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

Yreka Union Elementary SD - CERTIFICATED, CLASSIFIED, MANAGEMENT

October 1, 2023 - September 30, 2024

BENEFIT	PPO 5, Rx C	PPO 6, Rx C	PPO 8, Rx C	PPO 9, Rx C	PPO 10, Rx C
Calendar Year Deductible	Individual: $100 Family: $200	Individual: $250 Family: $500	Individual: $500 Family: $1,000	Individual: $1,000 Family: $2,000	Individual: $2,000 Family: $4,000
Coinsurance	Paid at 90%* 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 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)[2]	Individual: $1,250[2] Family: $2,500[2]	Individual: $2,000[2] Family: $4,000[2]	Individual: $3,250[2] Family: $6,500[2]	Individual: $5,000[2] Family: $10,000[2]	Individual: $6,350[2] Family: $12,700[2]
Doctor Visits	**Primary Care Physician** - $30 Copay **Specialty Physician** - $30 Copay	**Primary Care Physician** - $20 Copay **Specialty Physician** - $20 Copay	**Primary Care Physician** - $30 Copay **Specialty Physician** - $30 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%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	**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%*	**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 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	**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%*	**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 90%* 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 80%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* 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 80%* after deductible is met
Physical Therapy	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.)	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 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.)	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 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
Outpatient Surgery	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	**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%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 80%*
Hospital Inpatient	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	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 90%*	**$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%*	**$100 Emergent Copay;** **$175 Non-Emergent Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*

BENEFIT	PPO 5, Rx C		PPO 6, Rx C		PPO 8, Rx C		PPO 9, Rx C		PPO 10, Rx C	
Urgent Care	$30 Copay		$20 Copay		$30 Copay		$35 Copay		Paid at 80%* after deductible is met	
Home Health Care	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	
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**		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	Alight - My Medical Ally **Call 1-888-361-3944** or visit **mymedicalally.alight.com** for expert medical guidance		Alight - My Medical Ally **Call 1-888-361-3944** or visit **mymedicalally.alight.com** for expert medical guidance		Alight - My Medical Ally **Call 1-888-361-3944** or visit **mymedicalally.alight.com** for expert medical guidance		Alight - My Medical Ally **Call 1-888-361-3944** or visit **mymedicalally.alight.com** for expert medical guidance		Alight - My Medical Ally **Call 1-888-361-3944** or visit **mymedicalally.alight.com** for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	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] $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 $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 $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 $25 Pref $40 Non-Pref (30-Day Supply)	**Mail Order**[4] $15 Generic $60 Pref $90 Non-Pref (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 and Alight visits are excluded (2) Pharmacy copayments 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.cvtrust.org/plan-documents.