



California's  
Valued Trust

Healthcare Benefits for the  
Education Community



## **BARSTOW COMMUNITY COLLEGE CLASSIFIED**

**Health & Welfare Benefits  
October 2026 - September 2027**





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California's  
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## **Medical Plans**

**CVT PPO Health Plans with Blue Shield of California and CVS/caremark**  
**Physical/Speech/Occupational Therapy, Chiro/Acupuncture with SimpleTherapy**  
**Barstow Community College - CLASSIFIED**  
**October 1, 2026 - September 30, 2027**

| BENEFIT                                                                                                                      | PPO 1, Rx A                                                                                 | PPO 2, Rx A                                                                                 | PPO 3, Rx A                                                                                                                              | PPO 7, Rx A                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | \$0                                                                                         | \$0                                                                                         | Individual: \$100<br>Family: \$200                                                                                                       | Individual: \$300<br>Family: \$600                                                                                                     |
| <b>Coinsurance</b>                                                                                                           | Paid at 100%*                                                                               | Paid at 100%*                                                                               | Paid at 100%* after deductible is met                                                                                                    | Paid at 80%* after deductible is met                                                                                                   |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,500 <sup>(2)</sup><br>Family: \$3,000 <sup>(2)</sup>                        | Individual: \$1,500 <sup>(2)</sup><br>Family: \$3,000 <sup>(2)</sup>                        | Individual: \$2,500 <sup>(2)</sup><br>Family: \$5,000 <sup>(2)</sup>                                                                     | Individual: \$3,500 <sup>(2)</sup><br>Family: \$7,000 <sup>(2)</sup>                                                                   |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$10 Copay<br><b>Specialist Physician</b> - \$20 Copay      | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$40 Copay      | <b>Primary Care Physician</b> - \$20 Copay<br><b>Specialist Physician</b> - \$40 Copay                                                   | <b>Primary Care Physician</b> - \$30 Copay<br><b>Specialist Physician</b> - \$60 Copay                                                 |
| <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 100%*<br><b>Hospital</b> - \$50 copay, then paid at 100%*     | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$50 copay, then paid at 100%*     | <b>Non-Hospital</b> - Paid at 100%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*  | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*  |
| <b>Outpatient Radiology</b>                                                                                                  | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$75 copay, then paid at 100%*     | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$75 copay, then paid at 100%*     | <b>Non-Hospital</b> - Paid at 100%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*  | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*  |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 100%*                                                                               | Paid at 100%*                                                                               | Paid at 100%* 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%* of covered charges                                                            | Paid at 100%* after deductible is met                                                                                                    | Paid at 80%* after deductible is met                                                                                                   |
| <b>Physical Therapy</b>                                                                                                      | Paid at 100%*( <sup>(1)</sup> )<br>(Copay, if applicable.)                                  | Paid at 100%*( <sup>(1)</sup> )<br>(Copay, if applicable.)                                  | Paid at 100%*( <sup>(1)</sup> ) after deductible is met<br>(Copay, if applicable.)                                                       | Paid at 80%*( <sup>(1)</sup> ) after deductible is met<br>(Copay, if applicable.)                                                      |
| <b>Chiropractic</b>                                                                                                          | Paid at 100%*( <sup>(1)</sup> )<br>(Copay, if applicable.)                                  | Paid at 100%*( <sup>(1)</sup> )<br>(Copay, if applicable.)                                  | Paid at 100%*( <sup>(1)</sup> ) after deductible is met<br>(Copay, if applicable.)                                                       | Paid at 80%*( <sup>(1)</sup> ) after deductible is met<br>(Copay, if applicable.)                                                      |
| <b>Acupuncture</b>                                                                                                           | Paid at 100%*<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year           | Paid at 100%*<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year           | Paid at 100%* after deductible is met<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year                                | Paid at 80%* after deductible is met<br>(Copay, if applicable)<br>Maximum of 12 visits per calendar year                               |
| <b>Outpatient Surgery</b>                                                                                                    | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$250 copay, then paid at 100%*    | <b>Non-Hospital</b> - Paid at 100%*<br><b>Hospital</b> - \$250 copay, then paid at 100%*    | <b>Non-Hospital</b> - Paid at 100%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%* | <b>Non-Hospital</b> - Paid at 80%* after deductible is met<br><b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%* |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 100%*<br>Unlimited days, Semi-private room                                          | Paid at 100%*<br>Unlimited days, Semi-private room                                          | Paid at 100%* after deductible is met;<br>Unlimited days, Semi-private room                                                              | Paid at 80%* after deductible is met;<br>Unlimited days, Semi-private room                                                             |
| <b>Hospital Emergency Room</b>                                                                                               | <b>\$200 Copay</b><br>(Copay waived if admitted as inpatient)<br>After copay, paid at 100%* | <b>\$200 Copay</b><br>(Copay waived if admitted as inpatient)<br>After copay, paid at 100%* | <b>\$200 Copay</b><br>(Copay waived if admitted as inpatient)<br>After deductible is met, copay then paid at 100%*                       | <b>\$200 Copay</b><br>(Copay waived if admitted as inpatient)<br>After deductible is met, copay then paid at 80%*                      |
| <b>Urgent Care</b>                                                                                                           | \$10 Copay                                                                                  | \$20 Copay                                                                                  | \$20 Copay                                                                                                                               | \$30 Copay                                                                                                                             |
| <b>Home Health Care</b>                                                                                                      | Paid at 100%*<br>Limited to 100 visits per calendar year                                    | Paid at 100%*<br>Limited to 100 visits per calendar year                                    | Paid at 100%* after deductible is met<br>Limited to 100 visits per calendar year                                                         | Paid at 80%* after deductible is met;<br>Limited to 100 visits per calendar year                                                       |

| BENEFIT                                                  | PPO 1, Rx A                                                                                                                                                                             |                                                                                                                       | PPO 2, Rx A                                                                                                                                                                             |                                                                                                                       | PPO 3, Rx A                                                                                                                                                                             |                                                                                                                       | PPO 7, Rx A                                                                                                                                                                             |                                                                                                                       |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <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>30-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$5<br>Pref Brand: \$22<br>Non-Pref Brand: \$22<br>Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx                           | <b>90-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$10<br>Pref Brand: \$44<br>Non-Pref Brand: \$44<br>Specialty: N/A | <b>30-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$5<br>Pref Brand: \$22<br>Non-Pref Brand: \$22<br>Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx                           | <b>90-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$10<br>Pref Brand: \$44<br>Non-Pref Brand: \$44<br>Specialty: N/A | <b>30-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$5<br>Pref Brand: \$22<br>Non-Pref Brand: \$22<br>Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx                           | <b>90-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$10<br>Pref Brand: \$44<br>Non-Pref Brand: \$44<br>Specialty: N/A | <b>30-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$5<br>Pref Brand: \$22<br>Non-Pref Brand: \$22<br>Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx                           | <b>90-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$10<br>Pref Brand: \$44<br>Non-Pref Brand: \$44<br>Specialty: N/A |

**PPO Plans:**

\* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers. Anthem BDC+ required procedures excluded from \$250 outpatient surgery copay.

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) The PrudentRx program is not applicable and pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

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

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

**CVT PPO Health Plans with Blue Shield of California and CVS/caremark**  
**Physical/Speech/Occupational Therapy, Chiro/Acupuncture with SimpleTherapy**  
**Barstow Community College - CLASSIFIED**  
**October 1, 2026 - September 30, 2027**

| BENEFIT                                                                                                                      | Bronze                                                                                                                                                                                                                               |                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | Individual: \$5,000<br>Family: \$10,000                                                                                                                                                                                              |                                                                                                                                                        |
| <b>Coinsurance</b>                                                                                                           | Paid at 70%* after deductible is met                                                                                                                                                                                                 |                                                                                                                                                        |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$7,000<br>Family: \$14,000                                                                                                                                                                                              |                                                                                                                                                        |
| <b>Doctor Visits</b>                                                                                                         | <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<br><b>Specialist Physician</b> - Subject to deductible then \$120 copay per visit |                                                                                                                                                        |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%*                                                                                                                                                                                                                        |                                                                                                                                                        |
| <b>Outpatient Laboratory</b>                                                                                                 | Paid at 70%* after deductible is met                                                                                                                                                                                                 |                                                                                                                                                        |
| <b>Outpatient Radiology</b>                                                                                                  | Paid at 70%* after deductible is met                                                                                                                                                                                                 |                                                                                                                                                        |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 70%* after deductible is met                                                                                                                                                                                                 |                                                                                                                                                        |
| <b>Ambulance - Ground / Air</b>                                                                                              | Paid at 70%* after deductible is met                                                                                                                                                                                                 |                                                                                                                                                        |
| <b>Physical Therapy</b>                                                                                                      | Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)                                                                                                                                                           |                                                                                                                                                        |
| <b>Chiropractic</b>                                                                                                          | Paid at 70%* <sup>(1)</sup> after deductible is met (Copay, if applicable)                                                                                                                                                           |                                                                                                                                                        |
| <b>Acupuncture</b>                                                                                                           | Paid at 70%* after deductible is met (Copay, if applicable).<br>Maximum of 12 visits per calendar year                                                                                                                               |                                                                                                                                                        |
| <b>Outpatient Surgery</b>                                                                                                    | Paid at 70%* after deductible is met                                                                                                                                                                                                 |                                                                                                                                                        |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 70%* after deductible is met;<br>Unlimited days, Semi-private room                                                                                                                                                           |                                                                                                                                                        |
| <b>Hospital Emergency Room</b>                                                                                               | Subject to Deductible, then \$200<br>Copay (copay waived if admitted as inpatient)                                                                                                                                                   |                                                                                                                                                        |
| <b>Urgent Care</b>                                                                                                           | Subject to deductible, then \$120 Copay                                                                                                                                                                                              |                                                                                                                                                        |
| <b>Home Health Care</b>                                                                                                      | Paid at 70%* after deductible is met;<br>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. 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> .                                                                                                                        |                                                                                                                                                        |
| <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>30-Day Supply</b><br>Subject to deductible, then<br>Generic: \$25 Copay<br>Pref Brand: \$50 Copay<br>Non-Pref Brand: \$50 Copay<br>Specialty: Paid at 70%, \$0 when enrolled in PrudentRx                                         | <b>90-Day Supply</b><br>Subject to deductible, then<br>Generic: \$50 Copay<br>Pref Brand: \$100 Copay<br>Non-Pref Brand: \$100 Copay<br>Specialty: N/A |

**PPO Plans:**

\* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers. Anthem BDC+ required procedures excluded from \$250 outpatient surgery copay.

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

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) The PrudentRx program is not applicable and pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

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

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

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

**CVT HMO Health Plans with Blue Shield Access+ and CVS/caremark**

**Barstow Community College - CLASSIFIED**

**October 1, 2026 - September 30, 2027**

| BENEFIT                                                                                                                      | HMO Access+ 1, Rx B                                                                                                                                                |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | \$0                                                                                                                                                                |                                                                                                                       |
| <b>Coinsurance</b>                                                                                                           | Paid at 100%*                                                                                                                                                      |                                                                                                                       |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,000<br>Family: \$2,000                                                                                                                             |                                                                                                                       |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$10 Copay<br><b>Specialist Physician</b> - \$10 Copay with PCP referral; \$30 Copay Access+ Specialist option <sup>(7)</sup>      |                                                                                                                       |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%*                                                                                                                                                      |                                                                                                                       |
| <b>Outpatient Laboratory</b>                                                                                                 | Paid at 100%*                                                                                                                                                      |                                                                                                                       |
| <b>Outpatient Radiology</b>                                                                                                  | Doctor Visit - \$10 Copay<br>Outpatient - Paid in full                                                                                                             |                                                                                                                       |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 100%*                                                                                                                                                      |                                                                                                                       |
| <b>Ambulance - Ground / Air</b>                                                                                              | \$100 Copay                                                                                                                                                        |                                                                                                                       |
| <b>Physical Therapy</b>                                                                                                      | \$10 Per Visit                                                                                                                                                     |                                                                                                                       |
| <b>Chiropractic</b>                                                                                                          | \$10 Copay<br>limited up to 30 combined visits per calendar year(PCP prior authorization not required) <sup>(6)</sup>                                              |                                                                                                                       |
| <b>Acupuncture</b>                                                                                                           | Not Covered                                                                                                                                                        |                                                                                                                       |
| <b>Outpatient Surgery</b>                                                                                                    | Paid at 100%*                                                                                                                                                      |                                                                                                                       |
| <b>Hospital Inpatient</b>                                                                                                    | Physician paid at 100%*<br>Inpatient facility services - Paid at 100%*<br>Skilled Nursing - Paid at 100%*<br>Semi-private room                                     |                                                                                                                       |
| <b>Hospital Emergency Room</b>                                                                                               | \$100 Copay<br>(Copay waived if admitted as in-patient)                                                                                                            |                                                                                                                       |
| <b>Urgent Care</b>                                                                                                           | \$10 Copay                                                                                                                                                         |                                                                                                                       |
| <b>Home Health Care</b>                                                                                                      | \$10 Per Visit<br>(limited to 100 visits per calendar year)                                                                                                        |                                                                                                                       |
| <b>Telehealth</b>                                                                                                            | Paid at 100% for non-emergency care, call <b>Teladoc</b> 24/7 at <b>(800) 835-2362</b>                                                                             |                                                                                                                       |
| <b>Virtual Physical Therapy</b>                                                                                              | N/A                                                                                                                                                                |                                                                                                                       |
| <b>Employee Assistance Program (EAP) through Carelon</b>                                                                     | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup> |                                                                                                                       |
| <b>Prescription Drugs</b>                                                                                                    | <b>30-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$7<br>Pref Brand: \$15<br>Non-Pref Brand: \$30<br>Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx      | <b>90-Day Supply</b> <sup>(4, 9)</sup><br>Generic: \$15<br>Pref Brand: \$35<br>Non-Pref Brand: \$70<br>Specialty: N/A |

**Blue Shield HMO Plans:**

**\* For Covered Expenses Only**

(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.

(6) Chiropractic benefits are offered through ASH.

(7) To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

(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).



## How to find a network doctor

**Simply go to your plan online to search doctors, specialists, hospitals, and pharmacies.**

- Access+ HMO Plan®: [blueshieldca.com/networkhmo](https://blueshieldca.com/networkhmo)
- PPO Plan (outside CA): [provider.bcbs.com](https://provider.bcbs.com); (Note: In the "Find your plan by prefix" window, click on *Browse a list of plans*. Then find *California, Blue Shield*.)
- PPO Plan (within CA): [blueshieldca.com/networkppo](https://blueshieldca.com/networkppo)
- Trio HMO Plan: [blueshieldca.com/networktriohmo](https://blueshieldca.com/networktriohmo)

### How to find your PCP's ID number

When enrolling in a Blue Shield of California HMO plan for the first time, you may need to provide the ID number for your primary care physician (PCP). Once you locate your PCP's name in the *Find a Doctor* tool, click on the doctor's name and then click *View details* under Primary Care Physician ID to see their ID number.

### How to find urgent or emergency care outside California

As a Blue Shield member, you are always covered for urgent and emergency care when away from home. To find providers in the U.S., visit [provider.bcbs.com](https://provider.bcbs.com) or call BlueCard Access at **(800) 810-BLUE (2583) (TTY: 711)**. To find international providers, visit [bcbsglobalcore.com](https://bcbsglobalcore.com) or call the Blue Shield Global Core service center collect at **(804) 673-1177** from outside the U.S.

### Have questions?

If you need assistance, call Member Services at **(800) 360-6587**, 5 a.m. to 8 p.m. PT, Monday through Friday.

### **Language Assistance Notice**

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost. Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio. 如欲免費獲取中文協助，請撥打您 ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

### **Nondiscrimination Notice**

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**blueshieldca.com**

Blue Shield of California is an independent member of the Blue Shield Association

A38517\_0423

**CVT HMO Health Plans with Kaiser Permanente**  
**Barstow Community College - CERTIFICATED, CLASSIFIED, MANAGEMENT**  
**October 1, 2026 - September 30, 2027**

| BENEFIT                                                                                                                      | Kaiser 1 w/Chiro                                                                                                                                                   |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b>                                                                                              | \$0                                                                                                                                                                |                                                                         |
| <b>Coinsurance</b>                                                                                                           | Paid at 100%*                                                                                                                                                      |                                                                         |
| <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup> | Individual: \$1,500<br>Family: \$3,000                                                                                                                             |                                                                         |
| <b>Doctor Visits</b>                                                                                                         | <b>Primary Care Physician</b> - \$10 Copay<br><b>Specialist Physician</b> - \$10 Copay                                                                             |                                                                         |
| <b>Preventive Care / Immunizations</b>                                                                                       | Paid at 100%*                                                                                                                                                      |                                                                         |
| <b>Outpatient Laboratory</b>                                                                                                 | Most tests paid at 100%*                                                                                                                                           |                                                                         |
| <b>Outpatient Radiology</b>                                                                                                  | Most services paid at 100%*                                                                                                                                        |                                                                         |
| <b>Durable Medical Equipment</b>                                                                                             | Paid at 100%*                                                                                                                                                      |                                                                         |
| <b>Ambulance - Ground / Air</b>                                                                                              | Paid at 100%*<br>If Medically Necessary                                                                                                                            |                                                                         |
| <b>Physical Therapy</b>                                                                                                      | \$10 Copay                                                                                                                                                         |                                                                         |
| <b>Chiropractic</b>                                                                                                          | Benefit through <b>SimpleTherapy</b> ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture.             |                                                                         |
| <b>Acupuncture</b>                                                                                                           | Benefit through <b>SimpleTherapy</b> ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic.            |                                                                         |
| <b>Outpatient Surgery</b>                                                                                                    | \$10 Copay                                                                                                                                                         |                                                                         |
| <b>Hospital Inpatient</b>                                                                                                    | Paid at 100%*                                                                                                                                                      |                                                                         |
| <b>Hospital Emergency Room</b>                                                                                               | \$100 Copay<br>Copay waived if admitted as in-patient                                                                                                              |                                                                         |
| <b>Urgent Care</b>                                                                                                           | \$10 Copay                                                                                                                                                         |                                                                         |
| <b>Home Health Care</b>                                                                                                      | Paid at 100%* (Limits)                                                                                                                                             |                                                                         |
| <b>Telehealth</b>                                                                                                            | Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.                                       |                                                                         |
| <b>Virtual Physical Therapy</b>                                                                                              | Contact your PCP for virtual options.                                                                                                                              |                                                                         |
| <b>Employee Assistance Program (EAP) through Carelon</b>                                                                     | Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup> |                                                                         |
| <b>Prescription Drugs</b>                                                                                                    | <b>Up to 30-Day Supply</b><br>Plan Pharmacy<br>Tier 1 \$5<br>Tiers 2 & 4 \$10                                                                                      | <b>Up to 100-Day Supply</b><br>Mail Order<br>Tier 1 \$10<br>Tier 2 \$20 |

**Kaiser Permanente Plans:**

**\* For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility Office Visits: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - \$20 Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plan 6 - \$25 Copay; Plan 7 - \$35 Copay; Plan 8 - \$20 Copay; Plan 9 Wellness - \$40 Copay; Plan 10 Bronze - 60%\* after deductible is met; Plan 11 HSA - \$30 copay after deductible is met; All services: cost share you would pay if the services were to treat any other condition.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge; Plan 11 HSA - \$5 Per Visit after deductible is met.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

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

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).



# SimpleTherapy: Relief for Muscles, Joints, and More Made Simple.

As a CVT member with Kaiser Permanente, you have access to a full range of chiropractic and acupuncture services—all through SimpleTherapy.

From pain relief to recovery and movement support, we've got you covered, statewide.

Covered services include:



Chiropractic Care



Acupuncture

Our friendly Member Services team is here to help you navigate your benefits and find the care you need—fast. Visit [simpletherapy.com/go/cvtk](https://simpletherapy.com/go/cvtk) to:

- View your benefit details
- Search for a provider near you

SimpleTherapy® does not offer medical advice, diagnosis, or treatment, and is not a replacement for a physical therapist or doctor. Please consult with our physical therapist or doctor if you have any questions about incorporating the SimpleTherapy sessions into your health and well-being program.

Your information is confidential. We will not share it with your employer.



California's  
Valued Trust

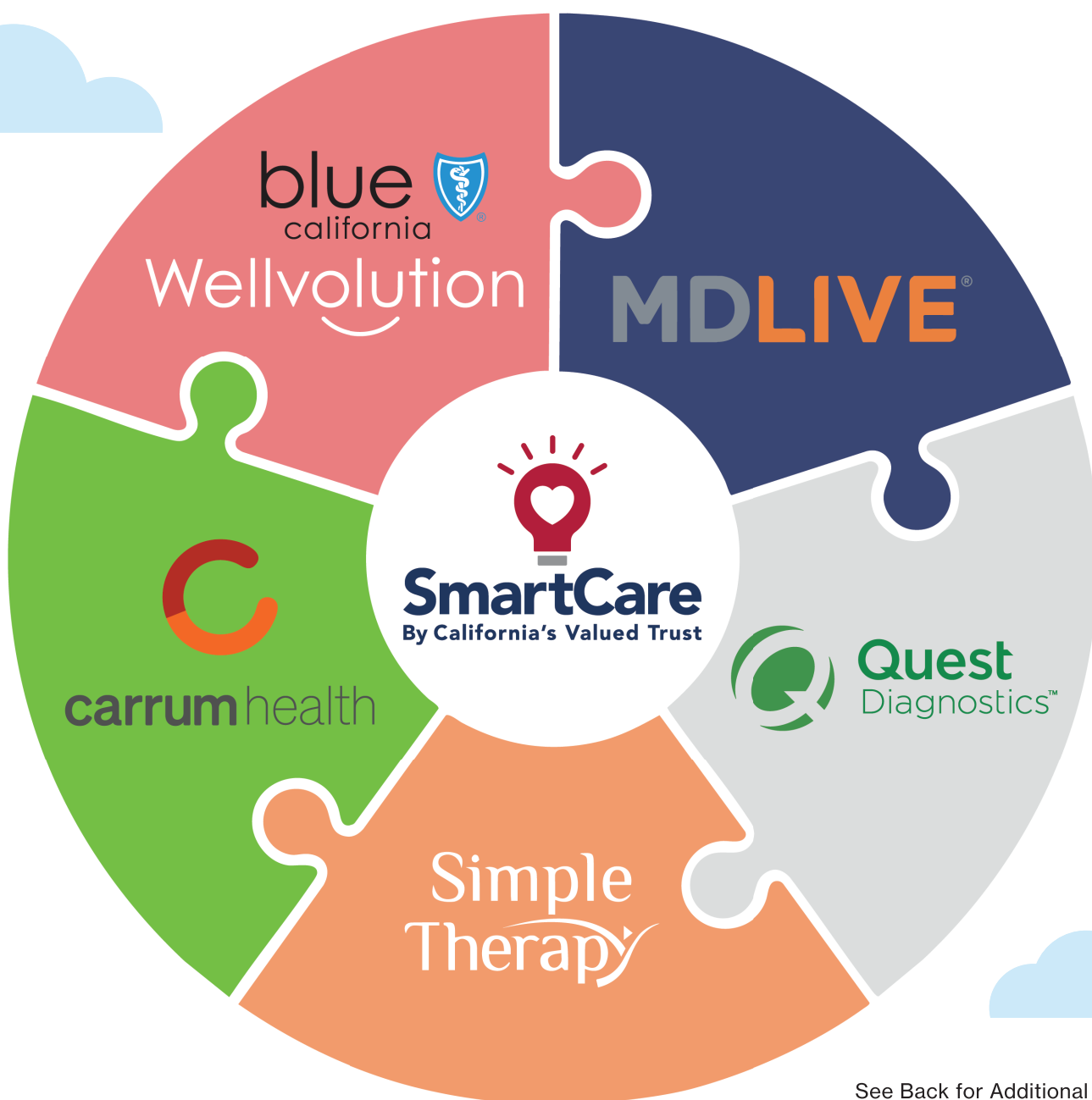
## **Additional Resources**

# Shop Smart. Care Smart. Introducing SmartCare by CVT.

## Meet Your SmartCare Tools!

CVT has packaged these tools into the SmartCare program to help members make informed choices and save money through innovative, easy-to-use and convenience-focused programs.

If you have questions about any of these tools, call **CVT Member Services** at **(800) 288-9870**.



See Back for Additional Details

NEW

## blue of california Wellvolution

**Get lifestyle-based tools and support to lose weight, treat diabetes, support mental health and more.**

**Who is eligible:** Blue Shield PPO and HMO members

Learn more at:



(800) 360-6587

## carrumhealth

**\$0 Member Cost Share!\***

**Centers of Excellence for:**

- Outpatient Surgery
- Cancer Care
- Substance Use Disorder

**Who is eligible:** PPO members

*\*Individuals enrolled in high-deductible plans must first meet their deductible, but copays and coinsurance will be waived.*

Learn more at:



(888) 855-7806

## SimpleTherapy

**\$0 Member Cost Share!**

- 24/7 access to programs for pain management, pelvic health, injury prevention and more
- Unlimited access
- One-on-one personal health coaching

**Who is eligible:** PPO members

Learn more at:



(800) 644-2478

## MDLIVE<sup>®</sup>

**\$0 Member Cost Share!**

- 24/7 Urgent Care
- Virtual Primary Care
- Behavioral Health
- Dermatology

**Who is eligible:** PPO members

Learn more at:



(888) 632-2738

## Quest Diagnostics™

**\$25 Digital Reward Card**

Biometric screenings for subscribers, spouses/partners, over 18 age dependents.

**Who is eligible:** All CVT members

**Quest Password:** CVT2026

Learn more at:



(855) 623-9355



# You can save time and money by going to an urgent care center

## About urgent care centers

An urgent care center can provide many of the same basic medical services as your doctor's office – often with extended hours – and lower out-of-pocket costs than the emergency room. Staffed with licensed physicians, urgent care centers are ideal for non-emergency care when your doctor isn't available.

| Urgent care                                                      | VS. | Emergency room                            |
|------------------------------------------------------------------|-----|-------------------------------------------|
| Sprains, strains, and sports injuries                            |     | Chest pain or heart attack                |
| Cuts and abrasions                                               |     | Stroke, weakness, or numbness on one side |
| Fever, colds, coughs, sore throats, sinus problems, and earaches |     | Fractures                                 |
| Diarrhea or stomach cramps                                       |     | Severe bleeding                           |
| Urinary tract infections                                         |     | Severe abdominal pain                     |
| Skin allergies and rashes                                        |     | Difficulty breathing                      |
| Insect and animal bites                                          |     | Head injury or other major trauma         |
|                                                                  |     | Loss of consciousness                     |

You'll save both time and money when you visit an urgent care center versus an emergency room. Urgent care centers offer you quality care at lower out-of-pocket costs for non-emergency conditions. The wait times at most urgent care centers are typically less than at California emergency rooms, where average wait times are about four hours and 34 minutes.\*

## Find an urgent care center (PPO plan members)

- If your doctor isn't available, visit any urgent care center for covered services.
- See providers within the Blue Shield network for lower out-of-pocket costs.
- To locate a Blue Shield–contracted urgent care center near you, log in to [blueshieldca.com/find-a-doctor](https://blueshieldca.com/find-a-doctor). Select *Urgent Care* and enter your location. You have the option to go anywhere you like. However, you'll have lower out-of-pocket costs if you visit a network provider.

For a detailed description of coverage benefits and limitations, please consult your health plan's *Evidence of Coverage* or *Certificate of Insurance/Policy*.

**If you feel you're experiencing a medical emergency, call 911 immediately or go to the nearest emergency room.**

\* "Emergency Department Pulse Report," American College of Emergency Physicians and Press Ganey, 2010.

# You can save time and money by going to an urgent care center

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## Find an urgent care center (HMO plan members)

- Call your doctor's office to help you find the closest urgent care center you can visit. You can only seek care at urgent care centers affiliated with your doctor's medical group or Independent Practice Association.
- Before you seek care, get an authorization from your doctor's office to make sure your HMO plan covers the services you receive.

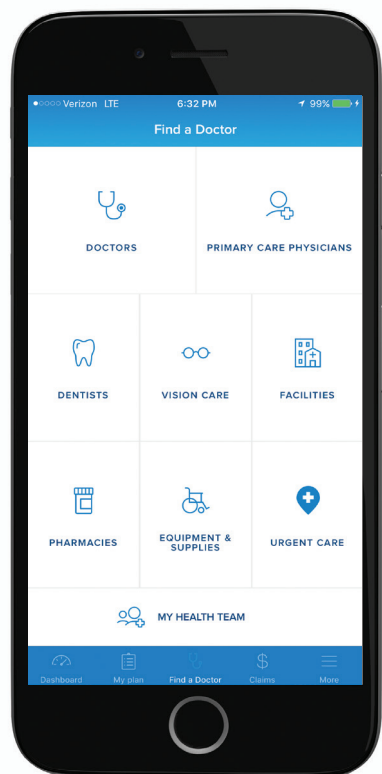
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# Manage your health care anytime, anywhere from your phone, tablet, or computer

Get 24/7 access to your Blue Shield health plan information through our mobile app and website.



## It's easy to get started:

From your phone, download the Blue Shield of California mobile app on the [App Store](#)<sup>SM</sup> or [Google Play](#)<sup>TM</sup> and click register.



From your computer, register for your online account at [blueshieldca.com/godigital](https://blueshieldca.com/godigital).

## Once you register, you'll be able to:

- Find a doctor or urgent care center near you
- View or print your Blue Shield member ID card
- Check your deductible and copayment/coinsurance year-to-date totals
- View your claims
- Review your benefits information
- See your wellness benefits

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# Care you can count on



Get support from licensed medical doctors and mental health professionals no matter where you are with Teladoc Health®

As a Blue Shield member, you have access to Teladoc Health's national network of U.S. board-certified physicians.

**General medical care** – appointments are available 24/7 by phone or video.

**Teladoc Health medical doctors can treat many medical conditions including:**

- Cold and flu symptoms
- Allergies
- Respiratory infections
- Sinus problems

**How much does Teladoc Health medical care cost? (10/1/2026 - 9/30/2027)**

HMO plan..... \$0

**Mental health care** – appointments are available from 7 a.m. to 9 p.m. local time, seven days a week.

**Teladoc Health licensed professionals can help you manage mental health conditions including:**

- Depression
- Anxiety
- Grief
- Stress
- Addiction
- Domestic abuse
- And more

**How much does Teladoc Health mental health care cost?**

HMO plan..... \$0

**Please note:** This service does not include a crisis hotline. Help is available if you or someone you know is in crisis. Call or text **988** to reach the 988 Suicide & Crisis Lifeline. You can also visit **988lifeline.org**.

# How to request a video or phone appointment

## General medical consultations

Appointments are available 24/7 by phone or video.

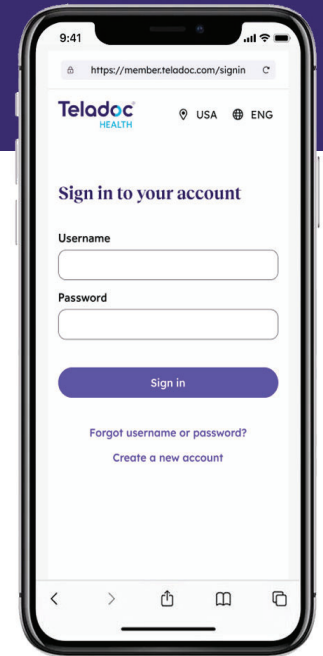
1. Visit **blueshieldca.com/teladochealth**
2. Register or log in. You can request a consultation any time you need care.
3. Download the Blue Shield app to access care from anywhere.

## Mental health consultations

Appointments are available from 7 a.m. to 9 p.m. local time, seven days a week.

Teladoc Health confirms mental health appointments within 72 hours.

1. Visit **blueshieldca.com/teladochealth** to register or log in and answer a few questions about your needs.
2. Request an appointment.
3. Download the Blue Shield app to access care from anywhere. (Please note that mental health appointments must be scheduled in advance.)



If you have questions or need help creating an account, call **1-800-Teladoc (835-2362)** [TTY: (855) 636-1578]. Wait times may vary.

## Confidential therapy when you need support



**blueshieldca.com/teladochealth**

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You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost sharing obligations and balance billing protections.

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# A healthy you just got easier



Explore all that Blue Shield of California has to offer with Wellvolution®, the digital platform that guides you on your health journey. Wellvolution customizes your path to better health, matching you with clinically proven programs and apps that are right for you both in mind and body.

Through Wellvolution, you have access to lifestyle-based tools and support designed to help you lose weight, treat diabetes, nurture mental health, and more. You'll get personalized plans, on-demand tools, and health coaches to assist you in reaching your goals. All at no extra cost to eligible Blue Shield members.

## Programs available

|                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Emotional well-being</b>                      | Headspace® and Headspace Care™ are now available as 12-month programs to help manage sleep, stress, anxiety, and depression, and boost resilience. <sup>1</sup>                                      |  headspace  headspace care                                                                                                                                                                                                                                                                                                                                |
| <b>Weight management and diabetes prevention</b> | Coaching and digital tools like a Fitbit® <sup>2</sup> to track your success across a 12-month program for losing weight, feeling healthier, and reducing your risk of chronic disease.              |       |
| <b>Diabetes care and hypertension</b>            | Programs up to 18 months for treating common conditions, such as diabetes, hypertension, and heart disease. Receive digital tools to help manage and monitor risk as appropriate for each condition. |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Tobacco and vaping cessation</b>              | Includes nicotine replacement therapy in the form of a patch, lozenge, or gum. A two-month supply can be delivered to your home.                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Physical therapy and fitness</b>              | Personalized digital therapy and health programs to reduce pain and increase strength. No matter your pain level or where it hurts, we have a program for you.                                       |                                                                                                                                                                                                                                                                      |

# How it works

- 1 Create a Wellvolution account**  
Visit [wellvolution.com](https://wellvolution.com) to get started. We'll confirm that you're qualified to receive the program at no extra cost.
- 2 Get programs**  
Pick one or more health goals you'd like to work on. We'll recommend the best program(s) for your needs. You can make your choice and get started.
- 3 Become a healthier you**  
With the assistance of your program, begin making healthier choices about diet, exercise, sleep, stress, and your overall health.

## Start making changes at no extra cost

Take advantage of all of the tools available through Blue Shield at [wellvolution.com](https://wellvolution.com)



### Need help?

We're here to answer questions and assist with joining programs at **(866) 671-9644**.

1 As part of our Wellvolution program, members have a choice between Headspace's meditation and mindfulness content or Headspace Care's mental health coaching and clinical services. Video therapy and psychiatry sessions are available for a cost share as stated in your health plan coverage. Please contact Blue Shield of California for details. Headspace's medical affiliate, Headspace Care of California Medical P.C., is a licensed medical provider in California.

2 For members who complete program participation requirements. Requirements vary; check with your program for details. Applies to certain Fitbit® models. Limited to one per person. Solera Health reserves the right to substitute an alternate activity tracker.

All programs are reviewed by Blue Shield of California to help members 18 years old and older improve their health. Programs are available at no cost to eligible members. Apps may be removed or added throughout the year based on need and demand.

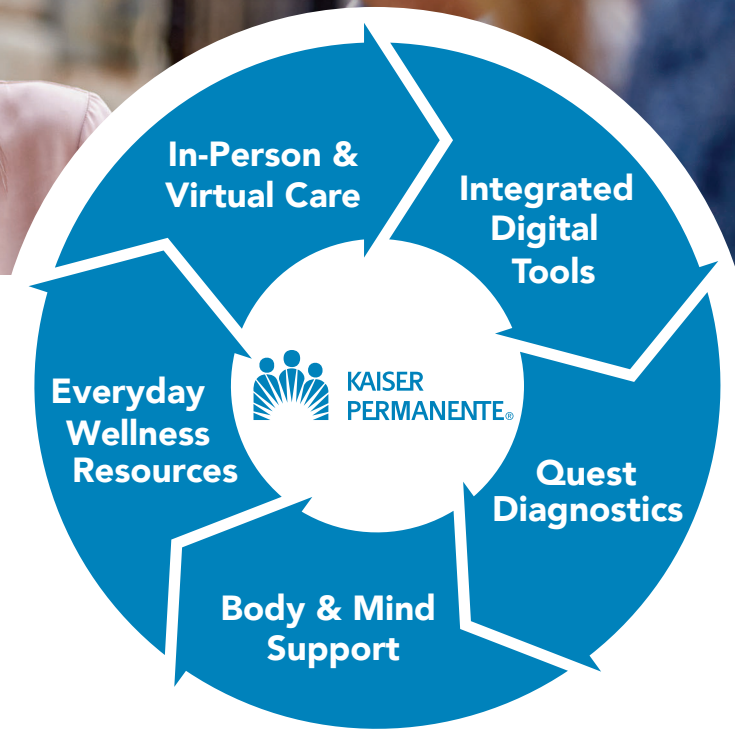
Wellvolution and all associated digital and in-person health programs and services are managed by Solera Health, Inc., a health company committed to changing lives by guiding people to better health in their communities. Solera Health, Inc., is independent of Blue Shield of California and is contracted by Blue Shield to deliver a select collection of lifestyle programs, tools, and apps. These 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. Blue Shield reserves the right to terminate this program at any time without notice. Any disputes regarding Wellvolution may be subject to Blue Shield's grievance process. All trademarks, logos, and brand names are the property of their respective owners.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost sharing obligations and balance billing protections.

Blue Shield of California is an independent member of the Blue Shield Association.

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en Español sin cargo, llame al (866) 346-7198. 如果需要中口的免费帮助，请拨打这个号码 (866) 346-7198.

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# Experience simpler, smarter healthcare

Combined care and coverage is everything

## Integrated Digital Tools

- Support for new member onboarding
- kp.org registration
- KP mobile app



[kp.org/newmember](https://kp.org/newmember)

## Resources For Your Everyday Wellness:

- Wellness coaching
- Fitness & exercise deals
- Affinity musculoskeletal program



[kp.org/health-wellness](https://kp.org/health-wellness)

## Quest Diagnostics

Biometric screenings for subscribers, spouses/partners, over 18 age dependents.



[my.questforhealth.com](https://my.questforhealth.com)

## Support For Your Body & Mind:

- Individual therapy
- Group therapy
- Medication
- Health classes
- Online resources
- Self-care apps



[kp.org/mentalhealth](https://kp.org/mentalhealth)

## Convenient In-Person & Virtual Care

- 24/7 nurse advice line
- Phone appointments
- Video visits
- Email
- E-visits
- Urgent care
- Care while traveling



[kp.org/getcare](https://kp.org/getcare)

# Get quality care whenever you need it

With Kaiser Permanente, you have many options available to get the world-class care you depend on for all your health needs – day or night. Here's how:

## Convenient ways to get care



### Phone visit

Talk with a clinician over the phone for the same high-quality care as an in-person visit.<sup>1,2</sup> Schedule an appointment or get fast, personalized support 24/7.



### Video visit

Meet face-to-face with a clinician by video from your smartphone, tablet, or computer.<sup>1,2</sup> Appointments are optional.



### 24/7 care advice

Talk with a Kaiser Permanente clinician anytime day or night for advice.



### E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



### Email

Message your doctor's office with nonurgent health questions anytime through your kp.org account.



### Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.<sup>3</sup>

1. Where appropriate and available. 2. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

## Making an appointment is easy

### Go online:

To choose the kind of care you need, visit **kp.org/getcare** or sign in to the Kaiser Permanente app – and avoid hold times on the phone. For Colorado or Washington members, chat online with a doctor through your kp.org account.

### Call us 24/7:

Find your location information below.

#### California

- Northern California: **1-866-454-8855**
- Southern California: **1-833-574-2273**

#### Colorado

**303-338-4545** or **1-800-218-1059**

#### Georgia

**404-365-0966**

#### Hawaii

- Oahu: **808-432-2000**
- Maui: **808-243-6000**
- Hawaii Island: **808-334-4400**
- Kauai: **808-246-5600**

**Maryland/Virginia/Washington, D.C.**  
**1-800-777-7904**

#### Oregon/SW Washington

- Portland: **503-813-2000**
- All other areas: **1-800-813-2000**

#### Washington

**1-800-297-6877**

**TTY**  
**711**



# 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

### 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.



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.

Copyright © MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit <https://www.MDLIVE.com/terms-of-use/>.

# virtual vs. in-person primary care.

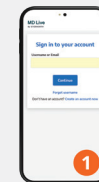
## how to know which option to choose.



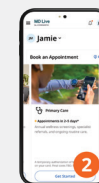
When you need support managing a chronic condition or a new health concern, choosing between virtual and in-person care can be confusing if you don't know your options. MDLIVE Primary Care offers convenient access to board-certified doctors with wellness screenings, routine care, and support for ongoing 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                                           | ✓<br>(in-network) | ✓<br>(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                                                            | ✓                 | ✗                                   |

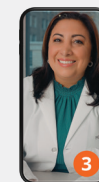
### get started in 3 quick steps:



**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.**



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.

## Support for better living

No issue is too big or too small. Receive no-cost confidential assistance today.

### Counseling

Schedule an appointment with a licensed counselor. Help is available online or in-person at times that work for you. You and your household members each receive **6** visits per issue, 2 issues per year.

### Legal and financial services

Connect with legal and financial experts for free, private consultations on real estate, financial advice, family law, investing, and planning for the future.

### Support for work-life balance

Access resources and receive referrals to help with child and elder care, education, consumer resources, home maintenance, pet care, and daily living.



### Health Tip

Saying thank you may improve your mood. Researchers have found that gratitude helps you recognize the good in your life, which reduces the likelihood that you'll be sad or depressed.



Reach out at any time — help is available 24/7.

Call: 877-397-1032

Text: 877-397-1032

Chat:

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





# A benefit that seems too good to be true.

Thanks to CVT, members have access to expert medical care — **at little to no cost.\***

Carrum Health is a benefit that helps you and your covered family members get care from some of the best surgeons, cancer specialists and recovery centers in the country.

The best part? Instead of getting billed for every visit or service, you pay one low price for your care and never receive a medical bill. **Plus, the cost is often fully covered, so you may not have to pay anything at all.\***

Don't pay more for specialty care than you need to. Get high-quality care for less. Create your free online account today.

**Visit: [carrum.me/cvt](https://carrum.me/cvt)**

**Call: 888-855-7806**



## The experts in our network specialize in a variety of care including:

- Cancer Care
- Heart surgeries
- Hysterectomies
- Surgeries for your bones, joints and muscles
- Spine surgeries
- Alcohol and opioid addiction treatment
- Weight loss surgeries

\*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.



# The One Stop Shop For Mental Wellbeing Resources.

**CredibleMind** is the free online platform that brings together expert rated and vetted videos, podcasts, apps, online programs, books and articles all in one easy to use place.

Confidential, anonymous, and available 24/7, with CredibleMind you can learn new skills, understand your own mental health, take a mental health assessment and browse our library of thousands of mental wellbeing resources.



## Get started today by signing up and taking a mental health assessment.

By signing up, you will have access to: past assessment results to track improvement over time, your favorite resources, and handpicked CredibleMind resources right to your email!

No matter what you are going through, CredibleMind has resources to help with science-backed evidence you can trust.

## Some assessments you'll find on CredibleMind are:

- Is it Job Stress or Burnout?
- Are You Mindful or Is Your Mind Full?
- How Strong Is Your Resilience Network
- What's Your Meditation Style?
- What's your Mental Health Profile?
- Dive into Your Personality Big 5!

# Why SimpleTherapy?

Investing in your health is one of the best decisions you can make. SimpleTherapy makes it easy to get on the path to feeling better and improving your overall well-being. Our virtual physical therapy program provides the tools you need to turn your health into wealth.

## Here's what we can help you with:



**Chronic and acute pain**



**Specific injuries and conditions**



**Preventive health**



**Mental health**



**Ergonomics and workplace safety**

## Convenient and Accessible

Traditional methods of managing pain and injuries can be stressful, time-consuming, and costly. SimpleTherapy removes these barriers with 15-minute personalized sessions that you can access anytime, anywhere. It's never been easier to stick to your care plan and achieve your health goals.

## Expert Care Team

Our program is your first line of defense against pain. SimpleTherapy's clinical team includes physical therapists, pelvic health specialists, orthopedic surgeons, chiropractors, health coaches, and more. These experts are available virtually to help you tackle both new and ongoing health concerns.

## Key Benefits

- Unlimited access
- Flexible scheduling
- No equipment required
- Advanced movement analysis
- Self-guided sessions
- Ability to address multiple concerns simultaneously

**Visit: [go.simpletherapy.com/cvt](https://go.simpletherapy.com/cvt)**

**Call: 1-800-644-2478**

This is a FREE benefit for all CVT members and covered dependents age 13 and older who are enrolled in an EPO or PPO medical plan.



**California's  
Valued Trust**

Healthcare Benefits for the Education Community



# SimpleTherapy: Relief for Muscles, Joints, and More Made Simple.

As a CVT PPO member with Blue Shield of California, you have access to a full range of physical medicine services—all through SimpleTherapy.

From pain relief to recovery and movement support, we've got you covered.

Covered services include:



Physical  
Therapy



Occupational  
Therapy



Speech  
Therapy



Chiropractic  
Care



Acupuncture



Virtual  
Physical  
Therapy

Our friendly Member Services team is here to help you navigate your benefits and find the care you need—fast. Visit [simpletherapy.com/go/cvtbs](https://simpletherapy.com/go/cvtbs) to:

- View your benefit details
- Search for a provider near you

SimpleTherapy® does not offer medical advice, diagnosis, or treatment, and is not a replacement for a physical therapist or doctor. Please consult with our physical therapist or doctor if you have any questions about incorporating the SimpleTherapy sessions into your health and well-being program.

Your information is confidential. We will not share it with your employer.



# Transform your health

Schedule and complete your **FREE** screening today and receive a **\$25 Amazon e-gift card!**



## At an on-site event\*

On-site events make it easy and convenient to complete your screening.

### Schedule an appointment at [MyQuestForHealth.com](https://MyQuestForHealth.com)

- Use **Registration Key CVT2026**
- In the **Wellness Screening** section, under **On-site Event**, select **Make an Appointment**
- You will receive an email when your results are ready to view online



## At a Patient Service Center (PSC)\*

Quest Diagnostics has nearly 2,000 PSC locations nationwide.

### Schedule an appointment at [MyQuestForHealth.com](https://MyQuestForHealth.com)

- Use **Registration Key: CVT2026**
- In the **Wellness Screening** section, under **Patient Service Center**, select **Schedule a Screening by 12/15/2026**
- If you schedule as a walk-in, you may be required to make an appointment upon check-in
- You will receive an email when your results are ready to view online



## With self-collection\*

Complete your screening at your convenience with self-collection materials. Option only available if you live outside of a 20 mile radius from a Patient Service Center (PSC).

### Request Quest Activate self-collection materials\* at [MyQuestForHealth.com](https://MyQuestForHealth.com)

- Use **Registration Key: CVT2026**
- In the **Wellness Screening** section, under **Self-Collection**, select **Order Materials**
- Activate your materials at **QuestActivate.com** and complete the self-collection
- Return your specimen to Quest the same day you complete it
- Return your materials by **12/31/2026**
- You will receive an email when your results are ready to view online

\*Note: Self-collection materials cannot be shipped to the state of NY or military bases located in the US

**Take charge of your health. \*Available once a year to employees, dependents 18+, and under 65 retirees enrolled on a CVT medical plan.**



**Helpful Phone Numbers and Website Addresses**  
**October 1, 2026 – September 30, 2027**

| <b>CVT Preferred Provider Organization (PPO) Plan with<br/>Blue Shield of California, PhysMetrics and CVS/caremark</b> |                |                                                                                |
|------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------|
| California's Valued Trust (CVT) Member Services                                                                        | (800) 288-9870 | <a href="http://www.cvtrust.org">www.cvtrust.org</a>                           |
| Connect – Member Services Blue Shield medical claims unit                                                              | (888) 499-5532 | <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>                 |
| Blue Shield of California BlueCard – Care outside the United States                                                    | (800) 810-2583 | <a href="http://www.bcbs.com">www.bcbs.com</a>                                 |
| PhysMetrics Physical medicine benefits                                                                                 | (877) 519-8839 | <a href="http://www.cvt.physmetrics.com">www.cvt.physmetrics.com</a>           |
| CVS/caremark Prescription Drug Benefit<br>(Active members and non-Medicare retirees)                                   | (888) 354-6390 | <a href="http://www.caremark.com">www.caremark.com</a>                         |
| SilverScript Prescription Drug Benefit<br>(Medicare retirees)                                                          | (888) 620-1756 | <a href="http://www.silverscript.com">www.silverscript.com</a>                 |
| AccordantCare Health Management Program<br>(Rare, complex conditions)                                                  | (800) 948-2497 | <a href="http://www.accordant.com">www.accordant.com</a>                       |
| Carrum Surgery Benefit                                                                                                 | (888) 855-7806 | <a href="http://www.carrum.me/CVT">www.carrum.me/CVT</a>                       |
| MDLIVE – 24/7 non-emergency access to doctors, therapists and psychiatrists                                            | (888) 632-2738 | <a href="http://www.mdlive.com/cvt">www.mdlive.com/cvt</a>                     |
| TruHearing Select Discount Hearing Aid Program                                                                         | (844) 300-0134 | <a href="http://www.truhearing.com/select">www.truhearing.com/select</a>       |
| Carelon Employee Assistance Program (EAP)                                                                              | (877) 397-1032 | <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> |
| Wellvolution Digital and in-person health programs                                                                     | (866) 671-9644 | <a href="http://www.wellvolution.com">www.wellvolution.com</a>                 |
| <b>CVT Health Maintenance Organization (HMO) Plan with Blue Shield of California &amp; Kaiser Permanente</b>           |                |                                                                                |
| Blue Shield of California Member Services – Find a provider assistance, Change Provider, Pharmacy assistance           | (855) 256-9404 | <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>                 |
| Teladoc 24/7 non-emergency access to doctors and mental health professionals                                           | (800) 835-2362 | <a href="http://www.teladoc.com/bsc">www.teladoc.com/bsc</a>                   |
| Kaiser Permanente Member Services – Find a provider assistance, Change Provider, Pharmacy assistance                   | (800) 464-4000 | <a href="http://www.kp.org">www.kp.org</a>                                     |



## Who Do I Call?

### Call your district office when...

- You have questions regarding your payroll deduction
- You want to know when your coverage will end
- You need to change your address and /or phone number
- You want to add a new family member, i.e.; spouse, domestic partner, newborn, or other eligible dependent
- You need to delete a family member, i.e.; due to divorce, or an overage dependent getting married, or no longer eligible, or death in the family

***(Your district office will forward the paperwork to CVT, when applicable)***

### Call California's Valued Trust (CVT) when...

- You have eligibility questions about yourself or your dependents
- You receive a letter from California's Valued Trust and have questions
- You have retiree health benefit coverage questions
- You have questions about COBRA coverage, (continuing benefit coverage through CVT, after terminating employment)
- You need carrier phone numbers, not listed on your insurance card(s)

***(CVT may need to refer you to another office when appropriate)***

### Call the carrier when...

- Prior authorization is required
- You have coordination of benefits questions
- You have questions on an explanation of benefits (EOB)
- You want to know how much deductible you have, or have met
- You want to know how much towards your maximum you have used
- You are billed or balance billed by a provider of service
- You need the status of a claim
- For provider referral

***(i.e.; Anthem Blue Cross, Delta Dental, VSP, or CVS Caremark)***