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VALUED TRUST

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### *Inside this edition*

- Benefit Updates for 2017-18 - Effective October 1, 2017
- Anthem Blue Distinction Centers Plus (BDC+) Requirement for Hip/Knee Replacements and Spine Surgeries
- Blue Shield PPO Network Change

## *Your 2017-2018 Open Enrollment Guide*

This special edition of TrustLine is your 2017-2018 Open Enrollment Guide. It is designed to be part of our system of record notifications and is intended to inform you about the new plan year benefit changes and also the essential requirements for choosing your benefits. We encourage you to carefully review the changes inside this issue as you consider which plan is best for you and your family through September 2018.



CALIFORNIA'S  
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Healthcare Benefits for the Education Community

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

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



## 2017-2018 CVT PLAN YEAR UPDATE

California's Valued Trust (CVT) has adopted benefit changes **effective October 1, 2017**, for districts and units with any of the lines of coverage and networks shown in this guide.

Please understand that not all information provided in this guide may apply to you. CVT districts and units negotiate different benefit options to meet the needs of their members. If you are in doubt about what coverage you have please contact **CVT** at **(800) 288-9870**. You can also use MyCVT, CVT's online benefit service to access your benefit information. Set up your account today, if you haven't already, by visiting **www.CVTrust.org** and click on the upper right corner "Log in to MyCVT" to get started.

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



### Participating in Open Enrollment Made Easy

Providing a smooth open enrollment process to our districts and members is a top priority for CVT. To ensure you choose the best plan for you and your family, participate in an open enrollment meeting scheduled by your district.

CVT continually supports district-specific open enrollment processes and time periods. The following dates and enrollment changes are set by CVT, however, please check with your district to confirm specific dates.

#### Key dates

- ✓ September is CVT's Annual Trustwide Open Enrollment period
- ✓ October 1 benefit changes become effective for the new plan year
- ✓ Plan years run from October 1 to September 30

To make changes outside the Open Enrollment period you must experience a qualifying event. Eligibility updates must be received within 31 days of a qualifying event. Make sure to notify your Human Resources Department. Contact CVT or your district office for a list of qualifying events. The CVT Active Employee Eligibility Policy Overview can be found under Resources/Forms on **www.CVTrust.org** that includes information on qualifying events, eligibility, enrollment, dependent coverage and more.

As your healthcare partner, it's our hope this guide is a valuable resource to ultimately help you choose the plan that meets your needs. For more information, please contact our **Member Services** team by calling **(800) 288-9870** or visit our website at **www.CVTrust.org**.







## VALERIE CORNUELLE CVT'S EXECUTIVE DIRECTOR

Almost every day we hear of changes in our healthcare system and consumers have become more involved in their healthcare spending and outcomes. Today, patients have greater access to healthcare and more involvement in financing and directing their care. The rise of healthcare consumerism means that patients are considering the cost and quality of care when they choose a provider.

At CVT, the staff and the Board of Trustees also look at cost and quality of work year round to monitor healthcare costs and trends that impact CVT members. CVT applies multiple strategies to help manage these health cost trends.

A challenge is a lack of pricing transparency and price variability by providers. Price variation occurs across and within geographic areas. For example, data shows that CVT's facility outpatient services have experienced the highest cost increase (per employee, per year) compared to previous periods for any service category. Out-patient procedures such as colonoscopies and endoscopies continue to drive our costs and exhibit significant price variability by place of service and region. For example, colonoscopy services can

vary by more than 1,000% within just a few miles from one site of care to another. CVT members are largely unaware of the significant price variability that exists for many procedures. These include inpatient and outpatient services as well as surgical and diagnostic services such as lab and x-ray. CVT will continue to provide information and resources to help educate our members about this challenge and what can be done to make better informed choices.

Thank you for the opportunity to provide your healthcare benefits. We value our partnership with you and look forward to continue providing high-quality benefit choices and responsive customer service for you and your family.



## Women's Health and Cancer Rights Act

Your health plan provides benefits for mastectomy related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy (including lymphedema). The plan's usual deductibles and copayments apply. Please keep this newsletter for your records and call CVT if you need more information.

## CVT Privacy Notice Available

CVT's privacy practices insure the confidentiality of your protected health information (PHI). You can receive a revised Notice of CVT Privacy Practices by visiting the CVT website at **[www.CVTrust.org](http://www.CVTrust.org)** or by calling **(800) 288-9870**. The new provisions inform you of:

1. Your right to receive a notice if a breach occurs that may have compromised the privacy or security of your information.
2. Your right to inspect and obtain a copy of your PHI that is contained in Plan records, subject to limitations permitted by law.

## Preferred Provider Organization (PPO) Plans

### Updates for Anthem PPO Plans



#### *Anthem Reference Based Benefits (RBB) Eliminated*

On September 30, 2017, CVT will remove the Reference Based Benefits (RBB) requirement, a program that originally became effective for all Anthem PPO plans on October 1, 2015.

#### *Blue Distinction Centers Plus (BDC+) and Health Base Travel Benefit Added*

On October 1, 2017, Anthem's Blue Distinction Center+ program for **Hip and Knee Replacements** and **Spine Surgery** will be added to all CVT Anthem PPO plans. **These surgeries must be performed at one of the designated Blue Distinction Centers+ in order to be covered by an Anthem PPO plan.**

#### *Quality of care*

For particular surgeries, some hospitals deliver better outcomes than others. Hospitals meeting the requirements for the Blue Distinction+ (BD+) designation outperform their peers in the areas that impact patient health care the most – quality, safety and efficiency. BD+ Centers meet affordability criteria and deliver better results – including fewer complications and readmissions – than other hospitals.

For a specific list of hip, knee and spine procedures that are part of the program, please call **Anthem Customer Service** at **(800) 234-4333**.

#### *Finding a Blue Distinction+ designated hospital*

It's easy to find Blue Distinction Centers for Specialized Care. Log in to **anthem.com/ca**; choose **Menu**; Under **Care** select **Find a Doctor**; Choose **Continue as Guest**; Complete the questions and hit **Continue**. Tip: When selecting a plan/network, choose Blue Cross PPO – Prudent Buyer – Large Group". Choose from the drop down that you want to search "Hospitals and Facilities", then Select "All Specialties" and include the City, State and Zip code (for better results, set your search radius to 50 miles). Then choose **Recognition/Awards** shown on the screen below and select **Knee and Hip Replacement** or **Spine Surgery**, to search for Blue Distinction+ facilities.

If you need help finding a surgeon who practices at a Blue Distinction+ hospital, you may want to ask your primary care doctor or orthopedic specialist to assist you. There is also often an Orthopedic Program Director at each Blue Distinction+ hospital who

can assist you with finding surgeons that are part of their program, as well as provide you detailed information about what their program offers.

#### *Travel Assistance*

If there is no Blue Distinction+ center within 50 miles from where you live, a travel benefit is available to you. It pays for travel for the patient and a companion. It also includes a concierge service provided by **Healthbase** that coordinates with both the patient and the medical provider. Anthem Customer Service can connect you with **Healthbase**, should you have any questions regarding the CVT Travel Benefit. **Healthbase** can help with travel arrangements, scheduling appointments, and provide support in obtaining medical records.

If you have any questions, you can call **Anthem Customer Service** at **(800) 234-4333**.

### Update for Blue Shield of California PPO Plans



#### *PhysMetrics - Blue Shield PPO Network Change*

PhysMetrics has been chosen to replace Blue Shield of California as the new outpatient physical medicine benefit administrator for physical therapy, speech-language therapy, chiropractic and acupuncture services.

The PhysMetrics in-network provider list includes contracts with providers throughout the state, with states bordering California and can contract with any provider not already included in the network. Members have the ability to submit a Provider Nomination Form if their provider is not currently on the in-network provider list. Once submitted, PhysMetrics staff will contact the provider to see if they would like to join the network.

For more information contact **PhysMetrics** at **(877) 519-8839** or visit **www.cvt.physmetrics.com**.

### Update for Anthem and Blue Shield PPO Plans

#### *Transgender Benefits*

Effective October 1, 2017, CVT will remove PPO plan exclusions for transgender benefits. Coverage for these benefits will be provided when determined to be medically necessary. Medical necessity is established by Anthem and Blue Shield's specific coverage guidelines and medical policy.

## Health Maintenance Organization (HMO) Plans

### Updates for Blue Shield of California HMO Plans



#### Teladoc

Teladoc has been added to all plans as a benefit. The HMO copayment with a Teladoc physician will be \$5 and the copayment will not apply to any applicable facility deductibles, but will accrue to the out of pocket maximum.

#### Prescription Tier Structure

All Blue Shield pharmacy plans are moving to a numeric tier structure to align with the marketplace. The formulary will be categorized by Tiers 1-4. Drugs may be placed into a tier based on the drug's clinical value and cost-effectiveness, and not solely on drug type (generic, preferred brand, non-preferred brand). Drug copayments are based on the tier number.

### Update for Kaiser Permanente HMO Plans



#### PhysMetrics

Chiropractic services on Kaiser Permanente HMO plans with the chiropractic rider added are currently provided by ChiroMetrics. ChiroMetrics has rebranded their company and now has the new name PhysMetrics. No changes to coverage or benefits is taking place, only the name of the company providing the service.

### Update for CVS/caremark Prescription Plans



#### New CVT ValuRx Prescription Plan

CVT has worked collaboratively with our pharmacy partners at CVS/caremark to develop a compelling new plan design called ValuRx that is heavily geared towards generic medications as a means to drive savings and offer groups real consumer choice.

ValuRx is available to pair with CVT PPO Plans 1-10. Units that choose to bargain ValuRx will have access to a formulary that covers primarily generic medications, as

well as a few select brand medications, if there is not a generic available within the therapeutic class. This plan design also features \$0 copay for generic medications.

Members who live within five miles of a CVS retail pharmacy will be required to fill their prescriptions at a CVS/pharmacy. Members who live further than five miles from a CVS retail pharmacy will be able to fill their prescriptions at an in-network pharmacy. Proximity to a CVS/pharmacy is based on member's home zip code and geographical mileage, not driving directions.

## Dental Plans

### New Dental Annual Maximum Offerings

Two new annual maximum offerings of \$2,500 and \$3,000 are now available options for units to bargain for effective October 1, 2017.

\$1,000	\$1,500	\$2,000	\$2,500 New!	\$3,000 New!	Unlimited
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### Orthodontic Buy-up Changes

CVT currently offers multiple orthodontic buy-up options when a district or chapter bargains dental coverage for their group. On October 1st, several of those orthodontic options will be eliminated and new dental options can be selected by your bargaining group. The districts and chapter leaders of those groups have been notified of the change and the impact to their coverage. If your dental coverage includes an orthodontic buy-up and you have questions on how this may impact your coverage, please contact **CVT Member Services** at **(800) 288-9870** for coverage details.





## Value Added Benefits and Services

CVT is dedicated to providing up-to-date healthcare information and services in addition to its comprehensive plan benefits. Our health programs are designed to improve the overall health of our participants. We provide a wide range of resources to promote a better quality of life for you and your family. Below are some of the benefits and services that are available to members. For more information, visit [www.cvtrust.org/member](http://www.cvtrust.org/member) or call **CVT** at **(800) 288-9870**.

### **Accordant Health Management Program**

Accordant is designed to support all PPO members who have one of 18 rare, complex conditions such as Crohn's Disease, Lupus, HIV, and Rheumatoid Arthritis (RA). It provides access to a team of specially trained nurses 24/7 at no cost to members.

### **Anthem Condition Care Health Management Program**

ConditionCare provides support to Anthem Blue Cross members who have certain common chronic conditions such as Asthma, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes and Heart Failure. It's personal, private and available at no additional cost.

### **Beacon Health Options Employee Assistance Program (EAP)**

This program will continue to be provided to all subscribers with CVT PPO or HMO medical coverage. Benefits include: confidential counseling sessions, legal services, financial services and work/life services. The EAP program is provided to all subscribers 24/7.

### **TruHearing Select Hearing Aid Program**

CVT offers discount hearing aids through the TruHearing Select Program for all PPO and HMO medical plan members. While hearing aids normally cost \$2,000 to \$3,000 per aid, CVT members have options for high quality hearing aids through TruHearing for as little as a \$699 fee per aid.

### **Solera4Me**

Solera4Me is a preventive healthcare benefit for Anthem and Blue Shield of California PPO and HMO subscribers. It is a lifestyle change program that can help you lose weight, adopt healthy habits and reduce your risk of developing diabetes. The program is 16 weeks and is available at no charge to members who qualify.

### **MDLIVE**

#### **Access to Doctors Anytime, Anywhere.**

MDLIVE provides all CVT PPO and HDHP subscribers and their dependents 24/7/365 access to board-certified doctors and licensed therapists, by phone or secure video for a nominal consultation fee.

### **MetLife Group Term Life and AD&D Insurance**

MetLife has announced a one time re-enrollment opportunity of the supplemental life program which will be available to members enrolled in a basic life policy through CVT. A health statement waiver will be provided to all new enrollees requesting coverage up to \$200,000. Members currently enrolled in basic life can expect a re-enrollment packet to be mailed to them in August.

### **HealthEquity Health Savings Accounts**

CVT's partner HealthEquity, offers Health Savings Accounts (HSAs) and consumer-directed health care solutions for HDHP subscribers. District support is required for HDHP subscribers to enjoy the benefits of HealthEquity's HSAs and integrated services. Interested members should contact their District office to see if they have agreed to collaborate with CVT and HealthEquity to provide this new service.

HealthEquity is only available for members enrolled in one of CVT's three PPO High Deductible Health Plans (HDHP) and the Kaiser HSA plan, which are compliant with requirements set by the Internal Revenue Service (IRS) and are compatible with a Health Savings Account.

