

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

Enterprise Elementary SD - MANAGEMENT

October 1, 2020 - September 30, 2021

BENEFIT	PPO 3B	PPO 5V	PPO 8B	PPO 9V
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$500 Family: \$1,000	Individual: \$1,000 Family: \$2,000
Coinsurance	Paid at 100%* after deductible is met	Paid at 90%* 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: \$1,250 Family: \$2,500	Individual: \$3,250 Family: \$6,500	Individual: \$5,000 Family: \$10,000
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	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay
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 - \$50 copay, then paid at 100%* after deductible is met	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90%* 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
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 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* 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
Durable Medical Equipment	Paid at 100%* after deductible is met	Paid at 90%* 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 90%* 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 90% ⁽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 90% ⁽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 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
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 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* 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
Hospital Inpatient	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* 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 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 90%* 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
Urgent Care	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay
Home Health Care	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 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 3B		PPO 5V		PPO 8B		PPO 9V	
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	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 ⁽⁴⁾ \$0 Generic \$30 Brand (30-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network; Medicare Retirees - Platinum Formulary	Mail Order ⁽⁴⁾ \$0 Generic \$60 Brand (90-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network; Medicare Retirees - Platinum Formulary	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 ⁽⁴⁾ \$0 Generic \$30 Brand (30-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network; Medicare Retirees - Platinum Formulary	Mail Order ⁽⁴⁾ \$0 Generic \$60 Brand (90-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network; Medicare Retirees - Platinum Formulary

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.