

California's Valued Trust

Self-Paid Retiree Guidelines

Health, Dental, Vision or EAP Coverage



GUIDELINES FOR SELF-PAID RETIREES

This document provides the provisions of eligibility and enrollment for Self-Paid Retirees whose district has entered into a Participation Agreement to provide health and welfare benefits through California's Valued Trust (CVT).

WHAT IS A SELF-PAID RETIREE?

California's Valued Trust (CVT) administers healthcare benefits to Active and District-Paid Retirees of participating CVT school districts and/or bargaining units throughout the state of California. In addition, CVT offers healthcare benefits directly to retirees who no longer qualify for coverage through their school district or bargaining unit but who wish to continue their coverage with CVT by paying for their own coverage. This is a Self-Paid Retiree. Individuals who meet CVT's Self-Paid Retiree eligibility requirements may choose to receive coverage directly from CVT. Once enrolled as a Self-Paid Retiree, the participant pays for coverage and CVT administers all aspects of coverage including: plan offerings, enrollment, monthly billing and receipt of premium payments and other administrative functions.

WHO QUALIFIES AS A CVT SELF-PAID RETIREE?

Upon retirement, if your school district and/or bargaining unit is covered through CVT, and you are enrolled as an active* employee or as a District-Paid Retiree in a medical, dental, or vision plan, you may continue your coverage as a Self-Paid Retiree. Retired employees of a newly participating group who are currently receiving medical, dental or vision benefits through that group at the time the group joins CVT, may also enroll directly with the Trust as a Self-Paid Retiree. Or, you may enroll as a CVT Self-Paid Retiree if you qualify as a retiree under PERS or STRS, are the surviving spouse/partner of a District-Paid or Self-Paid Retiree, or if you are a subscriber that has completed one full 4-year term, or two 2-year terms as a board member of a participating school district/Trustee unit.

If you do not qualify as a retiree, you and/or your dependent(s) may be eligible for continuing coverage under COBRA upon the occurrence of a qualifying event that results in the loss of coverage. You will be provided a notice if such a qualifying event occurs. However, if you have any questions you may contact the CVT Member Services Department at 800.288.9870 for further information regarding COBRA. Note: If you elect your COBRA benefit, you may not enroll for benefits as a Self-Paid Retiree.

Individual contracted employees (e.g. Superintendent, Assistant Superintendent, Deputy Superintendent, etc.) must be enrolled in CVT as an active employee for a minimum of one year (12 consecutive months) at the time of retirement in order to qualify to receive benefits through CVT's Self-Paid Retiree program.

Please remember that participation must be continuous in each product with no break in coverage. Should any of the coverages be terminated you may not re-enroll at any time, unless you become eligible again through you or your spouse's employment.

*New plan coverage election will be allowed as a qualifying event if the following criteria are met:

- Retiree is in Opt Out for a Premium status through CVT at the time of retirement;
- Proof of continuous other coverage

ELIGIBILITY

CVT Medicare Requirements

For retiree coverage under all health plans, Medicare requirements are as follows: If the retiree is age 65 or over, or otherwise eligible for Medicare, he or she **must** be enrolled in both Medicare “Part A” and Medicare “Part B.” Dependents of retired employees must also enroll in Medicare Parts A and B upon turning 65, or are otherwise eligible for Medicare, unless still working and covered under a group employer health plan.

**CVT REQUIRES A PHOTOCOPY OF THE MEDICARE CARD
FOR BOTH RETIREE AND/OR DEPENDENTS**

Failure to obtain both Medicare Parts A and B will result in the disqualification from eligibility to participate in CVT health plans. A lapse in coverage may result in a retiree or dependent being unable to purchase health coverage elsewhere and will prohibit re-entry into CVT health plans.

Who Is Eligible For Dependent Coverage?

- **Spouse of Retiree:** A spouse of an enrolled retiree is eligible for coverage. **(Marriage Certificate is required for enrollment.)**
- **State Registered Domestic Partner of Retiree:** A state registered domestic partner of an enrolled retiree is eligible for coverage. **(State Registration Certificate is required for enrollment.)**
- **Surviving Spouse/Partner of Retiree:** A surviving spouse/partner of an enrolled retiree, or retiree eligible, is eligible for coverage; however, the surviving spouse/partner is not permitted to add a new partner.
- **Child:**
Child of an enrolled retiree, spouse or domestic partner *under 26 years of age:*
 - Natural child – **(Birth Certificate is required for enrollment.)**
 - Adopted child – **(Final Adoption Papers are required for enrollment.)**
 - Step child – **(Birth Certificate is required for enrollment.)**
 - Child of an eligible, covered domestic partner – **(Birth Certificate is required for enrollment.)**
 - Unmarried child under legal guardianship - A dependent child under a court ordered legal guardianship of the retiree is eligible for coverage, provided they meet all other eligibility requirements. Please note: eligibility ends on the date of expiration of the court awarded guardianship or upon the 18th birthday of the child, whichever comes first. **(Legal Guardianship Papers are required for enrollment.)**
- **Permanently Disabled Child:** A permanently disabled child who is presently covered with CVT as a dependent may continue as a dependent regardless of age provided the disabling condition existed before the child attained the age of 26 and the disability renders the child incapable of self-sustaining employment.

Permanently disabled dependents over the age of 26 are eligible for coverage when a new group enrolls or an existing group enrolls a new employee with a permanently disabled child, if the employee provides proof that the dependent was an accepted and covered disabled dependent on a medical plan immediately prior to requesting enrollment in CVT.

A permanently disabled dependent who is married will lose their coverage at age 26; a permanently disabled dependent who is single will continue to be covered past age 26 until he or she marries or is no longer certified as permanently disabled. **(Disabled Dependent Certification required for enrollment.)**

Enrollment

An enrollment form is required to be completed and submitted to the Trust for every eligible retiree and dependent for whom coverage is requested through CVT. Eligible dependents for whom coverage is sought when the retiree initially enrolls, should be included on the Self-Paid Retiree enrollment form. Enrollment must be applied for within 31 days of first becoming eligible for coverage.

Annual Open Enrollment Period

The month of September is the annual open enrollment period for CVT. Any changes made during the annual open enrollment period will be effective October 1. Plan year information will be mailed to you prior to open enrollment.

During the month of September:

- A retiree may elect to change his or her plan selection and participate in a different plan
- A retiree may terminate or add eligible dependents to medical, vision, or dental coverage

Plan Selection or Coverage Changes

Plan selection changes will not be allowed at any time other than the annual open enrollment period, or unless the retiree experiences a qualifying event listed below:

- A marriage
- A divorce
- The birth of a child
- The adoption of a child
- Court ordered guardianship of a minor child
- The requirements of domestic partnership are met
- Dissolution of domestic partnership
- 25% increase in the employer/employee contribution to the benefit package
- Involuntary termination of a plan covering the employee or employee's dependent
- A change in the employee's employment status
- A change in an employee's dependent's employment status when the employee's dependent is covered
- The cessation of an employer's contribution toward an employee's or employee's dependent's coverage
- Acquiring coverage
- Gaining Medicare
- Death of subscriber or covered spouse

Written application for additions, terminations, and coverage changes must be made within 31 days of the qualifying event. If application is not made within 31 days, a retiree will have to wait until the next annual open enrollment period to make any changes.

Additions, terminations, or coverage changes will be effective on the first day of the month following the qualifying event, after the receipt of a timely request for the change. Documentation is required for any changes based on the events listed above. However, upon re-marriage surviving spouses may not add a new partner.

PRODUCTS AND SERVICES

Medical Plan Options

Preferred Provider Organization (PPO) Plans

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

Your key CVT **PPO** partners

- **Anthem Blue Cross or Blue Shield of California** – Provides members access to contracted providers, and a variety of Health and Wellness resources
- **CVS/caremark™ or SilverScript Medicare Part D Prescription Coverage** – Members receive their prescription drugs through the CVS/caremark network of providers and mail order
- **Accordant® Health Management Program** – Support for members with rare, complex health conditions
- **MDLIVE®** – 24/7/365 access to board certified doctors, dermatologists and for non-Medicare members, licensed therapists and psychiatrists
- **Beacon Health Options** – Employee Assistance Program (EAP)
- **TruHearing** - TruHearing Select discount hearing aid program
- **ConsumerMedical** – Free, expert medical guidance for any condition – anywhere along your medical journey

CVT offers 4 PPO plan options, 1 Medicare Supplemental plan and a Medicare Advantage PPO plan with 3 different pharmacy plan options to Self-Paid Retirees.

PPO Plan Medicare Retirees – CVT offers both secondary PPO plans and supplemental plans that are designed to coordinate with your Medicare benefits. CVT also offers a Medicare Advantage PPO plan through Anthem Blue Cross.

Retirees and/or their dependents, who are Medicare eligible, and enroll in a CVT PPO plan, will receive their prescription benefits from SilverScript (a division of CVS/caremark providing Medicare D prescription coverage). If you are currently enrolled in another Medicare D program you will **not** be able to participate in CVT's medical and prescription drug coverage.

Health Maintenance Organizations (HMO)

Kaiser Permanente HMO

Your CVT health care plan through Kaiser Permanente is more than just coverage – it's a partnership in health. It connects you to a group of physicians, services, and online tools for a total approach to care.

CVT offers 3 Kaiser Permanente HMO plans to Self-Paid Retirees.

Kaiser Permanente HMO Plan Medicare Retirees – Retirees and/or their dependents who are Medicare eligible are required to enroll in the Kaiser Permanente Senior Advantage Program. You may not enroll in Senior Advantage if you reside outside of the Kaiser service area or the State of California. A Kaiser Permanente Senior Advantage Disenrollment Form is required to be completed and submitted to the Trust in order to terminate Senior Advantage coverage. The termination date will be effective the last day of the month that the Trust receives the completed form.

Dental / Vision / EAP Options

Dental Plans

CVT offers one of the most popular dental benefit programs in California, through Delta Dental. CVT has offered this program since we were founded in 1984. Delta Dental of California's Premier Network has over 23,600 Premier providers and 14,900 PPO providers that accept Delta Dental coverage.

CVT offers three dental plans through Delta Dental to Self-Paid Retirees.

Vision Plans

CVT offers vision care through the nationwide VSP network to Self-Paid Retirees. VSP Vision Care offers accessible, high-quality eye care and eyewear through VSP network doctors and affiliate locations.

CVT offers three vision plans through VSP to Self-Paid Retirees.

Employee Assistance Program (EAP)

The EAP through Beacon Health Options is provided to all CVT retirees with medical coverage at no additional cost. Retirees and their family members can receive free, confidential counseling sessions; legal services, financial services and work/life services.

EAP may also be purchased by Self-Paid Retirees without CVT medical coverage as a separate benefit.

TERMINATION OF BENEFITS

CVT requires advance written notice to discontinue any/or all coverage(s). The termination date will be effective the last day of the month that CVT receives written notification.

BILLING INFORMATION

Deposit Requirements

Under this direct arrangement with the Trust, Self-Paid Retirees are required to pay one month's premium plus a "deposit" in the same amount. The deposit is held in your account as a safeguard against cancellation for late payment of premium. Should you decide to leave the Trust in the future, the deposit

is fully refundable or may be used as your last month's premium. Please note that the deposit must always equal one month's total premium and is adjusted annually in October to correspond with current rates.

Monthly Payments

CVT requires Automated Clearing House (ACH) payments. Once enrolled in ACH, payment withdrawal notifications are through your bank statement. ACH payments for retiree accounts can be set up on the 1st – 5th of the month.

Delinquent Payments

Failure to keep your account in a current status will result in cancellation. Please note that payments are always due during the current month of coverage. If your ACH is returned to CVT, you will be notified to send payment to maintain coverage eligibility. If payment is not received timely your account may be terminated for non-payment. Your deposit will be used to pay your last month of coverage and you will receive a termination notification.

If your coverage is terminated, you will be held responsible for all claims incurred after the date of termination. Please remember that participation must be continuous with no break in coverage. Should any of the coverages be terminated you may not re-enroll at any time.

QUESTIONS? Please contact CVT Member Services Department.

**California's Valued Trust
520 E. Herndon Avenue
Fresno, CA 93720
P 559.437.2960/800.288.9870
CVTrust.org**

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

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

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