



WELCOME NEW KAISER MEMBERS

During CVT's annual open enrollment period, many CVT members throughout the state enrolled in a Kaiser Permanente plan for the first time. If you are a new Kaiser member, you are just learning about the helpful information available on how to get care and how to use the services.

Visit CVT's special web link just for CVT's Kaiser subscribers at my.kp.org/ca/cvt. We want to make it easy for you to get started and make the most of your membership by viewing the "Get



Started Now" section or download the guidebooks for your area. Guidebooks are available for Northern and Southern California at www.kp.org/eguidebook. They explain how to use services, select a primary care physician, make an appointment, fill a prescription and more.

For more information about Kaiser services call Kaiser Member Services Call Center toll free at **800.464.4000** weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.



HEALTH MANAGEMENT PROGRAMS

CVT has been providing the Alere (formerly AccordantCare) Health Management Program since 2006 for eligible members on a PPO medical plan. In that time, the chronic health condition program has saved CVT over \$13.6 million, but more importantly helped improve the quality of life for more than 22,000 CVT members. With better health support, hospital admissions have decreased substantially and many members have slowed disease progression and improved their overall health.

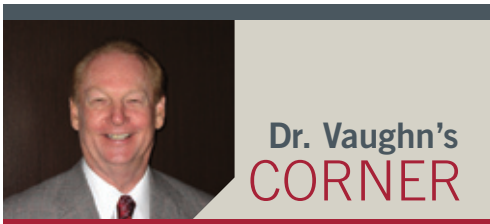


The rare disease health management program continues to be administered by AccordantCare. It has also helped more than 700 members and saved an estimated \$770,000 for the Trust in just one year with reduced emergency room visits and hospital admissions.

These health management programs are a valuable service that provide eligible members a personal healthcare support system for those with common chronic conditions and rare diseases. By participating in these programs, members can make more effective healthcare decisions, learn self-care skills, get the facts they need to know about their condition and receive support, assistance and advice from an experienced nurse. These personalized health management programs are voluntary, confidential—and best of all—don't cost members anything.

These health management programs have become an incredible service for CVT members. We want each and every individual and their family members to experience the highest quality of life possible, and that includes good health. We encourage you to find more information at www.cvtrust.org or call us at **800.288.9870**. The following is just a sample of health conditions that are covered by these programs.

- Asthma (Adult & Pediatric)
- Low Back Pain
- Diabetes
- Depression
- Hypertension
- COPD
- Multiple Sclerosis
- Parkinson's disease
- Seizure Disorders
- Rheumatoid Arthritis
- Crohns Disease
- Lupus



DAVID B. VAUGHN, Ed.D - EXECUTIVE DIRECTOR

In this era of Health Care Reform (HCR) it becomes very important to have confidence in your health plan and those responsible for administering it. The complex system that now exists with the initial stages of the new legislation is proving to make the business of healthcare even more complicated. CVT remains a strong advocate in promoting the highest quality care and services in the most cost-effective manner possible without jeopardizing the Trust's principles.

California's Valued Trust commits to staying on top of the HCR movement and make the best decisions to support the concepts of a Trust and approve actions that will aid our members most as reform continues. An article in a healthcare benefits publication caught my eye recently and prompted me to write an account in response, citing actions taken by CVT relating to the collection of ways to cut costs and improve health and welfare benefits.

Below are just five of the ways CVT is helping to cut costs, improve health and impact benefits:

- 1. Review Your Benefit Design Strategy, Not Just the Plan Design** – Just recently the CVT Board did review the overall benefit design strategy of the PPO and HMO plan offerings. The examination looked at the similarities and differentials in plans plus rate variations.
- 2. Know Your Cost Drivers – and Act on Them Quickly** – CVT administration works closely with Mercer Consultants, Anthem Blue Cross, Kaiser Permanente, CVS/Caremark, Delta Dental Vision Service Plan, Value-Options, Met Life and other partners to continuously investigate through analytical reporting.
- 3. Nip Pharmacy Trend in the Bud** – In the last several years because pharmacy

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CASE MANAGEMENT HELPS YOU WHEN YOU NEED THEM MOST

If you have ever been admitted to the hospital, diagnosed with a life altering condition or endured a trauma related incident, you know how difficult it can be to navigate the health care system. With Anthem Blue Cross' Case Management Program, you have someone in your corner to make sure you are following your self-care plan and making the most out of your health care benefits.

When you enroll in Case Management, an Anthem case manager can assist you with the care transition process including helping you understand discharge instructions, obtaining prescriptions from the pharmacy, alerting you to the warning signs of worsening symptoms and arranging follow-up visits with your physician. Case Managers can assist in obtaining durable medical equipment and specialized equipment to support your medical needs. Case managers work closely with your health care team to identify gaps-in-care and can also research alternative funding and community resources to support you along the way.

If you might benefit from these services, a Case Manager may call you to enroll you in the program. You can also self-refer by calling Anthem Blue Cross case management at **1.888.613.1130**.

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iBENEFIT – DISCOVER SAVINGS

CVS Caremark's iBenefit mailing is a unique report sent specifically to members on CPPO plans to help track and manage prescription costs. It helps find new ways to save money on out-of-pocket expenses, and can be used as a tool when talking to your doctor. It's all based on your individual prescription drug history, visually illustrating opportunities for considering generics, preferred drug list medications and mail service, when appropriate. Not only that, the iBenefit report quantifies saving opportunities. We encourage you to review your personal report when received from CVS Caremark in November.





CUSTOMIZING YOUR HEALTHCARE BENEFITS

Anthem Blue Cross' new website allows you to be in charge of your healthcare benefits and reporting. The recently re-designed site gives members the ability to view data instantly via charts, graphs and numbers all centered on you. See how much of your benefits you've used and what you've used them for, and also keep track of your out-of-pocket costs. You can also take advantage of side-by-side doctor and hospital comparisons. It's all there on your personal portal. In addition, there are resources that members have been accustomed to: online health assessments, secure personal records, symptom checkers and much more. Be sure to create your account and find out more at www.anthem.com/ca/cvt.

HOW TO GET STARTED ON OUR WELLNESS PLAN

Congratulations to many of our CVT members for enrolling in the new Wellness PPO Plan. With the Wellness PPO plan, you'll gain access to valuable wellness resources and have the opportunity to earn reimbursement credits for out-of-pocket health expenses for you and your family. We have developed a "How to Get Started" guide to help activate your plan and take advantage of unique tools and resources. For any questions regarding your plan or how to get started, please contact your Member Services Representative at **800.288.9870**, or for a complete guide, download one from CVT's website at www.cvtrust.org/products/medical_plans.php.

BETTER LIVING. HEALTHY REWARDS. INTRODUCING THE NEW CVT WELLNESS PPO PLAN.

We are excited to introduce the all-new Wellness PPO Plan designed not only to keep your healthcare costs as low as possible, but keep you in better health as well. This pioneering plan is being offered as a targeted benefit that specifically targets health education, including prevention, it's about addressing and promoting good health as a way of life by building on rewards and credits which can be used towards out-of-pocket expenses for members who take a more active, positive stance on their own health.

This new plan looks like every other plan. But unlike others, it puts you back for taking an active role in your health. Here are some of the highlights of the new plan:

- **Deductible:** \$500 Individual/\$1000 Family
- **Co-insurance:** 80/20
- **Out of Pocket Maximum per person:** \$1000 per individual
- **Office visit co-pay:** \$20 Primary Care Physician and \$40 Specialist
- **Preventive care paid at 100% in-network** For all eligible adults and children
- **Approved Pharmacy Plan:** Retail \$11.25/\$40.150 days supply and Mail \$15/\$60/\$90 90 day supply

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NEW DISTRICTS ON BOARD

CVT is proud to welcome the following new districts/unit(s) joining CVT and those adding additional lines of coverage.

- Big Pine Unified – Certificated & Classified**
- Eastern Sierra Unified – Classified**
- Bishop Unified – Certificated, Classified, Certificated Management & Classified Mgt.**

It's a pleasure to provide you with premium healthcare coverage and innovative programs to enhance your lives.

Interested in adding additional products or services for your district or unit? Our members enjoy medical, dental, vision, life insurance and member assistance program from some of the industry's leading providers. Call our Marketing/Business Development Department at **800.288.9870** for more information.

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is over 20% of cost in the PPO plans, CVT has focused great attention on this area, making necessary changes in plan design, negotiating better pricing including an annual market check to validate the Trust is receiving the most competitive pricing.

- 4. Evaluate Networks Frequently** – A conscious effort is ever present to examine changes in the provider networks and innovative programs that have distinct specialty networks with reduced costs and efficient service.
- 5. Consider Alternative Financing** – Being self-funded is one of the basic tenets of CVT. This funding mechanism gives control and accountability for the maintenance of a stable financial model governed by a labor and management Board of Directors that serve in a fiduciary capacity.

CVT is a good choice for school district employees and is recognized for being collaborative between labor and management. The strength of the governance model of equal labor and management is based upon arriving at consensus in decision making. This fair approach clearly reflects the diversity of the education community as Board of Directors consist of labor leaders, school district employees (certificated and classified) and district administrators who represent constituents. For a complete list and ways CVT members can help in impacting healthcare drivers, we encourage you to visit www.cvtrust.org/resources/beinformedbeinvolved/index.php.

Source: Ten Ways to Cut Costs, Improve Health and Welfare Benefits (June 2010 Benefits and Compensation Digest)



**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Education Community

PHONE: 559.437.2960 or
800.288.9870

FAX: 559.437.2965

ADDRESS: 520 E. Herndon Ave.
Fresno, CA 93720

WEBSITE: www.cvtrust.org

EMAIL: info@cvtrust.org



California's Valued Trust
520 E. Herndon Ave
Fresno, CA 93720

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