

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark
Enterprise Elementary SD - CERTIFICATED**

October 1, 2021 - September 30, 2022

BENEFIT	PPO 3A	PPO 6B	PPO 9C	PPO 10D
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$1,000 Family: \$2,000	Individual: \$2,000 Family: \$4,000
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
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
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
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
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.)
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.)
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
Outpatient Surgery	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
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
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$20 Copay	\$20 Copay	\$35 Copay	Paid at 80%* after deductible is met
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

BENEFIT	PPO 3A	PPO 6B	PPO 9C	PPO 10D								
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.(2) Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.(2) Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.(2) Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations.(2) Call 1-888-632-2738 or visit www.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								
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)								
Prescription Drugs	<table border="0"> <tr> <td data-bbox="430 1449 644 1648">Retail(4) \$5 Generic \$22 Brand (30-Day Supply)</td> <td data-bbox="430 1260 644 1449">Mail Order(4) \$10 Generic \$44 Brand (90-Day Supply)</td> </tr> </table>	Retail (4) \$5 Generic \$22 Brand (30-Day Supply)	Mail Order (4) \$10 Generic \$44 Brand (90-Day Supply)	<table border="0"> <tr> <td data-bbox="430 1060 644 1260">Retail(4) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)</td> <td data-bbox="430 871 644 1060">Mail Order(4) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)</td> </tr> </table>	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)	<table border="0"> <tr> <td data-bbox="430 672 644 871">Retail(4) \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)</td> <td data-bbox="430 483 644 672">Mail Order(4) \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)</td> </tr> </table>	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)	<table border="0"> <tr> <td data-bbox="430 273 644 483">Retail(4) \$10 Generic \$40 Pref \$100 Non-Pref (30-Day Supply) (\$150 Brand Deductible)</td> <td data-bbox="430 84 644 273">Mail Order(4) \$25 Generic \$100 Pref \$250 Non-Pref (90-Day Supply) (\$150 Brand Deductible)</td> </tr> </table>	Retail (4) \$10 Generic \$40 Pref \$100 Non-Pref (30-Day Supply) (\$150 Brand Deductible)	Mail Order (4) \$25 Generic \$100 Pref \$250 Non-Pref (90-Day Supply) (\$150 Brand Deductible)
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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 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.

(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.cvrtrust.org/plan-documents.