

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

## Tehama County DOE - CERTIFICATED

October 1, 2025 - September 30, 2026

BENEFIT	PPO 4, Rx A	PPO 6, Rx B	PPO 8, Rx B	PPO 10, Rx C
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	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: \$2,000 <sup>(2)</sup> Family: \$4,000 <sup>(2)</sup>	Individual: \$3,250 <sup>(2)</sup> Family: \$6,500 <sup>(2)</sup>	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b>	<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	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 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 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 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 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 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 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 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>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<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 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 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>	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
<b>Home Health Care</b>	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

BENEFIT	PPO 4, Rx A		PPO 6, Rx B		PPO 8, Rx B		PPO 10, Rx C	
<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>	
<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> .	
<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>		Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		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> \$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 \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4,9)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (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. 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 - CERTIFICATED

October 1, 2025 - September 30, 2026

BENEFIT	HDHP 1	HDHP 3	Bronze
<b>Calendar Year Deductible</b>	Individual: \$1,700 Family: \$3,400 (No individual limit applies to family)	Individual: \$6,500 Family: \$13,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.	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
<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>Primary Care Physician</b> - Subject to deductible then \$60 copay per visit <b>Specialist Physician</b> - Subject to deductible then \$90 copay per visit	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialist Physician</b> - Subject to deductible then 70% copay per visit
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
<b>Outpatient Radiology</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)	Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)	Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)
<b>Acupuncture</b>	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met (Copay, if applicable). Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met (Copay, if applicable). Maximum of 12 visits per calendar year
<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
<b>Hospital Emergency Room</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
<b>Urgent Care</b>	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* 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>	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>	MDLIVE - Paid at 100%* 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> .	Paid at 100%, after deductible is met. 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>

BENEFIT	HDHP 1		HDHP 3		Bronze	
Prescription Drugs	<b>Retail</b> <sup>(4,9)</sup>	<b>Mail Order</b> <sup>(4,9)</sup>	<b>Retail</b> <sup>(4,9)</sup>	<b>Mail Order</b> <sup>(4,9)</sup>	<b>Retail</b> <sup>(4,9)</sup>	<b>Mail Order</b> <sup>(4,9)</sup>
	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then	Subject to deductible, then
	\$25 Generic Copay	\$50 Generic Copay	\$25 Generic Copay	\$50 Generic Copay	\$25 Generic Copay	\$50 Generic Copay
	\$50 Brand Copay	\$100 Brand Copay	\$50 Brand Copay	\$100 Brand Copay	\$50 Brand Copay	\$100 Brand Copay
	(30 Day-Supply)	(90 Day-Supply)	(30 Day-Supply)	(90 Day-Supply)	(30-Day Supply)	(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. 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>	\$2,400	\$2,000
<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>Orthodontic Benefits</b> Adults & Dependent Children Lifetime Maximum: \$1,000 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

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

\*\* See back for additional details

## What are my Delta Dental Network options?

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

## How do I find a Delta Dental dentist?

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

## How does my Delta Dental incentive plan work?

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

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

## What are my online resources?

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

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

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

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

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

# A Look at Your VSP Vision Coverage

With VSP and California's Valued Trust  
(Plan B \$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/zerocopy** 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

Tehama County Dept. of Education -  
Certificated & Unrepresented Employees

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



BENEFIT	DESCRIPTION	PREMIERMAX	COPAY WITH OTHER VSP
		COPAY WITH PREMIER EDGE PROVIDERS	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 24 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>Average savings of 40% on other lens enhancements</li><li>Every 12 months</li></ul>	\$0 \$80 – \$90 \$120 – \$160	\$0 \$80 – \$90 \$120 – \$160
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.

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. Premier Edge is not available for some members in the state of Texas.

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](https://vsp.com). Visionworks is a VSP-affiliated company.

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