

2019 – 2020 Benefit Guide
**CVT Preferred Provider Organization (PPO) Plans
with Anthem Blue Cross and CVS Caremark**



CALIFORNIA'S
VALUED TRUST
Healthcare Benefits for the Education Community



Learn about California's Valued Trust PPO Plan with Anthem Blue Cross and CVS Caremark™

California's Valued Trust

As one of California's largest self-funded public school trusts, California's Valued Trust (CVT) specializes in healthcare benefits for the education community. CVT is a leading healthcare benefits provider to more than 160,000 members, representing approximately 235 K-14 school districts, community colleges, and county office of education offices throughout the state.

California's Valued Trust was established in 1984 by district superintendents and labor representatives of the California Teachers Association and the California School Employees Association. The purpose is to pool resources so that all districts have access to quality benefits and cost savings. CVT is a not-for-profit trust governed by a 12-member board of trustees and is composed equally of labor and management representatives.

CVT is committed to leveraging the latest technologies, partnering with the industry's leading carriers, and implementing creative and thoughtful program enhancements to control costs while simplifying our members' healthcare experience.



*Our goal is to ensure
complete member satisfaction
by providing high-quality,
cost-effective benefit choices.*

CVT Partnerships

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 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.

Your Key CVT PPO Partners

Anthem Blue Cross – Provides members access to the Anthem Blue Cross PPO network of providers, eligibility and benefit information, claim history, Explanation of Benefits (EOB), cost estimator tools, condition management programs, Blue Distinction Plus Centers and a variety of health and wellness resources

CVS Caremark™ – Members receive their prescription drugs through the CVS Caremark network of providers and mail order

AccordantCare Health Management – Support for members with rare, complex health conditions

Beacon Health Options® – Employee Assistance Program (EAP)

ConsumerMedical® – Free, expert medical guidance for any condition—anywhere along your medical journey

MDLIVE® – 24/7/365 access to board-certified doctors, dermatologists, pediatricians, licensed therapists and psychiatrists

TruHearing® – TruHearing Select discount hearing aid program

Anthem Blue Cross

Anthem is working to transform healthcare with trusted and caring solutions. Anthem health plan companies deliver quality products and services that give their members access to the care they need. With over 78 million people served by its affiliated companies, including approximately 40 million within its family of health plans, Anthem is one of the nation's leading health benefits companies. Anthem supports CVT members with a dedicated unit staffed with 17 Anthem associates who are well versed on CVT benefit programs. They are available to answer questions regarding your benefits, claims, provider billings and authorizations and can be reached at **(800) 234-4333** Monday through Friday 8:30 am to 5:00 pm Pacific Time.

Anthem. 

 **CVS caremark™**

Accordant
A CVS Caremark Company


beacon
health options

consumermedical®
Your Medical Ally®

MDLIVE

TruHearing®

About this Publication

The 2019 – 2020 Benefit Guide provides valuable information to help you better understand the health plan and healthcare providers available to you and your family. The guide provides a general overview of certain benefits—it does not include details of all covered expenses or exclusions and limitations. Please refer to your summary plan document at cvtrust.org/anthem-blue-cross-plan-documents for details of all covered expenses or exclusions and limitations.

In addition, an outline of your coverage and benefits called a Summary of Benefits and Coverage (SBC), as required by the Patient Protection and Affordable Care Act, is available at cvtrust.org/sbc/anthem.

Information contained in this guide is effective from **October 1, 2019 to September 30, 2020**.

For additional information about your benefits, required forms and resources available to you, visit the California's Valued Trust website, cvtrust.org.

You Will Find Important Information such as:

- Notice of Privacy Practices
- COBRA Notice
- Summary Plan Documents (SPD)
- Active Employee Eligibility Policy Overview
- CVT member newsletters, useful forms, and contact information
- Health education and decision-making tools—health benefit calculator, definitions, etc.

New 2019 – 2020 Benefit Highlights

MDLIVE® Dermatology Services Added

MDLIVE Dermatology services have been added to the current telehealth services for non-emergency medical conditions and behavioral health services. Members now have access to the largest national network of leading board-certified dermatologists who can diagnose and treat more than 3,000 skin, hair and nail conditions online. Save time and money by using MDLIVE with mobile app, video or phone—day or night. Call **(888) 632-2738** or register at mdlive.com/cvt. See page 7 for more details.

Shop4Care

Healthcare Costs Vary—You Can Make a Difference

Are you unknowingly spending too much on healthcare? Healthcare costs can vary and, to assist members with price variability and choosing the least expensive site of care for certain shoppable procedures, a new consumer awareness and educational program called Shop4Care has been created. Learn more about Shop4Care at cvtrust.org/shop4care and how to locate lower cost sites and avoid out-of-pocket costs by using the *Anthem Care & Cost Finder* tool. See page 7 for more details.

Use MyCVT as Your One-Stop-Shop Resource

MyCVT, CVT's member online portal, provides you access to your personal plan benefits and other valuable resources. New enhancements are continually being made and most recently a new feature called Single Sign-On (SSO) has been added. With SSO, members can conveniently connect directly to most CVT benefit partners without having to sign into multiple sites. Don't forget, you can also print your ID card (non-Medicare only), view personal CVT plan information, dependent coverage and other valuable information anytime, from home or any place where you have Internet access. Visit MyCVT for your one stop shop directly to your benefits anytime, day or night, at mycvt.cvtrust.org. See page 8 for more details.

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About the CVT PPO Plan

The CVT Preferred Provider Organization (PPO) plan, administered by Anthem Blue Cross, allows members to access providers through the Anthem Blue Cross PPO network. This plan covers the basic and comprehensive health-related services and provides members the freedom to select any physician and hospital inside or outside the plan's network.

Important! Your out-of-pocket costs will be lower by choosing a provider within your network. If your physician is not part of the Anthem network, you will have to pay more for each service.

Finding an Anthem Blue Cross PPO Network Provider

Use Anthem's online *Find a Doctor* tool to look for doctors, hospitals, labs and other healthcare providers in the Anthem network. Check if your favorite doctor is in the network, or look for one near you. Avoid getting out-of-network care if you can—it will cost you more or your plan may not cover it all.

Here's all you need to do:

If You're a Member

- Go to [anthem.com/ca](https://www.anthem.com/ca) and log in.
- Under *Care*, select **Care and Cost Finder**.
- Next, select a type of provider, place, procedure or name. Select **Search**.

If You're Not a Member Yet

- Go to [anthem.com/ca](https://www.anthem.com/ca).
- Choose **Individual & Family**, then under *Care*, select **Find a Doctor**.
- Scroll down to **Search as a Guest** and select **Continue**.

First, answer a few questions so we can help find the right plan and in-network doctor. From the drop down menus, select your state (California), the type of care you're looking for (Medical), and the network, Blue Cross PPO (Prudent Buyer) Large Group. Next, select a type of provider, place or name. Select **Search**. Select a provider to see more information, such as training, specialties, languages spoken, address (including a map) and phone number.

To Search for a Network Provider Outside of California:

1. Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com).
2. Enter the first three letters of your member ID, or check BlueCard Traditional for your network.
3. Search by **Keyword** or by **Specialty**.
4. Enter a location and a radius to search by (default is 25 miles).
5. Click on **Go**.

Plan Highlights

Preventive Care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. For an overview of the types of preventive services that are covered visit [cvtrust.org/sites/default/files/media/AnthemPreventiveCareList.pdf](https://www.cvtrust.org/sites/default/files/media/AnthemPreventiveCareList.pdf). See your plan's Summary Plan Document on the CVT website at [cvtrust.org/anthem-blue-cross-plan-documents](https://www.cvtrust.org/anthem-blue-cross-plan-documents) to learn more.

Urgent Care – It's possible to save time and money by going to an urgent care center instead of the emergency room. To find an urgent care center within the Anthem PPO network, visit [anthem.com/ca](https://www.anthem.com/ca) or choose the following link [anthem.com/ca/what-to-know](https://www.anthem.com/ca/what-to-know) and login. Click on '**Find an Urgent Care**' under *Useful Tools* on the right-hand side of your home page. Remember, it's important to use urgent care centers that are in the network. If you visit an urgent care center that is not in the network, you will generally pay more than you would at a preferred facility.

Emergency Care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's PPO network.

Specialty Care – You can access care through a Specialist without a referral from your primary care physician.

Telehealth – Telehealth is a unique way of delivering healthcare to members who are in rural areas, or don't have easy access to a specialist due to their location, travel restrictions, or being unable to take time off from work or school. Through Telehealth, providers can examine, diagnose, treat, and educate patients through the use of:

- High-speed telecommunications systems
- Computer technology
- Specialized medical cameras and equipment

For example, through a Telehealth encounter, a patient living in a rural part of California may receive medical treatment from a specialist located in Los Angeles or San Francisco without spending the time or money to travel to those locations. Telehealth helps ensure that all members have access to a specialist—no matter how far apart they are from each other.

To learn more, contact **Anthem Customer Service** at **(800) 234-4333** or visit [anthem.com/ca/telemedicine](https://www.anthem.com/ca/telemedicine).

Accessing care away from home – Through the **BlueCard PPO Program**, you have access to care across the United States and around the world. You can receive urgent care services from any provider; however, using a provider in the **BlueCard Program** can be more cost-effective and may eliminate the need for you to pay for the services when they are rendered and the need to submit a claim for reimbursement. For complete information on covered services while traveling, please see your plan's Summary Plan Document on the CVT website at cvtrust.org/plan-documents.

For assistance in finding a provider in the United States, call **(800) 234-4333** or visit anthem.com/ca. To find a provider outside of the United States, call **(800) 810-2583** or visit bcbsglobalcore.com.

Anthem Care & Cost Finder – One search provides cost and quality details about in-network doctors, specialists, hospitals and urgent care facilities. Cost estimates are based on your benefit plan and members can search by type of care, provider name, medical procedure, test or medical condition. Members can see how other members rate doctors on things like the care they provided. Even on the go, members can find care and how much it'll cost them through our Anthem Anywhere mobile app. Visit anthem.com/ca, log in to your plan information and click **Care & Cost Finder** to get started.

Coordination of Benefits – If you have other benefit coverage in addition to your CVT plan, it is important to provide that insurance information to CVT as well as any medical provider so claims are paid correctly for you and your dependents. Contact the claim administrator of your secondary insurance for specific details regarding coordination of benefits.

Blue Distinction Centers Plus (BDC+) and Health Base Travel Benefit – In order to be covered by the Anthem Preferred Provider Organization (PPO), inpatient hip and knee replacements/procedures and certain inpatient spine surgeries **MUST** be performed at an Anthem Blue Cross Distinction Center.

Quality of Care

For particular surgeries, some hospitals deliver better outcomes than others. Hospitals meeting the requirements for the Blue Distinction+ (BDC+) designation outperform their peers in the areas that impact patient healthcare the most—quality, safety and efficiency. BDC+ 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:

1. Log in to anthem.com/ca.
2. Choose **Individual & Family**.
3. Under *Care*, select **Find a Doctor**.
4. Choose **Continue as Guest**.
5. Complete the questions and hit **Continue**.
Tip: When selecting a plan/network, choose **Blue Cross PPO – Prudent Buyer – Large Group**.
6. 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).
7. Then choose **Recognition/Awards** 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 with 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**, which coordinates with both the patient and the medical provider. Anthem Customer Service can connect you with **Healthbase** to 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**.

CVS Caremark™ Prescription Drug Coverage

California's Valued Trust (CVT) and our prescription benefit provider, CVS Caremark, provide prescription drug benefits for plan participants and their eligible dependent(s) enrolled in either a CVT High Deductible Health Plan (HDHP) or a Preferred Provider Organization (PPO) Plan. A combination medical and pharmacy identification card (ID) is mailed to new plan participants by CVS Caremark upon enrollment.

Maximize Your Prescription Benefits

Prescription Access

Excellent Retail Coverage – Designed to provide maximum geographic coverage, CVS Caremark's comprehensive national network contains most drug store chains and other large retail merchandisers, grocery chains and independent pharmacies, providing broad national coverage and excellent access, throughout the United States, Puerto Rico, and the Virgin Islands. Your prescription should be filled at a CVS Caremark participating retail pharmacy. For a complete pharmacy listing in your area, please visit caremark.com or call **CVS Caremark** at **(888) 354-6390**.

Convenient Mail Order – Getting started with mail order is quick and easy by contacting the **FastStart Program** at **(866) 273-5268**. A representative will contact your physician for your mail order prescriptions; all you need to provide is your ID number, mailing address, drug name, physician name and phone number. Mail order service provides the convenience of free standard shipping to your home. As an alternative to traditional mail order, CVT participates in CVS Caremark's Maintenance Choice program.

Maintenance Choice Program – Maintenance Choice offers you choices and savings when it comes to filling long-term prescriptions. A long-term medication is taken regularly for chronic conditions or long-term therapy. Plan participants and their families must choose to receive 90-day supplies of their long-term medications either by mail through CVS Caremark Mail Service Pharmacy or to pick them up at a CVS Pharmacy near them. Either way the copay remains the same for both services and will be a 90-day supply, which translates to a savings of one retail copay.

Drug Coverage Overview

CVT works closely with CVS Caremark to manage the prescription drug benefit programs to combat rising costs for all plan participants. The CVS Caremark pharmacy staff continually reviews drugs, products and prices on behalf of CVT.

The following is a list of pharmacy programs designed to ensure you receive clinically appropriate medications at the best cost.

Prior Authorizations (PA) – In order for some prescription medications to be covered as a part of your benefit, a Prior Authorization (PA) evaluation will be conducted to determine if the medications' prescribed use meets defined clinical criteria. Through this process, your doctor and CVS Caremark pharmacists will work together to ensure that the drug you are prescribed is the most appropriate for your condition. The **CVS Caremark Prior Authorization** number is **(800) 294-5979**.

Saving with Generics – Just because a medicine costs more doesn't mean it is more effective. Many lower-cost medicines like generics provide great health benefits while saving you money. Today, approximately 83% of all prescription drugs dispensed for CVT plan participants are in generic form. FDA approved generic medicines are often just as effective in treating your disease. To gain FDA approval, generic drugs must meet rigorous standards for safety, purity, strength, and quality.

Generic versus Brand Drugs – For any brand drug with a generic equivalent available, the pharmacy will dispense the generic. The physician or plan participant can request the branded version be dispensed, BUT the participant will pay the generic copay plus the cost difference between the brand and generic.

Generic Step Therapy – Generic Step Therapy is designed to help encourage evidence-based utilization of generics and low net cost brands in key therapeutic classes. As part of the program, you may be required to use generic alternatives prior to obtaining a branded drug in certain therapeutic classes.

Pharmacy Programs

Specialty Pharmacy – CVS Caremark and its affiliates provide clinical management and distribution of injectable, biotech and other specialty drugs from their network of 43 specialty pharmacies throughout the United States and Puerto Rico. The Specialty program offers individuals personalized pharmacy care management and is assigned a pharmacist-led CareTeam who effectively manage your condition. This program must be used to fill your specialty medications. For **Specialty Services/Admissions** please call **(800) 237-2767**.

Specialty Drug Cost-Effectiveness Program – Managing the specialty pharmacy trend is a priority for CVS Caremark and CVT as specialty medications continue to be a major cost driver for plans. New to the market, specialty medications are a key factor in the increasing trend. When a specialty medication is launched the price is set by the manufacturer, based on the manufacturer's perception of value. That price may not reflect the effectiveness of the medication, causing the plan to pay an inflated price for the clinical value the member receives.

This program evaluates specialty medications new to the market to assess a drug's clinical benefit relative to its cost. Drugs determined to exceed the cost-effectiveness threshold will not be covered by the plan benefit to ensure only effective medications are covered.

Quantity Limits – Quantity limits are defined as the maximum number of tablets, capsules or units (i.e. injections or nasal spray bottles) covered by the plan per copayment or coinsurance amount. For more information on managed drug limitations, please call **CVS Caremark™ Customer Service** at **(888) 354-6390**.

More Plan Features

- **Insulin, disposable needles, syringes, lancets and test strips** are available through your CVS Caremark prescription plan. Glucometers are not a covered item under the CVS Caremark prescription plan; however, CVS Caremark does offer the **DiabeticMeter Program**. This program offers a new, free meter every two years to eligible members—just call **(800) 588-4456** to receive your free meter.
- **Reduced Pharmacy Copayments** – A PPO participant, spouse or domestic partner may be eligible for reduced pharmacy copayments for certain condition-related prescriptions when enrolled or engaged with a nurse in an approved health management program. Anthem ConditionCare is for participants with certain common chronic conditions (e.g. Asthma or Diabetes) and the Accordant Health Management program is designed for certain rare conditions (e.g. HIV and Lupus). For more information, confirm eligibility and enrollment contact **Anthem Customer Service** at **(800) 234-4333** (reference ConditionCare) or **AccordantCare** at **(800) 948-2497**.
- **Spouse or Other Dependent Coverage** – If your spouse or other dependent has prescription drug coverage under his/her own CVT group number or from another carrier, that coverage must be used first for those individuals that have this as the primary coverage. Any balances should be submitted to CVS Caremark for consideration of payment.

Stay Connected to Your Prescription Benefits

Log on to the CVS Caremark mobile site at **caremark.com** or through your Apple® or Android™ mobile app for real-time, secure access to your prescriptions and pharmacy information:

- Request mail-service prescriptions
- Request a new prescription with FastStart®

- Check your order status
- Check your drug coverage
- Check drug costs and see lower-cost options with Check Drug Cost Tool
- Find pharmacies in your network
- View your prescription history

The CVS Caremark website requires that you register on the site before you can use their search pharmacies tool. This means a CVT member will need to have received their card prior to registering online at **caremark.com**.

This is a summary only. Please refer to the Benefit Booklet for Prescription Benefits located at **cvtrust.org/plan-documents** for additional information.

Medicare Pharmacy Coverage

For CVT members enrolled in Medicare, you are enrolled in **SilverScript Employer PDP sponsored by California's Valued Trust (SilverScript)** for prescription drug coverage. SilverScript is a Medicare Part D prescription drug plan with additional coverage provided by CVT. It is administered by SilverScript® Insurance Company and is affiliated with CVS Caremark. It is important to remember that you cannot enroll in another Medicare Part D Plan. If you enroll in another Medicare Part D Plan, you will be disenrolled from this plan and you will lose your CVT medical and prescription drug coverage.

Call **SilverScript Customer Care** at **(888) 620-1756** for more information. Or, check your materials from SilverScript for your plan details or visit **cvtrust.org/resources/silverscript** for more information.

CVT ValuRx Prescription Plan Coverage

The CVT ValuRx Prescription Plan is distinctive from CVT's other prescription plans in that it is heavily geared towards generic medications as a means to drive savings and offer groups real consumer choice. The plan includes the prescription features highlighted above with the following differences.

Proximity Network – Designed to save money for you and your plan while maintaining access for all, the pharmacies where you can fill your prescriptions have certain restrictions. If you live within 5 miles* of a CVS Pharmacy, you must use CVS Pharmacy or Caremark Mail Service for all maintenance and non-maintenance prescriptions to avoid paying the full cost of your medication. CVS Pharmacy has over 9,600 stores nationwide, including those located inside Target stores.

CVS Caremark™ Prescription Drug Coverage

continued

If you do not live within 5 miles* of CVS Pharmacy, you will continue to have access to the national network of pharmacies, including most large drug store and grocery chains, along with many independent pharmacies.

For a complete pharmacy listing in your area, please visit caremark.com or call **CVS Caremark** at **(888) 354-6390**.

* Note: Proximity to CVS Pharmacy is based on member's home zip code and geographical mileage, not driving directions.

Value Formulary – Value Formulary is a clinically comprehensive formulary covering all disease states. It is a two-tier benefit plan that primarily covers generic medications and the most clinically effective brands as determined through robust clinical evidence. In addition to changes to the medications covered, this plan may also have prior authorizations, quantity limits, and/or step therapy requirements that differ from the standard formulary options.

Lifestyle medications such as those used for erectile dysfunction, anti-obesity, and cosmetic agents are covered at 100% member cost share. Infertility medications are excluded from this prescription plan coverage.

Programs 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, including:

AccordantCare Health Management Program

AccordantCare is a care management program that offers 24-hour support from a nurse who specializes in providing the support described below for covered conditions. It is open to covered plan members and their dependents who have certain chronic, complex or rare conditions (listed below).

Covered conditions:

- Amyotrophic Lateral Sclerosis (ALS)
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIPD)
- Crohn's Disease – Cystic Fibrosis
- Chronic Kidney Disease (Stage IV and V non-dialysis)
- Dermatomyositis
- Epilepsy (Seizures)
- Gaucher's Disease

- Hemophilia
- Hereditary Angioedema
- Human Immunodeficiency Virus (HIV)
- Multiple Sclerosis
- Myasthenia Gravis
- Parkinson's Disease
- Polymyositis
- Rheumatoid Arthritis
- Scleroderma
- Sickle Cell Disease
- Systemic Lupus Erythematosus (SLE or Lupus)
- Ulcerative Colitis

By phone or through a secure online messaging portal, AccordantCare nurses provide education, answer questions, help patients set and achieve goals, and advise on lifestyle changes that can improve health. Nurses also serve as healthcare advocates, working with the member's doctor and entire healthcare team.

To learn more and find out if you're eligible, visit accordant.com or call **(800) 948-2497**.

Anthem ConditionCare Program

Anthem ConditionCare, a no-cost health and wellness program, provides tools, resources and support to active members and non-Medicare retirees and their covered dependents with:

- Asthma (pediatric and adult)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Diabetes (pediatric and adult, types 1 and 2)
- Heart Failure (HF)

In addition, a member spouse or domestic partner may also be eligible for reduced pharmacy copayments for certain condition-related prescriptions when appropriately enrolled in one of the approved programs listed above. This does not apply to members enrolled in Medicare/SilverScript.

Signing up for **ConditionCare** is easy! Call **Anthem Customer Service** at **(800) 234-4333**. When you are on the phone, let the representative know you are interested in signing up for ConditionCare. We will verify your identity, ask you a few questions about your health and invite you to join the program. Once enrolled in ConditionCare, you get:

- Educational resources, like email newsletters
- 24/7 access to a nurse care manager for health questions

Depending on your health, you may be asked to complete a health questionnaire. Your answers will help us figure out how to best support you. Then, we'll put you in touch with a nurse care manager, who'll provide guidance on reaching your health goals. He or she will also follow up periodically to offer encouragement and advice.

To really take advantage of the program, we encourage you to register on [anthem.com](https://www.anthem.com) and opt in for email communication. ConditionCare doesn't replace your doctor. Instead, our nurse care managers work with your doctor to help you follow your care plan.

Please note: The health information you share with ConditionCare nurse care managers, your doctor or other health professionals is kept confidential and used only to develop your care plan. Plus, every time we call, we'll ask you to confirm your name and date of birth before talking about your health.

Anthem Wellness Discounts

Saving money is good. Saving money on things that are good for you—that's even better. With **Special Offers**, you can access over 50 discounts on products and services that help promote better health and wellbeing, including fitness center memberships, vision and hearing care and family and home products. It's just one of the perks of being a member. To find the discounts that are available to you, log in to [anthem.com/ca](https://www.anthem.com/ca) and, under *Care*, select **Discounts** to see how much you can save.

PayForward Program

Anthem Blue Cross has teamed up with PayForward to bring members a free rewards program. Anthem members can earn up to 15% cash back instantly at more than 12,000 retailers both in-store and online. This includes retailers like Home Depot, The Gap, Target, and more. And you get to keep any other rewards program you already have on your registered card. With PayForward, you can spend your rewards, keep it in your PayForward account, or transfer it to a bank account. Use it to help pay for healthcare costs, such as copays, medications, and more. You can also send money to family and friends or even donate to any charity, with no fees or surcharges.

Want to learn more? Just visit [anthem.payforward.com](https://www.anthem.payforward.com). You'll find a how-to video, frequently asked questions, information about the PayForward app, and a complete, searchable list of stores. It's free to join and you can sign up in just a few minutes.

Beacon Health Options 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. As with all EAP services, your conversation will be strictly confidential.

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](https://www.achievesolutions.net/cvt) can assist in making informed decisions on your health and wellbeing and can connect you to supportive services. There are over 3,000 topical articles, self-assessments and trainings, videos, webinars, audio files and information on providers and community resources available to you. You can also request a Beacon clinically trained professional to contact you for added guidance or assistance via this website.

Call for confidential support or information any time, day or night at **(877) 397-1032** to be connected to an EAP counselor. Members must call Beacon Health Options for a referral and authorization prior to receiving services. Claims will not be paid without an authorization.

ConsumerMedical

As active members or non-Medicare retirees, you and your eligible dependents have access to ConsumerMedical for free, confidential, one-on-one support for any medical condition. ConsumerMedical provides information to help you better understand your diagnosis and treatment options. You will

Programs and Services

continued

have access to books, videos and articles that are catered to your medical needs, all hand-selected by a dedicated team of doctors, nurses and other healthcare professionals. ConsumerMedical also offers recommendations for the best local, in-network doctors and hospitals and can help you get a second opinion when you need one.

If your doctor has recommended surgery (knee or hip replacement, weight loss surgery, lower back surgery or hysterectomy), you could receive a **\$400 gift card** for participating in ConsumerMedical's Surgery Decision Support program. To be eligible for the gift card, start the program at least 30 days before your scheduled surgery and complete a survey at the end.

For more information please call **ConsumerMedical** at **(888) 361-3944** or visit **myconsumermedical.com** and enter the company code **CVT**.

Fit for Life Wellbeing Program



Fit for Life is a CVT initiative designed to help districts and members leverage healthy lifestyle opportunities. Promoting wellbeing continues to be at the forefront of our program offerings in providing quality health benefits to our districts and members.

CVT, in partnership with our vendors, provides health and wellness services including district-wide, on-site biometric health screenings, flu shot clinics and seminars on various topics ranging from stress management to financial strategies. These events provide members with valuable medical information, promote healthy lifestyles, work-life balance and provide preventive education to members who want to continue improving their health.

Fit for Life also provides wellbeing grants and supports wellbeing champions and their efforts at CVT districts. Wellbeing grants are available to support activities including hydration challenges, fitness and walking, healthy eating, relaxation and more. Wellbeing champions are nominated by district leaders to promote and encourage participation in Fit for Life offerings in addition to organizing wellbeing activities at their districts.

Take advantage of these valuable health events when they become available at your district during the year. Visit **cvtrust.org/fit-for-life** for more information or contact **CVT Member Services** at **(800) 288-9870** for details about activities available at your district during the year.

MDLIVE®

As a PPO plan member, you can use MDLIVE for around-the-clock, on-demand access to a national network of board-certified doctors, dermatologists and pediatricians who can diagnose, recommend treatment and prescribe medication (if appropriate). With MDLIVE, you can speak to a doctor anytime, anywhere through secure video or phone.

You can turn to MDLIVE if you are considering the emergency room or urgent care for non-emergency issues when your primary care physician is not available. MDLIVE can help you when you're at home, at work, or on-the-go.

You can also turn to MDLIVE for teledermatology assistance. This service gives members access to the largest national network of leading, board-certified dermatologists. Members receive a full consultation, complete with a diagnosis, personalized treatment plan, and appropriate prescriptions. Dermatologists can diagnose and treat more than 3,000 skin, hair and nail conditions online including: acne, rashes, eczema, suspicious spots and moles, warts and other abnormal bumps, rosacea, psoriasis, alopecia, insect bites, cold sores and more.

There is a \$5 per consultation fee for PPO members and HDHP members are subject to their deductible/coinsurance.

Non-Medicare members can use MDLIVE for Behavioral Health services. We all have rough patches. It's just part of living. Managing stress or life changes can be overwhelming, but it's easier than ever to get help right in the comfort of your own home. Behavioral Health services provide access to caring, compassionate counselors and psychiatrists. These services can help address depression, anxiety, life transitions, trauma and loss, substance use, relationships and more! Signing up is free and you only pay per consult. In most cases, Behavioral Health consultation fees are the same as your physician office visit.

Start today by calling **(888) 632-2738** or registering at **mdlive.com/cvt**. The MDLIVE App is now available at **mdlive.com/getapp** for iPhone and Android OS.

Shop4Care

To assist members with price variability and choosing the least expensive site of care for certain shoppable procedures, a new consumer awareness and educational program called Shop4Care has been created with details available at **cvtrust.org/shop4care**.

The program provides information for CVT members with a helpful cost and care finding tool for members on Anthem PPO plans. This tool is designed to help members protect themselves from overpaying by seeing the cost of service and care before setting up a visit. The Anthem Care & Cost Finder is located at **anthem.com/ca**.

Anthem PPO Members can also access the Anthem Care & Cost Finder directly from MyCVT at mycvt.cvtrust.org with a Single Sign-On or SSO. With Single Sign-On, you can connect directly to most CVT benefit partners from MyCVT without having to sign into multiple sites.

SOLERA4ME Program

SOLERA4ME is a lifestyle change program that can help you lose weight, adopt healthy habits and reduce your risk of developing type 2 diabetes. The program meets weekly for 16 weeks and then monthly for the balance of a year, and is available at no charge to members who qualify.

SOLERA4ME helps participants make modest, incremental changes that can have a big impact on their health.

Programs Include:

- A focus on making healthier food choices and increasing activity levels
- Weekly sessions
- Interactions with a lifestyle coach
- Tools like a wireless scale or activity tracker

Find out if you qualify by visiting solera4me.com/cvt and taking a 1-minute quiz. Want to speak to someone directly? Contact **Solera** at **(877) 486-0141**.

TruHearing® Select Discount Hearing Aid Program

Good hearing is important to your health. That's why California's Valued Trust (CVT) provides you with access to the TruHearing Select hearing aid program. Hearing aids can be expensive—an average of \$2,400 per aid—but the TruHearing program lowers your out-of-pocket cost on hearing aids to fees of \$699 or \$999 per aid. Details of the comprehensive hearing care program include:

- State-of-the-art technology
 - Enjoy natural, lifelike sound in virtually all listening situations
 - Hear speech clearly, even in noisy environments
 - Stream audio and phone calls directly to your ears from your smartphone¹
 - \$699 fee per aid for TruHearing Advanced or \$999 fee per aid for TruHearing Premium hearing aids
- Personalized Care
 - Guidance and assistance from a TruHearing hearing consultant
 - Local, professional care from an accredited provider in your area
 - A hearing exam plus three follow-up visits for fitting and adjustments
 - \$45 fee for routine hearing exam

- Help Along Your Way
 - A worry-free purchase with a 45-day trial and 3-year warranty
 - 48 free batteries per aid included with non-rechargeable models (rechargeable style option available with the purchase of a TruHearing Premium hearing aid starting 1/1/19 for an additional \$75 fee per aid)
 - Guides to help you adapt to your new 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.

¹ Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

² Smartphone compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android® phones with use of an additional accessory.

³ Rechargeable battery option is available on the TruHearing Premium RIC Li for an additional \$75 fee per hearing aid. Starting January 1st, 2020, the TruHearing Premium Slim RIC Li, Standard BTE Li, and CROS Li rechargeable styles will also become available for an additional \$75 per hearing aid. Slim RIC Li only available with rechargeable upgrade.

Manage your Benefits with MyCVT.com



MyCVT is your online member benefit website, available to active and district-paid retirees, which provides a convenient way to manage your benefits. MyCVT provides on-demand information about your coverage, enrollment status, eligibility, and links to CVT vendor partners through a single online service. The website is password-protected, secure and confidential!

You can print your ID card (non-Medicare only), view personal CVT plan information, dependent coverage, and other valuable information anytime, from home or any place where you have internet access. Use MyCVT to make your benefit elections, update your personal information and link directly to CVT's vendor partners.

Creating a MyCVT Account

Before you can use the online website, it is necessary to create an account on MyCVT. To set up your account directly from your computer, go to mycvt.cvtrust.org. The process is simple and easy to follow. If you need additional assistance, go to cvtrust.org/mycvt for a copy of MyCVT Quick Start Guide or visit the CVT YouTube channel at youtube.com/cvinfo.

Questions? Contact **CVT Member Services** at **(800) 288-9870**.

Membership Information

Enrollment Period

Each year, an annual open enrollment period allows you to make new benefit elections for the following plan year. Once you make your benefit elections, you cannot change plans until the next year's open enrollment period. However, you may add or remove a dependent anytime if you experience a qualifying event.

Examples of qualifying events include, but are not limited to the following:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan

Enrolling Dependents

If you are planning to enroll a dependent in your plan, you must provide CVT with certain documents. These include county marriage license, birth certificate, court adoption papers, court-ordered legal guardianship papers, and state registration for domestic partnerships.

If you are unable to locate these certificates, please order them now at:

- usbirthcertificate.net
- vitalcheck.com
- sos.ca.gov/dpregistry

Change of Address

To ensure the receipt of important documents regarding your benefits, please contact your district office and provide your updated contact information. The district office will then forward the changes to the CVT office. In addition to informing the district, you may send your changes in writing to our office by mail, fax or email to changeofaddress@cvtrust.org. Please include your name, ID number, new address, phone number (if applicable) and signature of the subscriber.

CVT's Member ID Card

Your CVT member identification (ID) card is your ticket to accessing your medical and pharmacy benefits. You will receive a combination medical and pharmacy benefit card from CVT and CVS Caremark approximately 3-4 weeks after enrollment.

If you don't receive your card, you or your provider can call **CVT Member Services** at **(800) 288-9870** for assistance, or log on to mycvt.cvtrust.org to print a copy of your ID card.

Who do I Call?

District Office

- Payroll deductions
 - Plan coverage begins or ends
 - Change address or phone number
 - Enrolling dependent (family member, spouse, domestic partner, newborn, etc.)
 - Removing family member due to divorce, an over-age dependent getting married, or death in the family
- (Your district office will forward the paperwork to CVT, when applicable)

California's Valued Trust

- Eligibility questions
- Replace or request an additional ID card
- Retiree health benefit coverage questions
- COBRA coverage (continuing benefit coverage through CVT, after terminating employment)
- Insurance carrier phone numbers, not listed on your insurance card(s) or in this booklet

Anthem Blue Cross

- Explanation of Benefits (EOB)
- Deductibles
- Out-of-pocket maximum
- Billing or balance billing by a provider or service
- Claim status
- Coordination of benefits
- Prior authorization if required

CVS Caremark™

- Prescription transfers
- Prior authorizations for medications
- Specialty medications

It is always a good practice to obtain the name of the person you spoke with when calling for assistance. If your request or question was not handled to your satisfaction, California's Valued Trust can help. Contact **CVT Member Services** at **(800) 288-9870**, Monday-Friday, 8 am to 5 pm for assistance.

Getting Assistance with your Health Benefits

California's Valued Trust (CVT)

Address 520 E. Herndon Avenue, Fresno, CA 93720
CVT Member Services (800) 288-9870
CVT Website..... cvtrust.org
MyCVT - Member benefit website..... mycvt.cvtrust.org

Anthem Blue Cross

Dedicated Anthem unit to assist CVT members (800) 234-4333
Claim mailing address P.O. Box 60007, Los Angeles, CA 90060-0007
Website anthem.com/ca
PPO pre-admission/prior authorization (providers only) (800) 274-7767
Blue Cross Blue Shield Global Core (outside of United States) (800) 810-2583

CVS Caremark™ Prescription Drug Benefit (for active members and non-Medicare retirees)

CVS Caremark Customer Care and mail service..... (888) 354-6390
Submit prescription claims to CVS Caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136
Website caremark.com

SilverScript® Prescription Drug Benefit (for Medicare retirees)

Medicare Part D paper claims P.O. Box 52066, Phoenix, AZ 85072-2066
Customer Care (888) 620-1756
Website..... silverscript.com

AccordantCare Health Management Program

(for rare, complex conditions)

Eligibility and enrollment (800) 948-2497
Website accordant.com

Anthem ConditionCare Health Management Program

(for common chronic conditions)

Reference ConditionCare when you speak with a representative

Eligibility and enrollment (800) 234-4333

Beacon Health Options

Employee Assistance Program (EAP) (877) 397-1032
Website achievesolutions.net/cvt

ConsumerMedical

Free, expert medical guidance for any condition (888) 361-3944
Website (enter company code CVT) myconsumermedical.com

MDLIVE®

24/7 access to board certified doctors, dermatologists, pediatricians, licensed therapists
and psychiatrists for non-emergency conditions

..... (888) 632-2738
Website mdlive.com/cvt

SOLERA4ME Diabetes Prevention Program

Eligibility and enrollment (877) 486-0141
Website solera4me.com/cvt

TruHearing Select Discount Hearing Aid Program

..... (844) 300-0134
Website truhearing.com/select



520 E. Herndon Avenue
Fresno, CA 93720

P 559.437.2960 800.288.9870

F 559.437.2965

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。