

2017 – 2018 Benefit Guide
CVT Preferred Provider Organization (PPO) Plans
with Blue Shield of California



CALIFORNIA'S
VALUED TRUST
Healthcare Benefits for the Education Community

blue  of california

Learn about California's Valued Trust PPO Plan with Blue Shield of California, PhysMetrics, CVS/caremark and HealthComp

California's Valued Trust

As one of California's largest self-funded public school trusts, California's Valued Trust (CVT) specializes in healthcare benefits for the education community. CVT is a leading healthcare benefits provider to more than 67,000 subscribers and 157,000 members from over 230 K-12 school districts, community colleges, and county education offices throughout the state.

California's Valued Trust was established in 1984 by district superintendents and labor representatives of the California Teachers Association and the California School Employees Association. The purpose is to pool resources so that all districts have access to quality benefits and cost savings. CVT is a not-for-profit trust governed by a 12-member board of trustees and is composed equally of labor and management representatives.

CVT is committed to leveraging the latest technologies, partnering with the industry's leading carriers, and implementing creative and thoughtful program enhancements to control costs while simplifying our members' healthcare experience.

Our goal is to ensure complete member satisfaction by providing high-quality, cost-effective benefit choices.

CVT partnerships

CVT provides the best-of-the-best in healthcare. Being a member of CVT brings you many different partners who are leading carriers in the healthcare industry. By doing so, CVT is able to provide members the best products and services available at the most affordable prices. Multiple health and welfare benefits are available from CVT to meet the needs of our subscribers. As a result, you may see many different products and provider names associated with your benefits, but it's important to note they are your partners through CVT.



Your key CVT PPO partners

Blue Shield of California – Provides members access to the Blue Shield PPO network of providers and wellness discounts

PhysMetrics – Provides members access to physical therapy, occupational therapy, speech therapy, chiropractic and acupuncture network of providers

CVS/caremark™ – Members receive their prescription drugs through the CVS/caremark network of providers and mail order

HealthComp® – Administrator who provides members access to medical benefit information, claim history, and Explanation of Benefits (EOB)

Accordant® Health Management – Support for members with rare, complex health conditions

Beacon Health Options® – Employee Assistance Program (EAP)

MDLIVE® – 24/7/365 access to board certified doctors and licensed therapists

TruHearing® – TruHearing select discount hearing aid program

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 PhysMetrics

 CVS caremark™

 HealthComp®
Third Party Administrators

Accordant
A CVS Caremark Company

 beacon
health options

MDLIVE®

TruHearing®

About this Publication

The 2017-18 Benefit Guide provides valuable information to help you better understand the health plan and health care providers available to you and your family. The guide provides a general overview of certain benefits – it does not include details of all covered expenses or exclusions and limitations. Please refer to your summary plan document at cvtrust.org/blue-shield-plan-documents for details of all covered expenses or exclusions and limitations.

In addition, an outline of your coverage and benefits called a Summary of Benefits and Coverage (SBC), as required by the Patient Protection and Affordable Care Act, is available at cvtrust.org/sbc/blue-shield.

Information contained in this guide is effective from **October 1, 2017 to September 30, 2018.**

For additional information about your benefits, required forms, and resources available to you, visit the California's Valued Trust website, cvtrust.org.

You will find important information such as:

- Notice of Privacy Practices
- COBRA Notice
- Summary of Benefits and Coverage (SBC)
- Summary Plan Documents (SPD)
- Active Employee Eligibility Policy
- CVT member newsletters, useful forms, and contact information
- Health education and decision making tools – health benefit calculator, definitions, etc.

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About the CVT PPO Plan

The CVT Preferred Provider Organization (PPO) plan, administered by HealthComp, allows members to access providers through the Blue Shield of California, and PhysMetrics PPO networks. This plan covers the basic and comprehensive health-related services and provides members the freedom to select any physician and hospital inside or outside the plan's network.

Important! Your out-of-pocket costs will be lower by choosing a provider within your network. If your physician is not part of the Blue Shield and PhysMetrics networks, you will have to pay more for each service.

Blue Shield of California

Blue Shield of California provides members access to the Blue Shield PPO network of providers and wellness discounts. Blue Shield of California is an independent member of the Blue Shield Association with a commitment to providing access to high-quality health care at an affordable price. As a not-for-profit, Blue Shield has been part of California's healthcare landscape since 1939, and is passionate about improving the health and wellness of their members, while giving back to the communities they serve.

Finding a Blue Shield PPO Network Provider

To search for a network provider in California:

- Go to blueshieldca.com/networkppo
- Select the type of provider that you are searching for
- Enter your City, State or ZIP code, and then click on *Continue*

To search for a network provider outside of California:

- Go to provider.bcbs.com
- Enter the first three letters of your member ID
- Search by Keyword or by Specialty
- Enter a location and a radius to search by (default is 5 miles)
- Click on "Go"

PhysMetrics

Blue Shield of California PPO members receive their physical therapy, occupational therapy, speech therapy, chiropractic and acupuncture coverage through PhysMetrics. PhysMetrics is a team of experienced physical medicine benefit administrators specializing in school districts throughout California.

Finding a PhysMetrics PPO Network Provider

To search for a network provider:

- Go to cvt.physmetrics.com
- Select "Click here to search for a contracted provider" under the Benefits heading

For more information or questions regarding coverage, contact PhysMetrics at (877) 519-8839 or visit cvt.physmetrics.com.

Blue Shield Plan Highlights

Preventive Care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to blueshieldca.com/preventive.

Specialty Care – You can access care through a specialist without a referral from your primary care physician.

Urgent Care – It's possible to save time and money by going to an urgent care center instead of the emergency room. To find an urgent care center, please follow the steps outlined in the Finding a Blue Shield PPO Network Provider section.

Emergency Care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's PPO network.

Accessing care away from home – Through the BlueCard program, you have access to care across the United States and urgent and emergency care around the world. You can receive urgent care services from any provider; however, using a provider in the BlueCard network can be more cost-effective and may eliminate the need for you to pay for the services when they are rendered and then submit a claim for reimbursement. For complete information on covered services while traveling, please see your plan's Benefit Booklet.

Coordination of Benefits – If you have other benefit coverage in addition to your CVT plan, it is important to provide that insurance information to CVT as well as any medical provider so claims are paid correctly for you and your dependents. Contact the claims administrator of your secondary insurance for specific details regarding coordination of benefits.

HealthComp®

HealthComp® is the third-party administrator for CVT's Blue Shield PPO plans. When you call **HealthComp** you will always speak with a live person, either by entering your identification number or speaking directly to an operator. You will then be assisted by a designated team of HealthComp® staff that is specially trained on CVT's health plans. We strive for excellence in customer service, and voicemail messages directed to HealthComp® representatives will be returned within 24 hours, if not the same day.

Accessing your CVT PPO plan online through HealthComp.com

HealthComp® provides you with online account access through HCOOnline, a secure web portal. Your HCOOnline account lets you access enrollment and benefit information, view claim history, inquire about a claim, search for participating providers, and much more. HCOOnline is easy and fast and available 24 hours a day, seven days a week.

Visit healthcomp.com

- Click on *Members*
- Click on *HCOOnline*
- Enter your Social Security number (omit dashes) in the username field
- Enter your birth date in the password field. The format is four-digit year, two-digit month, and two-digit day, so a January 5th, 1962 birth date would be 19620105

Check claim status/history

- Sign on to *HCOOnline*
- Click on the dark grey question mark button at the end of the claim line
- The Member Claim Inquiry form will appear for you to complete
- Complete the form and click submit
- Our Customer Service will respond within 24 hours, except for inquiries received between Friday at 4:30 p.m. and Monday at 6 a.m. To see responses, click on the "view" link at the end of the claim line
- If you need assistance or have questions, please contact **HealthComp's Online Support** team at **(800) 442-7247** or email us at hconline.healthcomp.com



CVS/caremark™ Prescription Drug Coverage

California's Valued Trust (CVT) and our prescription benefit provider, CVS/caremark™, provide prescription drug benefits for plan participants and their eligible dependent(s) enrolled in either a CVT High Deductible Health Plan (HDHP) or a Preferred Provider Organization (PPO) Plan. A combination medical and pharmacy identification card (ID) is mailed to new plan participants by CVS/caremark™ upon enrollment.

Maximize Your Prescription Benefits

Prescription Access

Excellent Retail Coverage – Designed to provide maximum geographic coverage, CVS/caremark's comprehensive national network contains most drug store chains and other large retail merchandisers, grocery chains and independent pharmacies, providing broad national coverage and excellent access, throughout the United States, Puerto Rico, and the Virgin Islands. Your prescription should be filled at a CVS/caremark™ participating retail pharmacy. For a complete pharmacy listing in your area please visit caremark.com or call CVS/caremark at **(888) 354-6390**.

Convenient Mail Order – Getting started with mail order is quick and easy by contacting the **FastStart Program** at **(866) 273-5268**. A representative will contact your physician for your mail order prescriptions, all you need to provide is your ID number, mailing address, drug name, physician name and phone number. Mail order service provides the convenience of free standard shipping to your home.

As an alternative to traditional mail order, CVT participates in CVS/caremark's Maintenance Choice program.

Maintenance Choice Program – Maintenance Choice offers you choices and savings when it comes to filling long-term prescriptions. A long-term medication is taken regularly for chronic conditions or long-term therapy. Plan participants and their families must choose to receive 90-day supplies of their long-term medications either by mail through CVS/caremark™ Mail Service Pharmacy or to pick them up at a CVS/pharmacy near them. Either way the copay remains the same for both services and will be a 90 day supply which translates to a savings of one retail copay.

Drug Coverage Overview

CVT works closely with CVS/caremark™ to manage the prescription drug benefit programs to combat rising costs for all plan participants. The CVS/caremark™ pharmacy staff continually reviews drugs, products and prices on behalf of CVT.

Following is a list of pharmacy programs designed to ensure you receive clinically-appropriate medications at the best cost.

Prior Authorizations (PA) – In order for some prescription medications to be covered as a part of your benefit, a Prior Authorization (PA) evaluation will be conducted to determine if the medications' prescribed use meets defined clinical criteria. Through this process, your doctor and CVS/caremark™ pharmacists will work together to ensure that the drug you are prescribed is the most appropriate for your condition. The **CVS/caremark™ Prior Authorization** number is **(800) 294-5979**.

Saving with Generics

Just because a medicine costs more doesn't mean it is more effective. Many lower-cost medicines like generics provide great health benefits while saving you money. Today, approximately 83% of all prescription drugs dispensed for CVT plan participants are in generic form. FDA approved generic medicines are often just as effective in treating your disease. To gain FDA approval, generic drugs must meet rigorous standards for safety, purity, strength, and quality.

Generic versus Brand Drugs – For any brand drug with a generic equivalent available, the pharmacy will dispense the generic. The physician or plan participant can request the branded version be dispensed, BUT the participant will pay the generic co-pay plus the cost difference between the brand and generic.

Generic Step Therapy – Generic Step Therapy is designed to help encourage evidence-based utilization of generics and low net cost brands in key therapeutic classes. As a part of the program, you may be required to use generic alternative(s) prior to obtaining a branded drug in certain therapeutic classes

Pharmacy Programs

Specialty Pharmacy – CVS/caremark™ and its affiliates provide clinical management and distribution of injectable, biotech and other specialty drugs from their network of 43 specialty pharmacies throughout the United States and Puerto Rico. The Specialty program offers individuals personalized pharmacy care management and is assigned a pharmacist-led CareTeam who effectively manages your condition. This program must be used to fill your specialty medications.

For **Specialty Services/Admissions** please call **(800) 237-2767**.

Quantity limits – Quantity limits are defined as the maximum number of tablets, capsules or units (i.e. injections or nasal spray

bottles) covered by the plan per copayment or coinsurance amount. For more information on managed drug limitations, please call **CVS/caremark™ Customer Service** at **(888) 354-6390**.

More Plan Features

- Insulin, disposable needles, syringes, lancets and test strips are available through your CVS/caremark™ prescription plan. Glucometers are not a covered item under the CVS/caremark™ prescription plan; however, CVS/caremark™ does offer the **DiabeticMeter Program**. This program offers a new, free meter every two years to eligible members; just call **(800) 588-4456** to receive your free meter.
- Reduced Pharmacy Co-payments. A PPO participant, spouse or domestic partner may be eligible for reduced pharmacy co-payments for certain condition-related prescriptions when enrolled or engaged with a nurse in an approved Accordant Health Management program. Contact **Accordant** at **(800) 948-2497** for more program information, confirm eligibility and enrollment.
- Spouse or other dependent coverage. If your spouse or other dependent has prescription drug coverage under his/her own CVT group number or from another carrier, that coverage must be used first for those individuals that have this as the primary coverage. Any balances should be submitted to CVS/caremark™ for consideration of payment.

Stay connected to your prescription benefits

Log on to the CVS/caremark™ mobile site at **caremark.com** or through your Apple® or Android™ mobile app for real-time, secure access to your prescriptions and pharmacy information:

- Request mail service prescriptions
- Request a new prescription with FastStart®
- Check your order status
- Check your drug coverage and cost
- Find pharmacies in your network
- View your prescription history

The CVS/caremark™ website requires that you register on the site before you can use their search pharmacies tool. This means a CVT member will need to have received their card prior to registering on-line at **caremark.com**.

This is a summary only. Please refer to the Benefit Booklet for Prescription Benefits located at **cvtrust.org/plan-documents** for additional information.

Medicare Pharmacy Coverage

For CVT members enrolled in Medicare, you are enrolled in **SilverScript Employer PDP sponsored by California's Valued Trust (SilverScript)** for prescription drug coverage. SilverScript is a Medicare Part D prescription drug plan with additional coverage provided by CVT. It is administered by SilverScript® Insurance Company and is affiliated with CVS/caremark™. It is important to remember that you cannot enroll in another Medicare Part D Plan. If you enroll in another Medicare Part D Plan, you will be disenrolled from this plan and you will lose your CVT medical and prescription drug coverage.

Call **SilverScript Customer Care** at **(888) 620-1756** for more information. Or check your materials from SilverScript for your plan details or visit **cvtrust.org/resources/silverscript** for more information.

CVT ValuRx Prescription Plan Coverage

The CVT ValuRx Prescription Plan is distinctive from CVT's other prescription plans in that it is heavily geared towards generic medications as a means to drive savings and offer groups real consumer choice. The plan includes the prescription features highlighted above with the following differences.

Proximity Network – Designed to save money for you and your plan while maintaining access for all, the pharmacies where you can fill your prescriptions have certain restrictions. If you live within 5 miles* of a CVS/pharmacy, you must use CVS/pharmacy or Caremark Mail Service for all maintenance and non-maintenance prescriptions to avoid paying the full cost of your medication. CVS/pharmacy has over 9,600 stores nationwide, including those located inside Target stores.

If you do not live within 5 miles* of CVS/pharmacy, you will continue to have access to the national network of pharmacies, including most large drug store and grocery chains, along with many independent pharmacies.

For a complete pharmacy listing in your area, please visit **caremark.com** or call **CVS/caremark** at **(888) 354-6390**.

* Note: Proximity to CVS/pharmacy is based on member's home zip code and geographical mileage, not driving directions.

CVS/caremark™ Prescription Drug Coverage

continued

Value Formulary – Value Formulary is a clinically comprehensive formulary covering all disease states. It is a two tier benefit plan that primarily covers generic medications and the most clinically-effective brands as determined through robust clinical evidence. In addition to changes to the medications covered, this plan may also have prior authorizations, quantity limits, and/or step therapy requirements that differ from the standard formulary options.

Lifestyle medications such as those used for erectile dysfunction, anti-obesity, and cosmetic agents are covered at 100% member cost share. Infertility medications are excluded from this prescription plan coverage.

Programs and Services

CVT is dedicated to providing up-to-date healthcare information and services in addition to its comprehensive plan benefits. Our health programs are designed to improve the overall health of our participants. We provide a wide range of resources to promote a better quality of life for you and your family, including:

Accordant® Health Management Program

Accordant, a CVS/caremark Company is a health management program designed to support our members who have one of 18 rare, complex conditions, which include:

- Amyotrophic Lateral Sclerosis (ALS)
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIPD)
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Epilepsy
- Gaucher Disease
- Hemophilia
- HIV
- Lupus
- Multiple Sclerosis (MS)
- Myasthenia Gravis
- Parkinson's Disease (PD)
- Polymyositis
- Rheumatoid Arthritis (RA)
- Scleroderma
- Sickle Cell Disease
- Ulcerative Colitis

The Accordant health management program gives you personal access to a team of specially trained nurses who are on call 24 hours a day, seven days a week at no additional cost to you. Visit accordant.com for more information or call **(800) 948-2497** to confirm eligibility and enroll today.

Beacon Health Options Employee Assistance Program (EAP)

The Beacon Health Options EAP is provided at no cost to all CVT subscribers with medical coverage. Employees and their family members can receive free, confidential assistance to help with personal and professional goals, manage daily stresses and develop fulfilling relationships.

The benefits of the EAP include:

Counseling Services

Talk one-on-one with an experienced, licensed counselor for support with stress management, strengthening relationships, work/life balance, grief and loss, and more. You can access a counselor face-to-face, online or by phone – whichever is most convenient for you. As with all EAP services, your conversation will be strictly confidential.

Legal Services

Legal support for divorce, landlord and tenant issues, real estate transactions, wills and power of attorney, identity theft recovery and more.

Financial Services

Talk to a financial coach for guidance on saving for college, debt consolidation, mortgage issues, estate planning, general tax questions, retirement planning and family budgeting.

Online Resources

The Achieve Solutions website achievesolutions.net/cvt is available to access articles and tools such as videos, calculators and quizzes to help you improve your health and manage life events.

Call for confidential support or information any time, day or night at **(877) 397-1032** to be connected to an EAP counselor. Members must call Beacon Health Options for a referral and authorization prior to receiving services. Claims will not be paid without an authorization.

Blue Shield of California – Wellness Discount Programs

Blue Shield offers a variety of member discounts on popular weight loss, fitness, vision, and health and wellness programs that can help you save money and get healthier.

- **Weight Watchers®** – Get discounts on three - and 12-month subscriptions and monthly passes.
- **ClubSport and Renaissance ClubSport** – Obtain a 60% discount on enrollments when joining with a month-to-month agreement. Enrollment fees are waived when joining with a 12-month agreement. (There is a one-time \$25 processing fee when you enroll.)
- **Alternative Care Discount Program** – Get 25% off usual and customary fees for acupuncture, chiropractic services, and massage therapy, plus get discounts on health and wellness products, with free shipping on most items.
- **Discount Provider Network** – Take 20% off the published retail prices when you use a participating provider in the Discount Vision Program network for exams, frames, lenses, and more.
- **MESVision Optics** – Take advantage of competitive prices on contact lenses, sunglasses, readers, and eyecare accessories, with free shipping on orders over \$50. Blue Shield vision plan members can apply their benefits to reduce their out-of-pocket costs for contact lenses.
- **QualSight LASIK** – Save on LASIK surgery at more than 45 surgery centers in California. Services include prescreening, a pre-operative exam, and post-operative visits.
- **NVISION Laser Eye Centers** – Receive a 15% discount on LASIK surgery from experienced surgeons with offices in Southern California and Sacramento.

To find the discounts that are available to you, visit blueshieldca.com/wellnessdiscounts.

These discount program services are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans apply.

Discount program services are available to all members with a Blue Shield medical, dental, vision, or life insurance plan. The networks of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products. Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members should access those covered services prior to using the discount program. Members who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the Evidence of Coverage or Certificate of Insurance/Policy. Blue Shield reserves the right to terminate this program at any time without notice. Discount programs administered by or arranged through the following independent companies:

- *Alternative Care Discount Program – American Specialty Health Systems, Inc. and American Specialty Health Networks, Inc.*
- *Discount Provider Network and MESVisionOptics.com – MESVision*
- *Weight control – Weight Watchers North America*
- *Fitness facilities – 24 Hour Fitness, ClubSport, and Renaissance ClubSport*
- *LASIK – Laser Eye Care of California, LLC; QualSight, Inc.; and NVISION Laser Eye Centers*

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs



Fit for Life Wellness Program

Fit for Life is a CVT initiative designed to help districts and members leverage healthy lifestyle opportunities. Promoting wellness and health education continue to be at the forefront of our program offerings in providing quality health benefits to our districts and members. CVT, in partnership with our vendors, provides districts with customized offering such as on-site biometric health screenings, flu shot clinics, and on-site seminars on topics ranging from stress management to financial strategies. These events provide members with valuable medical information, promote healthy lifestyles, work-life balance and provide preventive education to members who want to continue

Programs and Services

continued

improving their health. Take advantage of these valuable health events when they become available during the year. Visit cvtrust.org/fit-for-life for more information or contact CVT Member Services for details about activities available in your area during the year

MDLIVE®

As a PPO plan member, you can use MDLIVE® for around-the-clock on-demand access to a national network of board certified doctors and licensed therapists who can diagnose, recommend treatment, and prescribe medication (if appropriate). With MDLIVE®, you can speak to a doctor anytime, anywhere through secure video or phone.

You can turn to MDLIVE® if you are considering the emergency room or urgent care for non-emergency issues when your primary care physician is not available. MDLIVE® can help you when you're at home, at work, or on-the-go. There is a \$5 per consultation fee for PPO members and a \$40 per consultation fee for HDHP members, which applies to the deductible. Start today by calling **(888) 632-2738** or registering at mdlive.com/cvt. The MDLIVE® App is now available at mdlive.com/getapp for iPhone and Android OS.



SOLERA4ME Program

SOLERA4ME is a lifestyle change program that can help you lose weight, adopt healthy habits and reduce your risk of developing type 2 diabetes. The program meets weekly for 16 weeks and then monthly for the balance of a year, and is available at no charge to members who qualify.

SOLERA4ME helps participants make modest, incremental changes that can have a big impact on their health.

Programs include:

- A focus on making healthier food choices and increasing activity levels
- Weekly sessions
- Interactions with a lifestyle coach
- Tools like a wireless scale or activity tracker

Find out if you qualify by visiting solera4me.com/cvt and taking a 1-minute quiz. Want to speak to someone directly? Contact Solera at **(877) 486-0141**.

TruHearing Select Discount Hearing Aid Program

CVT offers the TruHearing Select discount hearing aid program for all PPO medical plan subscribers and enrolled dependents. While hearing aids normally cost \$2,000 to \$3,000 per aid, CVT PPO Members have coverage on hearing aids through TruHearing for as little as a \$699 fee per aid.

Details of the program include:

- \$45 fee for routine hearing exam
- \$699 or \$999 fee per aid on TruHearing Flyte hearing aids (100% digital hearing aids with smart-phone connectivity)
- Hearing aid fee includes up to 3 follow-up in-network provider visits, a 45-day trial period, 3 year manufacturer warranty, and 48 batteries per hearing aid
- Hearing aids come in 2 different technology levels and full range of styles and colors
- All exams and hearing aid purchases must be made through TruHearing

To learn more or set up an appointment with a provider near you, contact a **TruHearing Hearing Consultant** at **(844) 300-0134** or go to TruHearing.com/Select.

Manage your Benefits with MyCVT.com

MyCVT is your online member benefit website which provides a convenient way to enroll and manage your benefits. MyCVT provides on-demand information about your coverage, enrollment status, eligibility, and links to CVT vendor partners through a single online service between you, your district and CVT. The website is password-protected, secure and confidential!



You can access your benefit and other valuable information whenever you want, from home or any place where you have Internet access. Use MyCVT to make your benefit elections, update your personal information and as a convenient way to link to CVT's vendor partners associated with your medical benefits.

Creating a MyCVT account

Before you can use the online website, it is necessary to create an account on MyCVT. To set up your account, just access the site directly from your computer, go to: mycvt.cvtrust.org. The process is simple and easy to follow. If you need additional assistance go to cvtrust.org/mycvt for a copy of MyCVT Quick Start Guide.

Questions? Contact your District office or call **CVT Member Services** at **(800) 288-9870**.

Enrollment Period

Each year, an annual open enrollment period allows you to make new benefit elections for the following plan year. Once you make your benefit elections, you cannot change plans until the next year's open enrollment period. However, you may add or remove a dependent anytime if you experience a qualifying event.

Examples of qualifying events include, but are not limited to the following:

- Marriage, divorce
- Birth or adoption of a child
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan

Enrolling dependents

If you are planning to enroll a dependent in your plan, you must provide CVT with certain documents. These include county marriage license, birth certificate, court adoption papers, court-ordered legal guardianship papers, and state registration for domestic partnerships.

If you are unable to locate these certificates, please order them now:

- usbirthcertificate.net
- vitalcheck.com
- sos.ca.gov/dpregistry



Membership Information

Change of address

To ensure the receipt of important documents regarding your benefits, please contact your district office and provide your updated contact information. The district office will then forward the changes to the CVT office. In addition to informing the district you may send your changes in writing to our office by mail, fax, or email to changeofaddress@cvtrust.org. Please include your name, ID number, new address, phone number (if applicable) and signature of the subscriber.

CVT's member ID card

Your CVT member identification (ID) card is your ticket to accessing your medical and pharmacy benefits. You will receive a combination medical and pharmacy benefit card from CVT and CVS/caremark™ approximately 3-4 weeks after enrollment. If you don't receive your card, you or your provider can call **CVT's Member Services** at **(800) 288-9870** for assistance.

Who do I call?

District Office

- Payroll deductions
- Plan coverage begins or ends
- Change address or phone number
- Enrolling dependent (family member, spouse, domestic partner, newborn, etc.)
- Removing family member due to divorce, an over-age dependent getting married, or death in the family
(Your district office will forward the paperwork to CVT, when applicable)

California's Valued Trust

- Eligibility questions
- Replace or request an additional ID card
- Retiree health benefit coverage questions
- COBRA coverage, (continuing benefit coverage through CVT, after terminating employment)
- Insurance carrier phone numbers, not listed on your insurance card(s) or in this booklet

HealthComp

- Explanation of benefits (EOB)
- Deductibles
- Out of pocket maximum
- Billing or balance billing by a provider or service
- Claim status
- Coordination of benefits (COB)
- Prior authorization is required

CVS/caremark™

- Prescription transfers
- Prior authorizations for medications
- Specialty medications



Getting Assistance with your Health Benefits

California's Valued Trust (CVT)

Address 520 E. Herndon Avenue, Fresno, CA 93720
CVT Member Services (800) 288-9870
CVT Website cvtrust.org
MyCVT - Member Benefit Website mycvt.cvtrust.org

Blue Shield of California

BlueCard – Find a provider outside of CA for members residing/traveling outside CA (800) 810-2583
Claim mailing address P.O. Box 60007, Los Angeles, CA 90060-0007
Website blueshieldca.com

PhysMetrics

Provider network (877) 519-8839
Website cvt.physmetrics.com

HealthComp Administrators

Claim mailing address P.O. Box 45018, Fresno, CA 93718-5018
PPO claim processing (800) 442-7247
PPO pre-admission/prior authorization (800) 442-7247
Website healthcomp.com
HCOonline technical support hconline.healthcomp.com

CVS/caremark™ Prescription Services

CVS/caremark™ Customer Care and Mail Service (888)-354-6390
Submit prescription claims to CVS/caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136
Website caremark.com

SilverScript

Medicare Part D Paper Claims P.O. Box 52066, Phoenix, AZ 85072-2066
Customer Care (888) 620-1756
Website silverscript.com

Accordant® Health Management Program

(For rare, complex conditions)

Eligibility and enrollment (800) 948-2497
Website accordant.com

Beacon Health Options

Employee Assistance Program (EAP) (877) 397-1032
Website achievesolutions.net/cvt

MDLIVE®

Access to board-certified doctors 24/7 for non-emergency conditions (888) 632-2738
Website mdlive.com/cvt

SOLERA4ME Diabetes Prevention Program

Eligibility and enrollment (877) 486-0141
Website solera4me.com/cvt

TruHearing Select Discount Hearing Aid Program (844) 300-0134

Website truhearing.com/Select

It is always a good practice to obtain the name of the person you spoke with when calling for assistance. If your request or question was not handled to your satisfaction, California's Valued Trust can help. Contact Member Services at (800) 288-9870, Monday-Friday, 8am to 5pm for assistance.



CALIFORNIA'S
VALUED TRUST

Healthcare Benefits for the Education Community

blue  of california

520 E. Herndon Avenue
Fresno, CA 93720

P 559.437.2960 800.288.9870
F 559.437.2965

cvtrust.org





CVT complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-288-9870.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-288-9870。