

Page 2		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8	PLAN 9	PLAN 10	
Anthem Blue Cross Network, utilization management and medical claims administration	Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 80%*	
	Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met	
	Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year
	Physical Therapy**	Paid at 100%* (Copay, if applicable)	Paid at 100%* (Copay, if applicable)	Paid at 100%* after deductible is met (Copay, if applicable.)	Paid at 90%* after deductible is met (Copay, if applicable.)	Paid at 90%* after deductible is met (Copay, if applicable.)	Paid at 90%* after deductible is met (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)
	Chiropractic**	Paid at 100%* (Copay, if applicable)	Paid at 100%* (Copay, if applicable)	Paid at 100%* after deductible is met (Copay, if applicable)	Paid at 90%* after deductible is met (Copay, if applicable)	Paid at 90%* after deductible is met (Copay, if applicable)	Paid at 90%* after deductible is met (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)
	Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Value Added Benefits	Telehealth by MDLIVE	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral conditions† Call 1-888-632-2738 or visit www.mdlive.com/CVT	
	Consumer Medical – Your Medical Ally	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†	Call 1-888-361-3944 or visit www.myconsumermedical.com for expert medical guidance at no cost†

*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.

** Non-Par Providers limited to a combined maximum of 13 visits per year.

† Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents