408.27	\$ 2,433.11	\$ 2,654.31

PPO-4, RX-B

Employee Only	\$ 1,154.38	\$ 576.35	\$ 578.03	\$ 630.58
Employee plus One	\$ 2,421.38	\$ 1,095.35	\$ 1,326.03	\$ 1,446.58
Employee plus Children	\$ 2,191.38	\$ 1,043.85	\$ 1,147.53	\$ 1,251.85
Family	\$ 3,689.38	\$ 1,408.27	\$ 2,281.11	\$ 2,488.49

PPO-6, RX-B

Employee Only	\$ 1,063.38	\$ 576.35	\$ 487.03	\$ 531.31
Employee plus One	\$ 2,230.38	\$ 1,095.35	\$ 1,135.03	\$ 1,238.21
Employee plus Children	\$ 2,018.38	\$ 1,043.85	\$ 974.53	\$ 1,063.12
Family	\$ 3,397.38	\$ 1,408.27	\$ 1,989.11	\$ 2,169.94

PPO-8, RX-B

Employee Only	\$ 962.38	\$ 576.35	\$ 386.03	\$ 421.12
Employee plus One	\$ 2,018.38	\$ 1,095.35	\$ 923.03	\$ 1,006.94
Employee plus Children	\$ 1,826.38	\$ 1,043.85	\$ 782.53	\$ 853.67
Family	\$ 3,074.38	\$ 1,408.27	\$ 1,666.11	\$ 1,817.58

PPO-9, RX-B

Employee Only	\$ 858.38	\$ 576.35	\$ 282.03	\$ 307.67
Employee plus One	\$ 1,800.38	\$ 1,095.35	\$ 705.03	\$ 769.12
Employee plus Children	\$ 1,629.38	\$ 1,043.85	\$ 585.53	\$ 638.76
Family	\$ 2,742.38	\$ 1,408.27	\$ 1,334.11	\$ 1,455.40

High Deductible Plan 1

Employee Only	\$ 723.38	\$ 576.35	\$ 147.03	\$ 160.40
Employee plus One	\$ 1,516.38	\$ 1,095.35	\$ 421.03	\$ 459.31
Employee plus Children	\$ 1,372.38	\$ 1,043.85	\$ 328.53	\$ 358.40
Family	\$ 2,310.38	\$ 1,408.27	\$ 902.11	\$ 984.12

Spreckels Union School District  
California's Valued Trust (CVT) Classified  
Dental and Vision

Oct 1, 2025-Sept 30, 2026

11 and 12 month Employee - ALL PLAN OPTIONS

	2025-26	2014-15	Oct 1, 2025-Sept 30, 2026	Oct 1, 2025-Sept 30, 2026
Coverage Level	CVT Dental	District Contribution Level "cap"	Employee Monthly Cost (for 12 months)	**ESTIMATED EMPLOYEE CONTRIBUTION (for 11 months)

Standard Incentive \$2500

Employee Only	\$ 64.11	\$ 52.00	\$ 12.11	\$ 13.21
Employee plus One	\$ 116.11	\$ 95.00	\$ 21.11	\$ 23.03
Family	\$ 166.91	\$ 153.00	\$ 13.91	\$ 15.17

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	2025-26	2014-15	Oct 1, 2025-Sept 30, 2026	Oct 1, 2025-Sept 30, 2026
Coverage Level	CVT Vision	District Contribution Level "cap"	Employee Monthly Cost (for 12 months)	**ESTIMATED EMPLOYEE CONTRIBUTION (for 11 months)

Plan C \$10 deductible

Employee Only	\$ 10.44	\$ 11.19	\$ -	\$ -
Employee plus One	\$ 19.40	\$ 16.16	\$ 3.24	\$ 3.53
Family	\$ 29.87	\$ 28.99	\$ 0.88	\$ 0.96

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

## Spreckels Union SD - CLASSIFIED, MANAGEMENT

October 1, 2025 - September 30, 2026

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
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$1,000 Family: \$2,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$2,000 <sup>(2)</sup> Family: \$4,000 <sup>(2)</sup>	Individual: \$3,250 <sup>(2)</sup> Family: \$6,500 <sup>(2)</sup>	Individual: \$5,000 <sup>(2)</sup> Family: \$10,000 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialist Physician</b> - \$10 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialist Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialist Physician</b> - \$35 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$50 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$75 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 100%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	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
<b>EE ONLY</b>	\$1,307.38	\$1,201.38	\$1,154.38	\$1,063.38	\$962.38	\$858.38
<b>EE + 1</b>	\$2,742.38	\$2,521.38	\$2,421.38	\$2,230.38	\$2,018.38	\$1,800.38
<b>CHILDREN</b>	\$2,482.38	\$2,282.38	\$2,191.38	\$2,018.38	\$1,826.38	\$1,629.38
<b>FAMILY</b>	\$4,178.38	\$3,841.38	\$3,689.38	\$3,397.38	\$3,074.38	\$2,742.38

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	
<b>Outpatient Surgery</b>		<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$250 copay, then paid at 100%*		<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%*		<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*		<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*		<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*		<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*	
<b>Hospital Inpatient</b>		Paid at 100%* Unlimited days, Semi-private room		Paid at 100%* after deductible is met; Unlimited days, Semi-private room		Paid at 90%* after deductible is met; Unlimited days, Semi-private room		Paid at 80%* after deductible is met; Unlimited days, Semi-private room		Paid at 80%* after deductible is met; Unlimited days, Semi-private room		Paid at 80%* after deductible is met; Unlimited days, Semi-private room	
<b>Hospital Emergency Room</b>		<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 100%*		<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*		<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*		<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*		<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*		<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	
<b>Urgent Care</b>		\$10 Copay		\$20 Copay		\$20 Copay		\$20 Copay		\$30 Copay		\$35 Copay	
<b>Home Health Care</b>		Paid at 100%* Limited to 100 visits per calendar year		Paid at 100%* after deductible is met Limited to 100 visits per calendar year		Paid at 90%* after deductible is met; Limited to 100 visits per calendar year		Paid at 80%* after deductible is met Limited to 100 visits per calendar year		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	
<b>Telehealth</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
<b>Virtual Physical Therapy</b>		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .	
<b>Employee Assistance Program (EAP) through Carelton</b>		Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.careltonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>		<b>Retail</b> <sup>(4,9)</sup> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail</b> <sup>(4,9)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4,9)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4,9)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4,9)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4,9)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)

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

## Spreckels Union SD - CLASSIFIED, MANAGEMENT

October 1, 2025 - September 30, 2026

BENEFIT	HDHP 1	
<b>Calendar Year Deductible</b>	Individual: \$1,700 Family: \$3,400 (No individual limit applies to family)	
<b>Coinsurance</b>	Paid at 90%* after deductible is met	
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.	
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - Paid at 90%* after deductible is met <b>Specialist Physician</b> - Paid at 90% after deductible is met	
<b>Preventive Care / Immunizations</b>	Paid at 100%*	
<b>Outpatient Laboratory</b>	Paid at 90%* after deductible is met	
<b>Outpatient Radiology</b>	Paid at 90%* after deductible is met	
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met	
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met	
<b>Acupuncture</b>	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	
<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	
<b>Hospital Emergency Room</b>	Paid at 90%* after deductible is met	
<b>Urgent Care</b>	Paid at 90%* after deductible is met	
<b>Home Health Care</b>	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	
<b>Telehealth</b>	MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
<b>Virtual Physical Therapy</b>	Paid at 100%, after deductible is met. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .	
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4,9)</sup> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30 Day-Supply)	<b>Mail Order</b> <sup>(4,9)</sup> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90 Day-Supply)

EE ONLY	\$723.38
EE+1	\$1,516.38
EE + CHILDREN	\$1,372.38
FAMILY	\$2,310.38

**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](http://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](http://www.cvtrust.org/plan-documents).

**Delta Dental PPO Incentive Plan Summary of Benefits**

Effective October 1, 2025 to September 30, 2026

<b>Benefits and Covered Services*</b>	<b>PPO Network **</b>	<b>Premier Network and Out of Network **</b>
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	\$2,900	\$2,500
<b>Diagnostic &amp; Preventive (D&amp;P) Services</b> 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% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Endodontics</b> (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Prosthodontics</b> Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

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

\*\* See back for additional details

## What are my Delta Dental Network options?

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

## How do I find a Delta Dental dentist?

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

## How does my Delta Dental incentive plan work?

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

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

## What are my online resources?

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

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

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

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

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

# A Look at Your VSP Vision Coverage

With VSP and California's Valued Trust (Plan C \$10 Copay), your health comes first.



**VSP® Vision Care provides you personalized eye care at VSP network locations with low or no 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 which provide offers from VSP and leading industry brands totaling more than \$3,000 in savings.

## **Provider choices you want.**

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



Preferred private practice and retail in-network choices



## **Quality vision care you need.**

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual 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.

## **Premier Edge™ Promise**

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee. This protects you from the unexpected when you go to a Premier Edge location whether it's accidentally broken or damaged glasses, your prescription changes or if you don't love the glasses you chose. Visit **vsp.com/zerocopay** for details.



## More Ways to Save

**Extra**

**\$20**

**to spend on  
Featured Frame Brands†**



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

**+**

**Up to**

**40%**

**Savings on  
lens enhancements‡**

Enroll through your employer today.  
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary  
2025-2026  
Spreckles Union SD - Classified & Mgmt  
Confidential

Provider Network:  
VSP Signature  
Frequency:  
Exam every 12 months  
Frame every 12 months  
Lenses every 12 months



BENEFIT	DESCRIPTION	PREMIERMAX COPAY WITH PREMIER EDGE PROVIDERS	COPAY WITH OTHER VSP NETWORK PROVIDERS
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>	\$0	\$10 for exam and glasses
RETINAL SCREENING	<ul style="list-style-type: none"><li>Images of the inside of the eye, used to screen for potential signs of eye disease</li><li>Every 12 months</li></ul>	\$0	Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal imaging for members with diabetes covered-in-full</li><li>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.</li><li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li><li>Available as needed</li></ul>	\$20 per exam	\$20 per exam
PRESCRIPTION GLASSES			
FRAME <sup>+</sup>	<ul style="list-style-type: none"><li>\$220 Featured Frame Brands allowance</li><li>\$200 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$110 Walmart/Sam’s Club/Costco frame allowance</li><li>Every 12 months</li></ul>	Combined with exam	Combined with exam
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li><li>Every 12 months</li></ul>	Combined with exam	Combined with exam
LENS ENHANCEMENTS <sup>+</sup>	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Tints/Light-reactive lenses</li><li>Average savings of 40% on other lens enhancements</li><li>Every 12 months</li></ul>	\$0 \$80 – \$90 \$120 – \$160 \$0	\$0 \$80 – \$90 \$120 – \$160 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every 12 months</li></ul>	Up to \$60	Up to \$60
ADDITIONAL SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <b>vsp.com/offers</b>.</li><li>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.</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		
	<b>Exclusive Member Extras</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <b>vsp.com/offers</b>.</li><li>Save up to 60% on digital hearing aids with TruHearing. Visit <b>vsp.com/offers/special-offers/hearing-aids</b> for details.</li><li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li></ul>		

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
<sup>‡</sup>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.  
<sup>\*</sup>Coverage with a retail chain may be different or not apply.

# Welcome to Total Health, Total You

A personalized program that supports your overall health



Total Health, Total You helps you take care of your health. Working on lifestyle changes? Need specialized care? Your Health Guide can help you navigate the healthcare system and get the most from your health plan benefits.

## Health Guides are your single point of contact for:

- **Questions about your healthcare** and your health plan.
- **Support to improve your health** and reach your health goals.
- **Help finding quality health professionals**, like nurses, social workers, dietitians, respiratory therapists, pharmacists, and exercise physiologists.
- **Connecting with programs and resources** to help you and your family feel your best, such as:
  - 24/7 NurseLine
  - Autism Spectrum Disorder Program
  - Behavioral Health Resource
  - Building Healthy Families
  - Case Management
  - Emotional Well-being Resources
  - Inclusive Care

The **Sydney<sup>SM</sup> Health** app makes it easier to access your Total Health, Total You benefits and other programs. To get started, go to the **Menu**, choose **My Health Dashboard** and then **Programs**.



## Have a question?

Call Member Services at **1-800-234-4333** on the back of your member ID card to speak to an Anthem Health Guide. Scan the QR code for more details.



# Better care begins here.

**Carrum Health helps eligible employees and dependents get the highest-quality healthcare experience possible, for less.\***

Whether you need cancer care or a range of surgical procedures, Carrum Health works with the top cancer specialists and surgeons in the country—those who have better outcomes and outstanding bedside manner. And when you receive care through Carrum Health, most, if not all, costs are covered.\*

**Covered procedures include** hip, knee, shoulder, spine, heart, hysterectomies, weight loss surgeries, cancer care, and more.

Those eligible for the Carrum Health benefit include employees, dependents (18+), and pre-65 retirees enrolled in a CVT sponsored PPO or EPO plan.



## Better care

The surgeons and cancer specialists in our program achieve better outcomes and have exceptional bedside manner.



## No surprise bills

When you receive care through Carrum, your company often covers most, if not all, of the medical costs.\*



## Dedicated support

Our team helps with all the planning and paperwork, so you can focus on your health.

## Ready to get started?

Visit: [carrum.me/cvt](https://carrum.me/cvt), or  
Call: 888-855-7806



\*With the exception of second opinions, individuals enrolled in high-deductible plans (PPO HDHP or an EPO HSA) must first meet the federal minimum deductible, but copays and coinsurance will be waived. Second opinions are provided at no cost to members and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income.



# fast, hassle-free health care. anytime. anywhere.

Your benefits include reliable 24/7 health care by phone or video. Our national network of board-certified doctors provides personalized care for hundreds of medical and mental health needs. No surprise costs. No hassle. Just create an account to enroll.

## URGENT CARE

### On-demand care for illness and injuries.

- Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.
- Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

## MENTAL HEALTH

### Talk therapy and psychiatry from the privacy of home.<sup>1</sup>

- Licensed therapists and board-certified psychiatrists.
- Schedule your appointment in as little as five days with after-hours and flexible sessions available.

## PRIMARY CARE—COMING IN OCTOBER 2025

### Wellness screenings, routine care, and specialist referrals.

- Annual checkups, preventive, and ongoing care for common conditions like diabetes, asthma, and heart disease.
- See the same doctor for each appointment and receive referrals, prescriptions, lab work, and diagnostic tests.

## DERMATOLOGY

### Fast, customized care for skin, hair, and nail conditions.

- Access to the largest national network of board-certified dermatologists.
- Customized diagnosis, treatment plan, and prescriptions, often in less than 24 hours.

## USING MDLIVE IS AS EASY AS 1-2-3:



### STEP 1: CREATE YOUR SECURE ACCOUNT.



### STEP 2: REQUEST AN APPOINTMENT.

Have an urgent care appointment right away, or schedule a time that works for you.



### STEP 3: FEEL BETTER FASTER.

Get a diagnosis, treatment plan, and prescriptions, when appropriate, sent right to your preferred pharmacy.<sup>2</sup>

## Your copay is

\$ 0

per appointment for All CVT PPO & EPO Plans except HDHP/HSA plans, which are subject to a deductible.



Create your account today.  
[mdlive.com/cvt](https://mdlive.com/cvt) | 888.632.2738

<sup>1</sup>Telehealth therapy visits are available for ages 10 and up.

<sup>2</sup>Prescriptions are available at the physician's discretion when medically necessary.

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# virtual vs. in-person primary care.

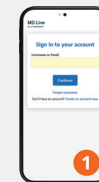
## how to know which option to choose.



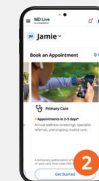
When you need support managing a chronic condition or a new health concern, choosing between virtual and in-person care can be confusing if you don't know your options. MDLIVE Primary Care offers convenient access to board-certified doctors with wellness screenings, routine care, and support for ongoing health needs. See how MDLIVE and in-person doctors compare so you can choose the option that fits your needs.

	MDLIVE doctor	in-person doctor
Available 7 days a week, after-hours, evenings, and holidays	✓	✗
Always taking new patients	✓	✗
Fast, flexible appointments	✓	✗
Labwork <sup>1</sup>	✓	✓
Prescriptions <sup>2</sup>	✓	✓
Referrals, including imaging scans	✓ (in-network)	✓ (may or may not be in-network)
Dedicated care plan for specific conditions	✓	✗
Access to health coaching app with reminders, alerts, and digital engagement	✓	✗
Immunizations	✗	✓
Sport and school physicals	✗	✓
Message with a doctor	✓	✓
Remote monitoring	✓	✗

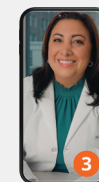
### get started in 3 quick steps:



**STEP 1:**  
Create your account or log in.



**STEP 2:**  
Schedule your first primary care visit and complete recommended labs.



**STEP 3:**  
Start your journey with a doctor who understands your health history and goals.

**Have trusted, personalized care that fits your life. Schedule your visit today.**

**COMING IN  
OCTOBER 2025**



Create  
your  
account

Get the app



[mdlive.com/cvt](https://mdlive.com/cvt)

888.632.2738

<sup>1</sup>Limited to LabCorp and Quest labs contracted with MDLIVE for virtual primary care. Labwork is required for wellness visits and must be completed and in the system at least 72 hours ahead of scheduled visit; this is not the case for routine visits. | <sup>2</sup>Prescriptions are available at the physician's discretion when medically necessary.

Visit [mdlive.com/what-we-treat](https://mdlive.com/what-we-treat) for a list of what MDLIVE cannot treat or prescribe.

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