
RPCEA Benefits

— Open Enrollment —
2022 / 2023

What is Open Enrollment?

- ❖ The Open Enrollment period happens every year, in the month of September.
- ❖ During Open Enrollment, you may:
 - Switch Health Insurance Plans without a Qualifying Event
 - Add/Drop Dependents without a Qualifying Event
 - Add or drop any optional coverage offered by American Fidelity (FSA, Dependent Care and Disability Plan Holders meet with American Fidelity every year)
- ❖ The effective date for any changes is October 1.
- ❖ If you aren't making changes to your Kaiser, Blue Cross, Vision, Dental or Life Insurance, you do not need to take any action with CVT.

What is a Qualifying Event?

A qualifying event allows you to make changes to your benefits outside of the Open Enrollment period in September. Qualifying events require official documentation, and changes must be made within 31 days of the qualifying event. Qualifying Events are required by all benefit plans and enforced by CVT. They are not a CRPUSD requirement.

Qualifying events include:

- ❖ A marriage
- ❖ A divorce
- ❖ Birth, adoption or guardianship of a child
- ❖ Death
- ❖ Gaining Medicare (a time when you can downgrade to a lower plan, and must provide your Medicare card)
- ❖ Acquiring or Losing Coverage
- ❖ Registered Domestic Partnership (additional fees apply to include a RDP)
- ❖ Change in Employee's Employment Status (i.e. classification/union change, full time to part time, part time to full time)
- ❖ Change in Dependent's Employment Status when the dependent is covered
- ❖ 25% increase in the Employer or Employee Contribution

Who qualifies for benefits?

- ❖ All Certificated Employees qualify for the base Health & Wellness package, offered through CVT. Rates are pro-rated by percentage of full-time employment (FTE), so part-time employees pay a higher rate.
- ❖ Full-time employees may NOT opt-out of CRPUSD's base Health and Wellness package (i.e. Kaiser or Blue Cross, Delta Dental, VSP Vision, and MetLife Life Insurance). Enrollment is mandatory for full-time employees.
- ❖ Employees who work less than full-time can Opt-out of benefits, meaning they can accept all, some, or none of the Health and Wellness package.

Why is the Health & Wellness package mandatory for full-time employees?

- ❖ CRPUSD offers a COMPOSITE Health and Wellness package. What that means is the Employee contributes the same amount towards benefits, regardless of the number of dependents on their plan.
- ❖ In order to maintain this low cost for Employees, CVT requires mandatory enrollment for full-time employees. This is not a CRPUSD requirement.
- ❖ In comparison, if CRPUSD were to offer a tiered enrollment plan, then coverage would become optional, but less affordable.

Health Benefits



Supplemental Benefits



Retirement



What is CVT?

CVT is the **C**alifornia's **V**alued **T**rust. CVT was established in 1984 as the Central Valley Schools Health & Welfare Trust. It was originally created through the combined efforts of district superintendents and labor representatives of both the California Teachers Association (CTA) and the California School Employees Association (CSEA) **for the purpose of pooling resources to allow all districts access to quality benefits and cost savings.** **Without CVT, CRPUSD would not be able to offer the competitive rates we currently offer.**

Today, CVT is one of the largest self-funded public schools' trust in the state. CVT represents more than 162,000 members and encompasses more than 238 K-14 school districts, community colleges, and county education offices throughout the state and growing.

CVT manages enrollment in the CRPUSD main Health and Wellness package, including Medical (Kaiser or Anthem Blue Cross), Dental, Vision, and MetLife Life insurance plans.

When you have specific questions about coverage, they can be reached at 1-800-288-9870.

We recommend that you [create a myCVT account](#) where you can see your coverage information, print ID cards, change your address, etc. www.mycvt.cvtrust.org

What is American Fidelity?

American Fidelity offers **optional** benefits to CRPUSD Employees, outside of our base Health and Wellness plan through CVT. If you missed the August appointments with American Fidelity that were emailed to you, please call 1-800-365-8306, Option 7 for assistance, or ask for Mike Whittingham.

Benefits offered include:

- ❖ Section 125 - Pre-Tax Benefits (must enroll within 30 days of hire date, or during Open Enrollment period)
- ❖ Disability Income Insurance (www.americanfidelity.com/info/disability)
- ❖ Accident Only Insurance (www.americanfidelity.com/info/accident)
- ❖ Cancer Insurance (www.americanfidelity.com/info/cancer)
- ❖ Additional Life Insurance (www.americanfidelity.com/info/life)
- ❖ Annuities: 403(b) & 457(b) plans, Traditional & Roth IRAs (www.americanfidelity.com/info/annuities) (all 403(b) and 457 (b) plans go through NBS, American Fidelity is one of the third party vendors you can choose)
- ❖ Flexible Spending Accounts (www.americanfidelity.com/info/fsa)
- ❖ Dependent Care Accounts (www.americanfidelity.com/info/fsa)

Optional Retirement Plans

In addition to CalSTRS, CRPUSD offers the option to set aside additional funds for your retirement through a 403(b)/457(b) plan through National Benefit Services. This type of plan allows you to choose a dollar amount to deduct from each paycheck.

- ❖ A 403(b) plan is similar to a 401(k). A 401(k) is a plan for private corporations, whereas a 403(b) is for government agencies, such as school districts.
- ❖ A 457(b) plan is a plan with a lower contribution limit.
- ❖ Visit [National Benefit Services](#) or call 800-274-0503 to learn more.
- ❖ American Fidelity is one of many vendors approved by NBS for 403(b) and 457(a) plans.
- ❖ First, choose your vendor from the list on the NBS website, then set up with your chosen vendor, then contact NBS who will set up your deductions with CRPUSD.

What is CalSTRS?

CalSTRS is a traditional defined benefit plan that provides retirement, disability, and survivor benefits for California public school educators. Your retirement benefit is based on a formula set by law, so it is important to understand how your benefit is calculated.

[CRPUSD contributes 19.10% of your salary towards retirement.](#) As a member, you contribute 10.25% of your salary to CalSTRS (10.05% if enrolled prior to 2013). These contribution amounts are decided by CalSTRS, and are mandatory for all CalSTRS members. [Formulas are based on when your career began, and can be seen here.](#)

You are encouraged to make an appointment with a CalSTRS representative every few years of your teaching career. They are the experts on how to best plan for retirement through their plan. [There are several videos here on their website](#) to help you to understand their structure, and how to plan your retirement in a way that best benefits your individual career and circumstances.

[You can create a myCalSTRS account here](#) where you can see your benefits, make appointments, changes, and learn more.

Medical Coverage Options



KAISER PERMANENTE®

HMO

- ❖ Kaiser is a HMO (Health Maintenance Organization)
- ❖ Patient is assigned a Primary Care Physician (PCP)
- ❖ Referral required for any specialist (dermatology, ophthalmology, etc...)
- ❖ Must be seen in Kaiser facilities with few exceptions
- ❖ Medical Records automatically shared between PCP and Specialists
- ❖ Most locations have pharmacy and lab onsite
- ❖ Billing comes from Kaiser only



PPO

- ❖ Anthem Blue Cross is a PPO (Preferred Provider Organization)
- ❖ Patient can see any provider that is contracted with Anthem Blue Cross, giving more options to choose from
- ❖ Create a myCVT account to find a provider near you
- ❖ You can change providers at any time, as long as they accept Anthem Blue Cross
- ❖ Billing can come from multiple places, i.e. Doctor, Hospital, Specialists, etc.
- ❖ Greater coverage out of state

Kaiser 1 Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$0**
- ❖ Out of Pocket Maximum per calendar year:
\$1500 Employee; \$3000 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Lab, Hospital Inpatient and Durable Medical Equipment: ***covered at 100%**
- ❖ Primary Care Physician, Specialist, Physical Therapy, Outpatient Surgery, Acupuncture, and Urgent Care: **\$15 Copay**
- ❖ Radiology: ***most covered at 100%**
- ❖ ER Visits: **\$100 Copay (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$5 Generic; \$10 Brand**

Kaiser 1 Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$444.00
0.9	11-month	\$635.02
0.8	11-month	\$826.04
0.7	11-month	\$1,017.05
0.6	11-month	\$1,208.07
0.5	11-month	\$1,399.09
0.4	11-month	\$1,590.11
0.3	11-month	\$1,781.13
0.2	11-month	\$1,972.15
0.1	11-month	\$2,163.16

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$407.00
0.9	12-month	\$582.10
0.8	12-month	\$757.20
0.7	12-month	\$932.30
0.6	12-month	\$1,107.40
0.5	12-month	\$1,282.50
0.4	12-month	\$1,457.60
0.3	12-month	\$1,632.70
0.2	12-month	\$1,807.80
0.1	12-month	\$1,982.90

Kaiser 2 Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$0**
- ❖ Out of Pocket Maximum per calendar year:
\$1500 Employee; \$3000 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Lab, Hospital Inpatient and Durable Medical Equipment: ***covered at 100%**
- ❖ Primary Care Physician, Specialist, Physical Therapy, Outpatient Surgery, Acupuncture, and Urgent Care: **\$15 Copay**
- ❖ Radiology: ***most covered at 100%**
- ❖ ER Visits: **\$100 Copay (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$5 Generic; \$10 Brand**

Kaiser 2 Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$411.27
0.9	11-month	\$602.29
0.8	11-month	\$793.31
0.7	11-month	\$984.33
0.6	11-month	\$1,175.35
0.5	11-month	\$1,366.36
0.4	11-month	\$1,557.38
0.3	11-month	\$1,748.40
0.2	11-month	\$1,939.42
0.1	11-month	\$2,130.44

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$377.00
0.9	12-month	\$552.10
0.8	12-month	\$727.20
0.7	12-month	\$902.30
0.6	12-month	\$1,077.40
0.5	12-month	\$1,252.50
0.4	12-month	\$1,427.60
0.3	12-month	\$1,602.70
0.2	12-month	\$1,777.80
0.1	12-month	\$1,952.90

Kaiser 3 Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$0**
- ❖ Out of Pocket Maximum per calendar year:
\$1500 Employee; \$3000 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Lab, Hospital Inpatient and Durable Medical Equipment: ***covered at 100%**
- ❖ Primary Care Physician, Specialist, Physical Therapy, Outpatient Surgery, Acupuncture, and Urgent Care: **\$20 Copay**
- ❖ Radiology: ***most covered at 100%**
- ❖ ER Visits: **\$100 Copay (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$10 Generic; \$20 Brand**

Kaiser 3 Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$382.91
0.9	11-month	\$573.93
0.8	11-month	\$764.95
0.7	11-month	\$955.96
0.6	11-month	\$1,146.98
0.5	11-month	\$1,338.00
0.4	11-month	\$1,529.02
0.3	11-month	\$1,720.04
0.2	11-month	\$1,911.05
0.1	11-month	\$2,102.07

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$351.00
0.9	12-month	\$526.10
0.8	12-month	\$701.20
0.7	12-month	\$876.30
0.6	12-month	\$1,051.40
0.5	12-month	\$1,226.50
0.4	12-month	\$1,401.60
0.3	12-month	\$1,576.70
0.2	12-month	\$1,751.80
0.1	12-month	\$1,926.90

Kaiser 4 Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$0**
- ❖ Out of Pocket Maximum per calendar year:
\$1500 Employee; \$3000 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Lab, Hospital Inpatient and Durable Medical Equipment: ***covered at 100%**
- ❖ Primary Care Physician, Specialist, Physical Therapy, Outpatient Surgery, Acupuncture, and Urgent Care: **\$30 Copay**
- ❖ Radiology: ***most covered at 100%**
- ❖ ER Visits: **\$100 Copay (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$10 Generic; \$20 Brand**

Kaiser 4 Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$337.09
0.9	11-month	\$528.11
0.8	11-month	\$719.13
0.7	11-month	\$910.15
0.6	11-month	\$1,101.16
0.5	11-month	\$1,292.18
0.4	11-month	\$1,483.20
0.3	11-month	\$1,674.22
0.2	11-month	\$1,865.24
0.1	11-month	\$2,056.25

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$309.00
0.9	12-month	\$484.10
0.8	12-month	\$659.20
0.7	12-month	\$834.30
0.6	12-month	\$1,009.40
0.5	12-month	\$1,184.50
0.4	12-month	\$1,359.60
0.3	12-month	\$1,534.70
0.2	12-month	\$1,709.80
0.1	12-month	\$1,884.90

PPO 1A Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$0**
- ❖ Out of Pocket Maximum per calendar year:
\$1250 Employee; \$2500 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Non-Hospital Lab and Radiology, Hospital Inpatient, Non-Hospital Outpatient Surgery, Ambulance, Physical Therapy, Chiropractic, Acupuncture and Durable Medical Equipment: **Paid at 100%**
- ❖ Primary Care Physician, Specialist and Urgent Care: **\$10 Copay**
- ❖ Hospital Radiology: **\$75 Copay**
- ❖ Hospital Lab: **\$50 Copay**
- ❖ ER Visits: **\$100 Emergent; \$175 Non-emergent (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$5 Generic; \$22 Brand**

PPO 1A Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$470.18
0.9	11-month	\$661.20
0.8	11-month	\$852.22
0.7	11-month	\$1,043.24
0.6	11-month	\$1,234.25
0.5	11-month	\$1,425.27
0.4	11-month	\$1,616.29
0.3	11-month	\$1,807.31
0.2	11-month	\$1,998.33
0.1	11-month	\$2,189.35

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$431.00
0.9	12-month	\$606.10
0.8	12-month	\$781.20
0.7	12-month	\$956.30
0.6	12-month	\$1,131.40
0.5	12-month	\$1,306.50
0.4	12-month	\$1,481.60
0.3	12-month	\$1,656.70
0.2	12-month	\$1,831.80
0.1	12-month	\$2,006.90

PPO 3A Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$100 Employee; \$200 Family**
- ❖ Out of Pocket Maximum per calendar year:
\$1250 Employee; \$2500 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Non-Hospital Lab and Radiology, Hospital Inpatient, Non-Hospital Outpatient Surgery, Ambulance, Physical Therapy, Chiropractic, Acupuncture and Durable Medical Equipment: **Paid at 100%* (after deductible is met)**
- ❖ Primary Care Physician, Specialist and Urgent Care: **\$20 Copay**
- ❖ Hospital Radiology: **\$75 Copay (after deductible is met)**
- ❖ Hospital Lab: **\$50 Copay (after deductible is met)**
- ❖ ER Visits: **\$100 Emergent; \$175 Non-emergent (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$5 Generic; \$22 Brand**

PPO 3A Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$329.89
0.9	11-month	\$516.83
0.8	11-month	\$703.77
0.7	11-month	\$890.71
0.6	11-month	\$1,077.64
0.5	11-month	\$1,264.58
0.4	11-month	\$1,451.52
0.3	11-month	\$1,638.46
0.2	11-month	\$1,825.40
0.1	11-month	\$2,012.33

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$302.40
0.9	12-month	\$473.76
0.8	12-month	\$645.12
0.7	12-month	\$816.48
0.6	12-month	\$987.84
0.5	12-month	\$1,159.20
0.4	12-month	\$1,330.56
0.3	12-month	\$1,501.92
0.2	12-month	\$1,673.28
0.1	12-month	\$1,844.64

PPO 3B Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$100 Employee; \$200 Family**
- ❖ Out of Pocket Maximum per calendar year:
\$1250 Employee; \$2500 Family
- ❖ Co-insurance, Preventative Care, Immunizations, Non-Hospital Lab and Radiology, Hospital Inpatient, Non-Hospital Outpatient Surgery, Ambulance, Physical Therapy, Chiropractic, Acupuncture and Durable Medical Equipment: **Paid at 100%* (after deductible is met)**
- ❖ Primary Care Physician, Specialist and Urgent Care: **\$20 Copay**
- ❖ Hospital Radiology: **\$75 Copay (after deductible is met)**
- ❖ Hospital Lab: **\$50 Copay (after deductible is met)**
- ❖ ER Visits: **\$100 Emergent; \$175 Non-emergent (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$7 Generic; \$15 Preferred Brand; \$30 Non-Preferred Brand**

PPO 3B Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$328.25
0.9	11-month	\$514.27
0.8	11-month	\$700.28
0.7	11-month	\$886.29
0.6	11-month	\$1,072.30
0.5	11-month	\$1,258.31
0.4	11-month	\$1,444.32
0.3	11-month	\$1,630.33
0.2	11-month	\$1,816.34
0.1	11-month	\$2,002.35

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$300.90
0.9	12-month	\$471.41
0.8	12-month	\$641.92
0.7	12-month	\$812.43
0.6	12-month	\$982.94
0.5	12-month	\$1,153.45
0.4	12-month	\$1,323.96
0.3	12-month	\$1,494.47
0.2	12-month	\$1,664.98
0.1	12-month	\$1,835.49

PPO 9C Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$1,000 Employee; \$2,000 Family**
- ❖ Out of Pocket Maximum per calendar year: **\$5,000 Employee; \$10,000 Family**
- ❖ Primary Care Physician, Specialist and Urgent Care: **\$35 Copay**
- ❖ Preventative Care, Immunizations: **Paid at 100% (after deductible is met)**
- ❖ Co-insurance, Non-Hospital Lab and Radiology, Hospital Inpatient, Non-Hospital Outpatient Surgery, Ambulance, Physical Therapy, Chiropractic, Acupuncture and Durable Medical Equipment: **Paid at 80%* (after deductible is met)**
- ❖ Radiology: **Most paid at 80%* (after deductible is met)**
- ❖ ER Visits: **\$100 Emergent; \$175 Non-emergent (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$7 Generic; \$25 Preferred Brand; \$40 Non-preferred Brand**

PPO 9C Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$230.73
0.9	11-month	\$361.47
0.8	11-month	\$492.22
0.7	11-month	\$622.96
0.6	11-month	\$753.71
0.5	11-month	\$884.45
0.4	11-month	\$1,015.20
0.3	11-month	\$1,145.95
0.2	11-month	\$1,276.69
0.1	11-month	\$1,407.44

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$211.50
0.9	12-month	\$331.35
0.8	12-month	\$451.20
0.7	12-month	\$571.05
0.6	12-month	\$690.90
0.5	12-month	\$810.75
0.4	12-month	\$930.60
0.3	12-month	\$1,050.45
0.2	12-month	\$1,170.30
0.1	12-month	\$1,290.15

PPO Bronze Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$5,000 Employee; \$10,000 Family**
- ❖ Out of Pocket Maximum per calendar year: **\$6,350 Employee; \$12,700 Family**
- ❖ Doctor Visits: **First 3 PCP visits \$70 copay, then paid at 70% (after deductible is met) Specialists: \$70 copay after deductible**
- ❖ Preventative Care, Immunizations: **Paid at 100%**
- ❖ Co-insurance, Non-Hospital Lab, Radiology, Hospital Inpatient, Non-Hospital Outpatient Surgery, Ambulance, Physical Therapy, Chiropractic, Acupuncture and Durable Medical Equipment: **Paid at 70%* (after deductible is met)**
- ❖ Urgent Care: **\$120 Copay (after deductible is met)**
- ❖ ER Visits: **\$250 copay once deductible is met (waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$25 Generic; \$50 Brand (after deductible is met)**

PPO Bronze Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$163.31
0.9	11-month	\$255.85
0.8	11-month	\$348.39
0.7	11-month	\$440.93
0.6	11-month	\$533.48
0.5	11-month	\$626.02
0.4	11-month	\$718.56
0.3	11-month	\$811.10
0.2	11-month	\$903.64
0.1	11-month	\$996.19

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$149.70
0.9	12-month	\$234.53
0.8	12-month	\$319.36
0.7	12-month	\$404.19
0.6	12-month	\$489.02
0.5	12-month	\$573.85
0.4	12-month	\$658.68
0.3	12-month	\$743.51
0.2	12-month	\$828.34
0.1	12-month	\$913.17

PPO Wellness Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$500 Employee; \$1,000 Family**
- ❖ Out of Pocket Maximum per calendar year: **\$1,750 Employee; \$3,500 Family**
- ❖ Doctor Visits: **Primary Care: \$20 copay; Specialists: \$40 copay**
- ❖ Preventative Care, Immunizations: **Paid at 100%**
- ❖ Co-insurance, Non-Hospital Lab, Radiology, Hospital Inpatient, Non-Hospital Outpatient Surgery, Ambulance, Physical Therapy, Chiropractic, Acupuncture and Durable Medical Equipment: **Paid at 90%* (after deductible is met)**
- ❖ Urgent Care: **\$20 Copay**
- ❖ ER Visits: **\$100 Emergent; \$175 Non-Emergent; (once deductible is met - waived if admitted)**
- ❖ Prescriptions (30 day supply): **\$25 Generic; \$50 Brand (after deductible is met)**

PPO Wellness Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$294.05
0.9	11-month	\$460.68
0.8	11-month	\$627.32
0.7	11-month	\$793.94
0.6	11-month	\$960.58
0.5	11-month	\$1,127.20
0.4	11-month	\$1,293.84
0.3	11-month	\$1,460.47
0.2	11-month	\$1,627.10
0.1	11-month	\$1,793.73

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$269.55
0.9	12-month	\$422.29
0.8	12-month	\$575.04
0.7	12-month	\$727.78
0.6	12-month	\$880.53
0.5	12-month	\$1,033.27
0.4	12-month	\$1,186.02
0.3	12-month	\$1,338.76
0.2	12-month	\$1,491.51
0.1	12-month	\$1,644.25

Delta Dental Highlights (*call CVT for specific plan coverage)

- ❖ Deductible: **\$0**
- ❖ Out of Pocket Maximum per calendar year: **\$0**
- ❖ Oral Examinations 2 per year; Annual Cleanings 3 per year; X-rays, Fillings, Posterior Composite Restorations, Sealants, Nitrous Oxide, Periodontics, Endodontics, Oral Surgery and Major Services: **Paid at: 70% first year, 80% second year, 90% third year, 100% fourth year and beyond. Coverage increases apply with one visit per year, per enrollee**
- ❖ Prosthodontics: **Paid at 70% - \$2000 Annual Maximum Benefit**
- ❖ Orthodontics: **Paid at 50% - \$2000 Lifetime Maximum Benefit per enrollee**
- ❖ Dental Accidents: **Paid at 100% - \$1000 Maximum Benefit per enrollee, per calendar year**

Delta Dental Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$16.88
0.9	11-month	\$32.06
0.8	11-month	\$47.25
0.7	11-month	\$62.43
0.6	11-month	\$77.62
0.5	11-month	\$92.80
0.4	11-month	\$107.99
0.3	11-month	\$123.17
0.2	11-month	\$138.36
0.1	11-month	\$153.55

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$15.47
0.9	12-month	\$29.39
0.8	12-month	\$43.31
0.7	12-month	\$57.23
0.6	12-month	\$71.15
0.5	12-month	\$85.07
0.4	12-month	\$98.99
0.3	12-month	\$112.91
0.2	12-month	\$126.83
0.1	12-month	\$140.75

VSP Vision Highlights (*call CVT for specific plan coverage)

- ❖ Eye exam and glasses: **\$15**
- ❖ Frames: **\$150 Frame Allowance; \$170 Preferred Brands; 2 pairs per year**
- ❖ Lenses: Single vision, lined bifocal and trifocal: **included with Exam; also applies to second pair of glasses**
- ❖ Lens Enhancements
 - Standard Progressives and Tints: **\$0 (first pair only)**
 - Premium and Custom Progressives: **start at \$80 (first pair only)**
- ❖ Standard Progressives and Tints **\$0**
- ❖ Contact Lenses (instead of glasses): **\$120 Allowance per year, can be used for two sets per year**
- ❖ Contact Lens Exam and Fitting: **15% Savings**

VSP Vision Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$2.52
0.9	11-month	\$4.79
0.8	11-month	\$7.06
0.7	11-month	\$9.33
0.6	11-month	\$11.60
0.5	11-month	\$13.87
0.4	11-month	\$16.15
0.3	11-month	\$18.41
0.2	11-month	\$20.68
0.1	11-month	\$22.95

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$2.31
0.9	12-month	\$4.39
0.8	12-month	\$6.47
0.7	12-month	\$8.55
0.6	12-month	\$10.63
0.5	12-month	\$12.71
0.4	12-month	\$14.80
0.3	12-month	\$16.88
0.2	12-month	\$18.96
0.1	12-month	\$21.04

Life Insurance

The MetLife logo is displayed in a blue, sans-serif font within a white rectangular box that has a thin grey border and a subtle drop shadow.

- ❖ \$50,000 plan, for Employee only, dependents are not covered
- ❖ Full-time 11 month Employees pay: **\$0.58/month**
- ❖ Full-time 12 month Employees pay: **\$0.53/month**
- ❖ Employee chooses beneficiary(ies)

MetLife Life Insurance Cost

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	11-month	\$0.58
0.9	11-month	\$1.10
0.8	11-month	\$1.61
0.7	11-month	\$2.14
0.6	11-month	\$2.66
0.5	11-month	\$3.17
0.4	11-month	\$3.70
0.3	11-month	\$4.22
0.2	11-month	\$4.75
0.1	11-month	\$5.26

<u>FTE</u>	<u>Calendar</u>	<u>Monthly</u>
1	12-month	\$0.53
0.9	12-month	\$1.01
0.8	12-month	\$1.48
0.7	12-month	\$1.96
0.6	12-month	\$2.44
0.5	12-month	\$2.91
0.4	12-month	\$3.39
0.3	12-month	\$3.87
0.2	12-month	\$4.35
0.1	12-month	\$4.82

Employee Assistance Program (EAP)

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

Counseling Services

Talk one-on-one with an experienced, licensed counselor for support with stress management, strengthening relationships, work/life balance, grief and loss, and more. You can access a counselor face-to-face, online or by phone—whichever is most convenient for you.

Work Life Benefits

Obtain professional resources and referral services related to child and eldercare, education, growing families, consumer resources, home maintenance and repair, and daily living resources.

Legal Services

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

Financial Services

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

Online Resources

The Achieve Solutions website at achievesolutions.net/cvt can assist in making informed decisions on your health and wellbeing and can connect you to supportive services. Visit the website to find a provider, or call 1-877-397-1032.

TruHearing Select Discount Hearing Aid Program

- ❖ California's Valued Trust (CVT) offers you a hearing aid program through TruHearing. Hearing aids can be expensive, but the TruHearing program lowers your out-of-pocket cost on hearing aids to fees of \$699 per aid for TruHearing Advanced or \$999 per aid for TruHearing Premium hearing aids.
- ❖ All exams and hearing aid purchases must be made through TruHearing.
- ❖ To learn more or set up an appointment with a provider near you, contact a TruHearing Consultant at (844) 300-0134 or go to Truhearing.com/select.

What should I do if I am considering retirement?

1. Call CalSTRS (1-800-228-5453), [or visit the CalSTRS website retirement guide](#), before making your decision. This first step is important to ensure you qualify for retirement, and to calculate your benefits.
2. After completing the CalPERS retirement checklist, if you are certain you are ready to retire, please inform your site administrator and HR of your plans before the end of the school year you are planning to retire. HR will follow up with next steps.
3. If you are at least 55 years old, and have worked for CRPUSD continuously **for 10 years or more in a 0.6-1.0 FTE position**, you qualify for Retiree Benefits through CRPUSD.

Retiree benefits are:

- a. Medical only. For up to 10 years, CRPUSD will pay 100% of the current dollar amount of the Kaiser 4 plan towards any plan available to SEIU Members for the RETIRING EMPLOYEE ONLY. The retiree will pay the balance, when applicable.
- b. Dependents are also eligible for coverage at a rate determined by the plan chosen, and whether or not they qualify for Medicare. CRPUSD does not contribute to retiree's dependent coverage.
- c. Retiree coverage ends for the retired employee and any applicable dependents on the last day of the month prior to the month the retired employee qualifies for Medicare.
- d. Dental and Vision plans may be purchased directly from CVT.

2022-23 Retiree Rates for RPCEA Members (rates subject to change annually)

<u>RPCEA Plan Options</u>	10/1/2022- 9/30/2023 rates		
	Total Monthly Cost (includes portion paid by CRPUSD)	RETIREE ONLY Annual Cost due 9/30/22 (divide by 12 for monthly cost)	RETIREE ONLY Monthly Cost if prorating for less than 12 months
KAISER 4	\$1,447.00	\$0.00	\$0.00
KAISER 3	\$1,474.00	\$324.00	\$27.00
KAISER 2	\$1,524.00	\$924.00	\$77.00
KAISER 1	\$1,577.00	\$1,560.00	\$130.00
PPO 1A	\$1,816.00	\$4,428.00	\$369.00
PPO 3A	\$1,684.00	\$2,844.00	\$237.00
PPO 3B	\$1,672.00	\$2,700.00	\$225.00
PPO Wellness	\$1,499.00	\$624.00	\$52.00
PPO 9C	\$1,192.00	\$0.00	\$0.00
PPO Bronze	\$790.00	\$0.00	\$0.00

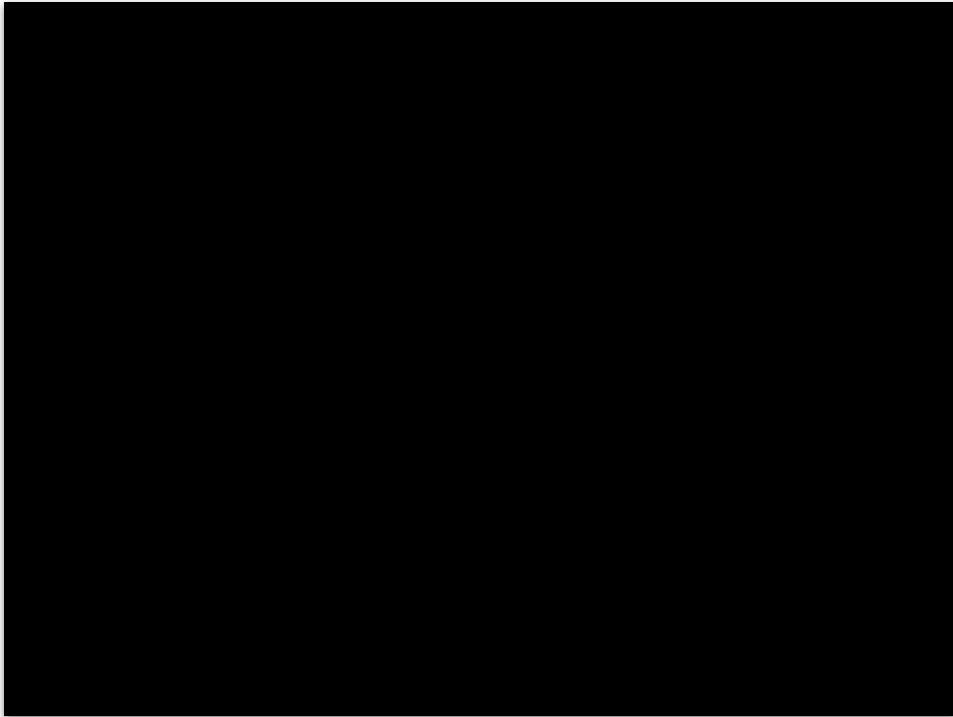
2022-23 Retiree Rates for Dependents under 65 (rates subject to change annually)

<u>RPCEA Plan Options</u>	10/1/2022- 9/30/2023 rates	
	RETIREE ONLY Annual Cost due 9/30/22	DEPENDENT (<65) Monthly Cost due at the end of each month beginning 9/30/22
KAISER 4	\$0.00	\$1,040.00
KAISER 3	\$324.00	\$1,060.00
KAISER 2	\$924.00	\$1,096.00
KAISER 1	\$1,560.00	\$1,134.00
PPO 1A	\$4,428.00	\$1,307.00
PPO 3A	\$2,844.00	\$1,212.00
PPO 3B	\$2,700.00	\$1,204.00
PPO Wellness	\$52.00	\$1,131.00
PPO 9C	\$0.00	\$603.00
PPO Bronze	\$0.00	\$0.00

2022-23 Retiree Rates for Dependents 65+ with Medicare (rates subject to change annually)

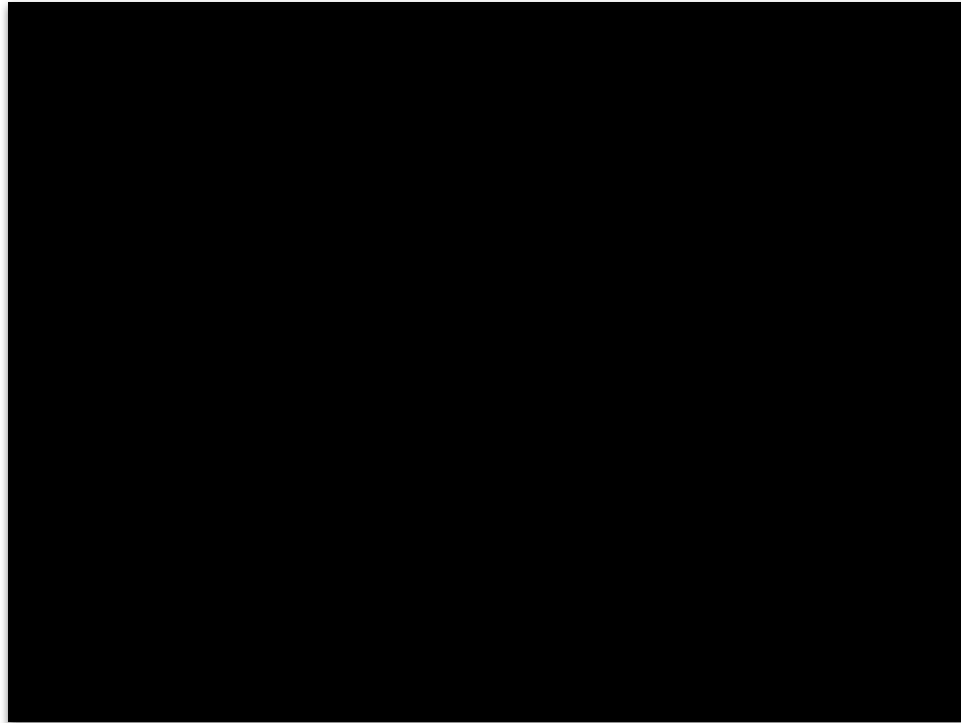
<u>RPCEA Plan Options</u>	10/1/2022- 9/30/2023 rates	
	RETIREE ONLY Annual Cost due 9/30/22	DEPENDENT (65+) Monthly Cost due at the end of each month beginning 9/30/22
KAISER 4	\$0.00	\$273.00
KAISER 3	\$324.00	\$282.00
KAISER 2	\$924.00	\$320.00
KAISER 1	\$1,560.00	\$341.00
PPO 1A	\$4,428.00	\$532.00
PPO 3A	\$2,844.00	\$507.00
PPO 3B	\$2,700.00	\$503.00
PPO Wellness	NA	NA
PPO 9C	\$0.00	\$144.00
PPO Bronze	\$0.00	\$0.00

Navigating Open Enrollment Info on the CRPUSD website



Finding open enrollment forms

Deadline for
changes is
Monday,
September 19,
2022.



Forms and plan information are available on the HR portion of the CRPUSD Website.

Specific questions should be directed to CVT by calling 1-800-288-9870 or by creating a myCVT account where you can find a provider, and see details on your coverage.

Thank you for time.