



CVT offers to its member districts a select menu of HMO plans. A district/unit can choose to offer 3 of the 4 HMO plans using the Anthem Blue Cross or Blue Shield of California network of providers for the 2020-2021 plan year.

Below you will find the information regarding the plan design and the choices each unit will be able to choose from. You will see a range of choices from a 100% plan to a catastrophic, major medical plan.

HMO HEALTH PLAN OPTIONS 2020 - 2021

PLAN NAME		1	2	3	Bronze
CALENDAR YEAR DEDUCTIBLE	Individual	\$0	\$0	\$0	\$2,000
	Family	\$0	\$0	\$0	\$2,000 Per member
COINSURANCE		Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	Individual	\$1,000	\$1,500	\$3,500	\$5,000
	Family	\$2,000	\$3,000	\$6,000	\$10,000
OFFICE VISIT COPAY	Primary	\$10	\$15	\$25	\$45
	Specialty	\$30	\$30	\$40	\$50

All plans include annual physical, Plans 1-3 Emergency ER visits - \$100 copay, Bronze plan Emergency ER visit - \$250 copay and chiropractic - \$10 copay.

PRESCRIPTION PLAN OPTIONS

PLAN NAME	A	B	C	D	ValuRx
An Rx plan should be chosen for each HMO Plan.	Retail: \$5 Generic \$22 Brand	Retail: \$7 Generic \$15 Preferred \$30 Non-Preferred	Retail: \$7 Generic \$25 Preferred \$40 Non-Preferred	\$150 Brand Deductible Retail: \$10 Generic \$40 Preferred \$100 Non-Preferred	\$150 Brand Deductible Retail: \$0 Generic \$30 Brand
	Mail Order: \$10 Generic \$44 Brand	Mail Order: \$15 Generic \$35 Preferred \$70 Non-Preferred	Mail Order: \$15 Generic \$60 Preferred \$90 Non-Preferred	Mail Order: \$25 Generic \$100 Preferred \$250 Non-Preferred	Mail Order: \$0 Generic \$60 Brand
					Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network

Questions regarding CVT's new plans should be directed to our Account Managers at 1-800-288-9870. **This is a summary only. Visit www.cvtrust.org/plan-documents for complete benefit information.**