FIRST STEPS TOWARD RETIREMENT

Contact your Retirement Group:

For information on plans and services that may have an impact on your retirement benefits, such as Social Security, CalPERS or other retirement plans and agencies, contact the appropriate agency.

<table>
<thead>
<tr>
<th>Social Security Administration:</th>
<th>CalPERS: 888-225-7377</th>
<th>CalSTRS: 800-228-5453</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-772-1213</td>
<td>CalPERS website: calpers.ca.gov</td>
<td>CalSTRS website: calstrs.com</td>
</tr>
<tr>
<td>Social Security website:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>socialsecurity.gov</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do I make it official?

- You can pick up the Letter of Retirement at the district office and submit your Retirement letter to Human Resources.
- Human Resources will submit your letter to the Superintendent for signature. Human Resources will disperse all copies as required.

How do I enroll in Medical Benefits?

In order to qualify for retiree benefits you need to be age fifty-five (55) or more until the age of sixty-five (65), with fifteen (15) or more years of service with the District.

- Human Resources will provide you with a Retirement packet that includes retirement share cost information and CVT PPO Health plans. You will need to complete your enrollment for retiree benefits at https://www.cvttrust.org/. If you have any questions regarding enrollment please contact: Yolanda Martinez at (831) 753-5700 ext. 2029

Certificated Retirees: refer to Article 7  Agreement Between ATA and AUSD (2021-2024)
The District will continue the medical coverage until age of eligibility when full Medicare is available for employees retiring after reaching their fifty-fifth (55) birthday provided the employee has rendered fifteen (15) years of service to the District prior to retirement. The retired employee, upon reimbursement to the District, will be able to obtain coverage for all eligible dependents by the payment to the District of three (3) months premiums in advance of the first month of coverage and monthly thereafter.

Classified Retirees: refer to Article 6  Mater Contract Between AUSD and CSEA (2019-2022)
The District agrees to pay the premiums for full benefit (medical at CVT Plan 4A, dental, vision, and life insurance) coverage for employees (and one (1) dependent) who retire at the age fifty-five (55) or more until the age of sixty-five (65), with fifteen (15) or more years of service with the District. For employees hired on or after September 1, 2020, the District agrees to pay the premiums for full benefit (medical at CVT Plan 4A, dental, vision, and life insurance) coverage for employee only. Plans chosen above CVT Plan 4A will require additional retiree contributions.

When does medical insurance start and end?

- Your medical insurance is effective the 1st day of the following month from the date of employment.
- Upon separation from the district your insurance coverage will end at the end of the month.

Medical Premiums? Medical Benefits

- You will be billed by the district for future medical premiums, if applicable. The premiums are due monthly and are within a 12 month period. Premium rates are subject to change.

If you move? It is your responsibility to notify the District your new mailing address and phone number.

Change of Name, Address, Phone

Termination Medical Insurance?
Termination of insurance is the last day of the month of the retiree’s 65th birthday.

01/2023
ALISAL UNION SCHOOL DISTRICT  
HUMAN RESOURCES DIVISION  
155 BARDIN ROAD  
SALINAS, CA 93905  

LETTER OF RETIREMENT

Date __________________________

TO: BOARD OF EDUCATION

Please accept my retirement as _______________________________ at
(Position)
________________________ School, effective as of _____________, 20___
Month     Day
at the end of workday.

COMMENTS (Number of years with AUSD, assignments, comments, etc.): _________

_________________________________________________________________________

_________________________________________________________________________

Employee Signature ___________________________________ Print Name ______________________

Principal/Supervisor ___________________________________ XXX-XX-____
Employee Social Security Number

PLEASE FORWARD TO PERSONNEL DIVISION AS SOON AS POSSIBLE.

Superintendent Signature ___________________________ Date __________________

4/13/07/17  
PER-99A

White – Human Resources  
Yellow – Fiscal Services  
Pink – Principal/Supervisor  
Goldenrod – Employee
EXITING EMPLOYEE CHECKLIST

EMPLOYEE ID #: _______________________ EMPLOYEE NAME: _______________________

DEPARTMENT: ______________________  POSITION: ____________________________

LAST DAY OF WORK: ____________________________  EFFECTIVE DATE OF RESIGNATION: __________________

CURRENT ADDRESS: ____________________________

FORWARDING ADDRESS: ____________________________

PHONE NUMBER: ________________________  EMAIL: ____________________________

Employee Responsibility:

☐ Complete Resignation or Retirement Letter with Supervisor signature.

☐ Submit revised work year calendar or pending Cause of Absences (if applicable)

☐ Return District Property to appropriate department: (if applicable)
   Keys_____ Technology_____ other_______ (department initial to indicate received)

☐ Provide forwarding address for Payroll W-2: ____________________________

☐ Contact HR to schedule appointment to submit your resignation and or retirement form and required documents.
   Moises Benito ext. 2017 (Classified)  Sarai Ramirez ext. 2022 (Certificated)  Maritza Salazar ext. 2024 (Management)

RETIREES:

☐ Received packet for First Steps Toward Retirement.
   Employee Initials

☐ Submit CVT Enrollment Form for Retirees only (must be 55 and over + 15 years of service)

Please contact Fiscal Services if you have any questions related to payroll or benefits (831) 753-5700.

OFFICE USE ONLY: FILLED OUT BY HUMAN RESOURCES

☐ Provide copy of resignation or retirement to payroll as soon as it is received.

☐ Inactivate employee (disables email account)

☐ Print leave account balance/file in personnel file

☐ Submit AESD1 form to Bei Kong @ MCOE for separation (Classified only)

PER-50-C (01/2023)

Alisal Union School District prohibits discrimination, harassment, intimidation, and bullying in all district programs, activities, and employment based on actual race, color, ancestry, national origin, nationality, ethnicity, ethnic group identification, age, religion, marital or parental status, pregnancy, physical or mental disability, sex, sexual orientation, gender, gender identity, gender expression, or any other legally protected status; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. For issues related to discrimination, harassment, intimidation, bullying and Title IX complaints, contact AUSD Assistant Superintendent of Human Resources, Mr. Arturo Duran, 155 Bardin Road, Salinas, Ca. Phone (831)753-5700.
VOLUNTARY RETIREMENT QUESTIONNAIRE

Congratulations on your new journey. The district will be recognizing you at one of our future board meetings. Human Resources will let you know in advance on when the recognition will take place. We have a few questions for you to help us prepare for your recognition.

Please confirm how you would like your name to appear on your certificate for retirement?

________________________________________________________________________

How many years have you worked for Alisal Union School District?

________________________________________________________________________

________________________________________________________________________

What positions have you held in the district? What grade levels have you taught?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please share a memorable event during your service?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What exciting plans do you have planned for your new journey?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

02/23/2018
# ALISAL UNION SCHOOL DISTRICT
## CVT Health Insurance
### Effective October 2022

#### Retiree Share of Cost (CERTIFICATED Retirees)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retiree</th>
<th>Retiree &amp; 1</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>$195</td>
<td>$1,569</td>
<td>$2,453</td>
</tr>
<tr>
<td>4A</td>
<td>$0</td>
<td>$1,234</td>
<td>$2,030</td>
</tr>
<tr>
<td>5A</td>
<td>$0</td>
<td>$1,208</td>
<td>$1,998</td>
</tr>
<tr>
<td>8A</td>
<td>$0</td>
<td>$795</td>
<td>$1,477</td>
</tr>
<tr>
<td>Bronze</td>
<td>$0</td>
<td>$0</td>
<td>$227</td>
</tr>
<tr>
<td>Kaiser 1</td>
<td>$0</td>
<td>$1,157</td>
<td>$1,931</td>
</tr>
<tr>
<td>Kaiser 4</td>
<td>$0</td>
<td>$933</td>
<td>$1,650</td>
</tr>
<tr>
<td>Kaiser 8</td>
<td>$0</td>
<td>$592</td>
<td>$1,219</td>
</tr>
<tr>
<td>Kaiser Bronze</td>
<td>$0</td>
<td>$0</td>
<td>$358</td>
</tr>
</tbody>
</table>

#### Retiree Share of Cost (MANAGEMENT/CLASSIFIED Retirees)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retiree</th>
<th>Retiree &amp; 1</th>
<th>Retiree &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>$195</td>
<td>$335</td>
<td>$1,220</td>
</tr>
<tr>
<td>4A</td>
<td>$0</td>
<td>$0</td>
<td>$797</td>
</tr>
<tr>
<td>5A</td>
<td>$0</td>
<td>$0</td>
<td>$765</td>
</tr>
<tr>
<td>8A</td>
<td>$0</td>
<td>$0</td>
<td>$244</td>
</tr>
<tr>
<td>Bronze</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Kaiser 1</td>
<td>$0</td>
<td>$0</td>
<td>$698</td>
</tr>
<tr>
<td>Kaiser 4</td>
<td>$0</td>
<td>$0</td>
<td>$417</td>
</tr>
<tr>
<td>Kaiser 8</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Kaiser Bronze</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

*** Rates are for CORE Plan (Medical, Dental, Vision) ***

*** 12-month Rate. Retirees are invoiced on a monthly basis ***
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>PPO 1A</th>
<th>PPO 4A</th>
<th>PPO 5A</th>
<th>PPO 8A</th>
<th>PPO Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$0</td>
<td>Individual: $100 Family: $200</td>
<td>Individual: $100 Family: $200</td>
<td>Individual: $500 Family: $1000</td>
<td>Individual: $5,000 Family: $10,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Paid at 100%*</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
<tr>
<td>Calendar Year Out of Pocket Maximum</td>
<td>Individual: $1,250(2) Family: $2,500(2)</td>
<td>Individual: $1,250(2) Family: $2,500(2)</td>
<td>Individual: $1,250(2) Family: $2,500(2)</td>
<td>Individual: $3,250(2) Family: $6,500(2)</td>
<td>Individual: $6,350 Family: $12,700</td>
</tr>
<tr>
<td>Maximum (includes medical/pharmacy deductible, coinsurance, and copays)</td>
<td>Primary Care Physician - $10 Copay</td>
<td>Primary Care Physician - $20 Copay</td>
<td>Primary Care Physician - $30 Copay</td>
<td>Primary Care Physician - $30 Copay</td>
<td>Primary Care Physician - First 3 visits covered in full after $60 copay per visit; Remaining visits - Paid at 70%* after deductible is met SPECIALTY PHYSICIAN - Subject to deductible then $70 copay</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>Preventive Care / Immunizations Paid at 100%*</td>
<td>Preventive Care / Immunizations Paid at 100%*</td>
<td>Preventive Care / Immunizations Paid at 100%*</td>
<td>Preventive Care / Immunizations Paid at 100%*</td>
<td>Preventive Care / Immunizations Paid at 100%*</td>
</tr>
<tr>
<td>Outpatient Laboratory</td>
<td>Non-Hospital - Paid at 100%* Hospital - $50 copay, then paid at 100%*</td>
<td>Non-Hospital - Paid at 90%* after deductible is met Non-Hospital - After deductible is met, $50 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 90%* after deductible is met Non-Hospital - After deductible is met, $50 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 80%* after deductible is met Non-Hospital - After deductible is met, $50 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 70%* after deductible is met Non-Hospital - Turkish Hospital - After deductible is met, $50 copay then paid at 90%*</td>
</tr>
<tr>
<td>Outpatient Radiology</td>
<td>Non-Hospital - Paid at 100%* Hospital - $75 copay, then paid at 100%*</td>
<td>Non-Hospital - Paid at 90%* after deductible is met Non-Hospital - After deductible is met, $75 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 90%* after deductible is met Non-Hospital - After deductible is met, $75 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 80%* after deductible is met Non-Hospital - After deductible is met, $75 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 70%* after deductible is met Non-Hospital - Turkish Hospital - After deductible is met, $75 copay then paid at 90%*</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Paid at 100%*</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
<tr>
<td>Ambulance - Ground / Air</td>
<td>Paid at 100%* of covered charges Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Paid at 100%* Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Paid at 100%* Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Paid at 100%* Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Non-Hospital - Paid at 100%* Hospital - $250 copay, then paid at 100%*</td>
<td>Non-Hospital - Paid at 90%* after deductible is met Non-Hospital - After deductible is met, $250 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 90%* after deductible is met Non-Hospital - After deductible is met, $250 copay then paid at 90%*</td>
<td>Non-Hospital - Paid at 80%* after deductible is met Non-Hospital - After deductible is met, $250 copay then paid at 80%*</td>
<td>Non-Hospital - Paid at 70%* after deductible is met Non-Hospital - Turkish Hospital - After deductible is met, $250 copay then paid at 80%*</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>Paid at 100%* Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 90%* after deductible is met</td>
<td>Paid at 80%* after deductible is met</td>
<td>Paid at 70%* after deductible is met</td>
</tr>
</tbody>
</table>

Note: (1) Copay, if applicable. (2) Initial deductible.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>PPO 1A</th>
<th>PPO 4A</th>
<th>PPO 5A</th>
<th>PPO 7A</th>
<th>PPO Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Room</td>
<td>$100 Emergent Copay; $175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*</td>
<td>$100 Emergent Copay; $175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*</td>
<td>$100 Emergent Copay; $175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*</td>
<td>$100 Emergent Copay; $175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*</td>
<td>Subject to deductible, then $250 Copay (copay waived if admitted as in-patient)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$10 Copay</td>
<td>$20 Copay</td>
<td>$30 Copay</td>
<td>$30 Copay</td>
<td>Subject to deductible, then $120 Copay</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Paid at 100%* Limited to 100 visits per calendar year</td>
<td>Paid at 90%* after deductible is met; Limited to 100 visits per calendar year</td>
<td>Paid at 90%* after deductible is met; Limited to 100 visits per calendar year</td>
<td>Paid at 80%* after deductible is met; Limited to 100 visits per calendar year</td>
<td>Paid at 70%* after deductible is met; Limited to 100 visits per calendar year</td>
</tr>
<tr>
<td>Telehealth</td>
<td>MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a></td>
<td>MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a></td>
<td>MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a></td>
<td>MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a></td>
<td>MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a></td>
</tr>
<tr>
<td>Medical Decision Support</td>
<td>Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance</td>
<td>Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance</td>
<td>Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance</td>
<td>Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance</td>
<td>Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP) through Beacon Health Options</td>
<td>Paid at 100% - Visit <a href="http://www">www</a>. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit(3)</td>
<td>Paid at 100% - Visit <a href="http://www">www</a>. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit(3)</td>
<td>Paid at 100% - Visit <a href="http://www">www</a>. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit(3)</td>
<td>Paid at 100% - Visit <a href="http://www">www</a>. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit(3)</td>
<td>Paid at 100% - Visit <a href="http://www">www</a>. achievesolutions.net/cvt or call 1-877-397-1032 to access benefit(3)</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Retail (4) $5 Generic $22 Brand (30-Day Supply)</td>
<td>Retail (4) $5 Generic $22 Brand (30-Day Supply)</td>
<td>Retail (4) $5 Generic $22 Brand (30-Day Supply)</td>
<td>Retail (4) $5 Generic $22 Brand (30-Day Supply)</td>
<td>Retail (4) Subject to deductible, then $25 Generic Copay $100 Brand Copay (30-Day Supply)</td>
</tr>
</tbody>
</table>

**PPO Plans:**
* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare’s payment.

(3) EAP - Up to 5 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellscript), D and ValuRx.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.
# Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2022 to September 30, 2023

<table>
<thead>
<tr>
<th>Benefits and Covered Services*</th>
<th>PPO Network **</th>
<th>Premier Network and Out of Network **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Calendar Year Maximum Benefit</td>
<td>$2,200</td>
<td>$2,000</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Examinations: 2</td>
<td>Paid at: 70% - 100% *</td>
<td>Paid at: 70% - 100% *</td>
</tr>
<tr>
<td>Annual Cleanings: 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>Paid at: 70% - 100% *</td>
<td>Paid at: 70% - 100% *</td>
</tr>
<tr>
<td>Posterior Composite Restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics (gum treatment)</td>
<td>Paid at: 70% - 100% *</td>
<td>Paid at: 70% - 100% *</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>Paid at: 70% - 100% *</td>
<td>Paid at: 70% - 100% *</td>
</tr>
<tr>
<td>Oral Surgery (extraction)</td>
<td>Paid at: 70% - 100% *</td>
<td>Paid at: 70% - 100% *</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>Paid at: 70% - 100% *</td>
<td>Paid at: 70% - 100% *</td>
</tr>
<tr>
<td>Crowns, Inlays, Onlays &amp; Cast Restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Paid at: 50% *</td>
<td>Paid at: 50% *</td>
</tr>
<tr>
<td>Bridges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Accident Benefits</td>
<td>Paid at: 100% *</td>
<td>(1,000 maximum per enrollee each calendar year)</td>
</tr>
</tbody>
</table>

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details
What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a Delta Dental PPO dentist. The Delta Dental Premier network also provides cost-saving features and is the next best option when you can’t find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist’s fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (deltadentalins.com), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call 866-499-3001. Follow the automated instructions to search for a dentist.

How does my Delta Dental incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Percentage paid for certain benefits as long as you visit the dentist each year.

What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: es.deltadentalins.com.

Create a free Online Services account at deltadentalins.com to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out Your Dental Plan Support Guide for money-saving tips and treatment information. And, don’t miss mysmileway.com – a great resource for oral health-related tools and tips.

Mobile? Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.
SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CALIFORNIA’S VALUED TRUST - PLAN C $15 COPAY (WITH ADDITIONAL CONTACTS) AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

$ Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it’s easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.

You’ll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA $20 + UP TO 40% TO SPEND ON FEATURED FRAME BRANDS² SAVINGS ON LENS ENHANCEMENTS

SEE MORE BRANDS AT VSP.COM/OFFERS.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who’s right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Enroll today.

Contact us: 800.877.7195 or vsp.com
## Your VSP Vision Benefits Summary

**2022-2023**  
Alisal Union SD - District Paid Retiree

### Provider Network: VSP Signature

#### Benefit Description

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>COPAY</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WELLVISION EXAM</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$15 for exam and glasses</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>PRESCRIPTION GLASSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRAME</td>
<td>• $150 allowance for a wide selection of frames</td>
<td>Combined with exam</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• $170 allowance for featured frame brands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENSES</td>
<td>• 20% savings on the amount over your allowance</td>
<td>Combined with exam</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• $80 Costco frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>$0</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>COVERED CONTACT LENSES (IN ADDITION TO GLASSES OR CONTACTS UNDER 1ST PAIR BENEFIT)</td>
<td>• Annual supply of contacts</td>
<td>$50</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• Contact lens exam (fitting and evaluation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasses and Sunglasses</td>
<td>• Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXTRA SAVINGS</strong></td>
<td>Retinal Screening</td>
<td>No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laser Vision Correction</td>
<td>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail clinic may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

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*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor’s retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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Alisal Union School District—California’s Valued Trust
MyCVT Online Enrollment Application Guide

The Alisal Union School District contracts with California’s Valued Trust to provide medical, dental, and vision benefits for our employees.

MyCVT is a web-based site where you can enroll as a new member of California’s Valued Trust (CVT), choose a plan from several options that have been selected by your district or unit and make changes to your plan such as adding dependents or a change of address.

Getting started

1. To access the site directly from your browser, type: https://mycvt.cvtrust.org.

2. You may also access the portal from www.cvtrust.org. Click on the MyCVT logo in the upper, righthand corner of the page.

3. You will need the following information to create your account:
   - Unique email address (you cannot use a shared or group email)
   - Social Security number (do not use dashes in the form)
   - Your district name and classification
   - Password (six-digits minimum)
   - Date of Birth

Creating your account

1. From the MyCVT registration page, select “Create new account.” Complete the requested information and submit.
2. Verify your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. Click on the link in the email to complete the registration process.

You’re ready to go!

1. Now you’re logged into the MyCVT portal and are ready to complete your member enrollment.
2. Or, if you want to come back later and complete enrollment, simply log-out. When you’re ready to return, use your newly set up Email and Password to access your account.
3. If you’ve forgotten your password, don’t worry. Select “Request new password” on the login page and follow the directions sent to your account email.

For assistance with the MyCVT website and login, please call CVT Member Services at 1-800-288-9870.
Below are Steps 1-4 that you will complete when submitting an online enrollment application.

1. Your Information
2. Dependent Information
3. Plan Selection
4. Review

Complete “Your Information” section with employee name, address, contact information.

Your Information

Personal Information
First Name*
Middle Name
Last Name*
Gender*
Female
Male
date of birth*
Marital status*

Phone Numbers
Type*
Mobile
555-555-5555
Remove

Home
555-555-5555
Remove

Address
Address*
City*
State*
Zip*

Add another phone number
Select “Alisal Union SD” as the school district to enroll and the “Full-time” employment option as shown below. Select your employee type from the employee type drop-down list.

Employment Information

School District
Alisal Union SD
Retired?
○ Yes
○ No
Employee Type
CLASSIFIED
CERTIFICATED
CLASSIFIED
DISTRICT REVIEWER
MANAGEMENT
TRUSTEES
Full or part time?
○ Full Time
○ Part Time

Complete Medicare Information Section based on your Medicare/other insurance situation.

Medicare Information

Do you have Medicare?
○ Yes
○ No
Do you have any other insurance?
○ Yes
○ No

Next  Cancel
➢ You will need to determine if you will be enrolling dependents for coverage. If this does not apply to you, you will simply select the “Skip this step” option.

**Dependents**

If you wish to enroll dependents, select “Add dependent”.

➢ If you selected Add dependent, the information below will need to be provided. Please note, there are required documents that must be provided to enroll your dependent. (Example: Birth certificate for child)

**Dependents**

- **Add Dependent**

**Dependent Type**

- **Dependent Type**

**Dependent Information**

- **First Name**
- **Middle Name**
- **Last Name**
- **Gender**
  - Female
  - Male
- **Date of birth**
- **Social Security Number**

**Dependent Additional**

- **Do they have Medicare?**
  - Yes
  - No
- **Do they have any other insurance?**
  - Yes
  - No
- **Are they disabled?**
  - Yes
  - No
- **Are they retired?**
  - Yes
  - No
- **Insurance Company**
- **ID Number**
- **Effective Date**

**Dependent Required Documents**

If supporting documents are required to complete your enrollment, you will have an opportunity to upload them to your account after submitting your application.
Plan selection options will differ for each employee type/classification. Please note: Kaiser plan options are only available to those employees that reside in a Kaiser eligible zip code.

Medical Plan option information also available for reference on AlisalUSD website Medical Benefits section.

**Plans**

- **Medical**
  - Employee Name
  - TRICARE/MediCal/Covered
    - Choose a plan
    - Blue Shield
      - PPO Bronze
      - PPO 1, Rx A
      - PPO 4, Rx A
      - PPO 5, Rx A
      - PPO 8, Rx A
      - PPO Wellness, Rx C
    - Kaiser
      - HMO Bronze
      - HMO 1
      - HMO 4
      - HMO 8
      - HMO Wellness
    - Opt Out
      - TRICARE/MediCal/CoveredCA

- **Dental**
  - Employee Name

- **Vision**
  - Employee Name

- **Life**
  - Employee Name

Required documents for the selected plan:
- Life Beneficiary Form

[Buttons: I'm Ready to Review My Application, Back, Cancel]
OPT-OUT of medical coverage: Select “Tricare/MediCal/CoveredCA”. Proof of Tricare, MediCal, or Covered California coverage dated within 31 days of the opt-out enrollment effective date must be provided. If the aforementioned information is not provided, the application will be rejected.

When selecting the opt-out option “Tricare/medical/CoveredCA”, you will see the messages below.

Terms and Conditions

CVT allows full-time employees to opt-out of bargained coverage under the following criteria:

1. If the unit and district have agreed to allow opt-outs and the employee is enrolled in other qualified employer-sponsored group coverage.
2. If the employee is enrolled in TRICARE, Medi-Cal or subsidized Covered California coverage.

Proof of other coverage must include the employee’s name and must be dated within 31 days of the opt-out plan effective date.

Please note:

- Proof of other coverage is required at the time of the original opt-out and annually during the Open Enrollment period
- If proof of coverage is not provided the employee will be automatically enrolled in CVT’s PPO Bronze plan with an effective date of the original opt-out date
- Enrollment in a medical plan through CVT*, or the opt-out plan, will only be allowed during the Open Enrollment period or if a qualifying event occurs
- Proof of continuous other coverage will be required in order to elect CVT plan coverage after opt-out. If other coverage ends prior to CVT’s Open Enrollment period, the employee will be enrolled in CVT’s PPO Bronze plan with an effective date of first of the month following the loss of other coverage
Terms and Conditions

Authorization:

I authorize CVT to remove me from any and all medical health benefit coverage offered to me through my employer. I have provided CVT proof of other coverage as required to opt-out of CVT coverage. I acknowledge that by opting-out of CVT coverage, I will not receive medical health benefits through CVT and may not be able to enroll for CVT coverage until an open enrollment date unless a qualifying event occurs. I also acknowledge that by submitting a proof of other coverage I am agreeing that I am voluntarily choosing to enroll in the alternate coverage, which may provide lesser benefits than those offered through CVT. I accept responsibility for any medical costs incurred that I may not have otherwise incurred should I have decided not to opt-out of CVT coverage. I understand that by opting-out of CVT coverage I am no longer entitled to receive medical health benefits through CVT.

Email Address: The information you are asked to provide to CVT is used for technical and member administration only and is not shared with anyone outside the confines of your health coverage.

I acknowledge that legal action to resolve any benefit dispute will be through arbitration. I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Accept  Reject

If selecting the opt-out of medical coverage option, select “Accept”.
Prior to submitting your online application for District approval, please review your coverages to ensure you have selected a plan option that best fits your medical needs.

Review

Here is a summary of the coverage options by individual that you are about to submit.

<table>
<thead>
<tr>
<th>Employee Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit</td>
</tr>
<tr>
<td>Back</td>
</tr>
</tbody>
</table>

Resources for you:

MyCVT: https://mycvt.cvtrust.org/
https://www.youtube.com/user/cvtinfo/videos

Alisal Union School District: https://www.alisal.org/Page/3246

For assistance with the MyCVT website and login, please call CVT Member Services at 1-800-288-9870.

Please note: MyCVT can be accessed by most computer browsers, including Microsoft Internet Explorer Version 7-11, Mozilla Firefox, Safari and Google Chrome. If you don't have any of these browsers you may not be able to access the site.
ANNUAL OPEN ENROLLMENT PERIOD

CVT’s annual open enrollment is usually the during the month of September. Any changes made during the annual open enrollment will be effective October 1st. During open enrollment a:

- Employees may elect to change their plan selection(s) and participate in a different plan offered by the group.
- Employees may terminate or add eligible dependents to their coverage
- Opt-out of medical coverage with proof of current Medicare, Tricare, or Covered California coverage

PLAN SELECTION OR COVERAGE CHANGES

Plan selection changes by an employee or adding or terminating the eligible dependent(s) of an employee, will not be allowed at any other time than the annual open enrollment period unless an: 1) Employee experiences a qualifying event listed below, or 2) An open enrollment period is requested by the district due to the completion of negotiation:

- 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

Online 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, an employee will have to wait until the next annual open enrollment period or another qualifying event is experienced to make any changes. Additions, terminations, or coverage changes will be effective on the first day of the month following the qualifying event date. **Documentation is required for any of the above.**
CHANGES DUE TO A QUALIFYING EVENT

When logged in to the MyCVT portal, you will need to submit an online change application.

➢ Start by selecting "Change Coverage:

Health Coverage

➢ Medical plan changes will go through the "Health" option.

Coverage

Select "Health"

Alisal Union School District

Health

Alisal Union School District
**Current lists of qualifying events online:**

Enter your qualifying event and the month the event will occur or occurred.

<table>
<thead>
<tr>
<th>Change Request</th>
<th>Please select one:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ I ONLY want to change my contact information.</td>
</tr>
<tr>
<td></td>
<td>○ I would like to change my employment information, coverage selection, or dependent information (These changes require a qualifying event. All qualifying events require documentation within 31 days of the qualifying event.)</td>
</tr>
</tbody>
</table>

**Please select your qualifying event:**

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

- Prior to submitting your online application for District approval, please review your coverages to ensure you have selected a plan option that best fits your medical needs. If adding dependents, please see pages 4-8.