

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Upper Lake Unified SD - CLASSIFIED

October 1, 2019 - September 30, 2020

BENEFIT	PPO 3C	PPO 8A	PPO 8C	PPO 10B	PPO Bronze
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 Family: \$2,500	Individual: \$3,250 Family: \$6,500	Individual: \$3,250 Family: \$6,500	Individual: \$6,350 Family: \$12,700	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay	Paid at 80%* after deductible is met	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
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$50 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$50 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$50 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$50 copay, then paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$75 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$75 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$75 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$75 copay, then paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 70% ⁽¹⁾ after deductible is met
Chiropractic	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 70% ⁽¹⁾ after deductible is met
Acupuncture	Paid at 100%* 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 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* after deductible is met Hospital - \$250 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 copay, then paid at 80%* after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 copay, then paid at 80%* after deductible is met	Paid at 70%* after deductible is met

BENEFIT	PPO 3C		PPO 8A		PPO 8C		PPO 10B		PPO Bronze	
Hospital Inpatient	Paid at 100%* after deductible is met; Unlimited days, Semi-private room		Paid at 80%* after deductible is met; Unlimited days, Semi-private room		Paid at 80%* after deductible is met; Unlimited days, Semi-private room		Paid at 80%* after deductible is met; Unlimited days, Semi-private room		Paid at 70%* after deductible is met; Unlimited days, Semi-private room	
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%* after deductible is met		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 80%* after deductible is met		Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)	
Urgent Care	\$20 Copay		\$30 Copay		\$30 Copay		Paid at 80%* after deductible is met		Subject to deductible, then \$120 Copay	
Home Health Care	Paid at 100%* 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 70%* after deductible is met; Limited to 100 visits per calendar year	
Telehealth	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, Behavioral Health ⁽²⁾ at 80% after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT.		MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

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 6 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 Wellness), 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.