

**CVT HMO Health Plans with Anthem Blue Cross and CVS/caremark**  
**North Monterey County USD - CERTIFICATED, Non-Represented, TRUSTEES**

**October 1, 2025 - September 30, 2026**

BENEFIT	HMO 1, Rx B	HMO 2, Rx B	HMO Bronze, Rx V
<b>Calendar Year Deductible</b>	\$0	\$0	Individual: \$2,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$10,000
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialist Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$15 Copay <b>Specialist Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$45 Copay <b>Specialist Physician</b> - \$50 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	Paid at 100%* (Xray & Lab Tests) Advanced Imaging \$100/test	Paid at 100%* (Xray & Lab Tests) Advanced Imaging \$100/test	Paid at 100%* (Xray & Lab Tests) Advanced Imaging \$100/test
<b>Outpatient Radiology</b>	\$10 Copay	\$15 Copay	Paid at 100%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 50%*
<b>Ambulance - Ground / Air</b>	\$100 Copay	\$100 Copay	\$150 Copay
<b>Physical Therapy</b>	\$10 Per Visit (limited to 60-day period of care)	\$15 Per Visit (limited to 60-day period of care)	\$45 Per Visit (Limit to 60-day period of care)
<b>Chiropractic</b>	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) <sup>(5)</sup>	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) <sup>(5)</sup>	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) <sup>(5)</sup>
<b>Acupuncture</b>	\$10 Copay (Referral by PCP within Medical Group) \$10 Copay <sup>(5)</sup> limited up to 30 combined visits per calendar year	\$15 Copay (Referral by PCP within Medical Group) \$10 Copay <sup>(5)</sup> limited up to 30 combined visits per calendar year	\$45 Copay (Referral by PCP within Medical Group) \$10 Copay <sup>(5)</sup> limited up to 30 combined visits per calendar year
<b>Outpatient Surgery</b>	Paid at 100%*	\$100 for Ambulatory Surgical Center \$150 for OutPatient Hospital	Paid at 70%* after Facility Deductible is met for Ambulatory Surgical Center and OutPatient Hospital
<b>Hospital Inpatient</b>	Paid at 100%* Inpatient facility services - Unlimited days Skilled Nursing - limited to 100 visits per calendar year, Semi-private room	Physician paid at 100%* Inpatient facility services - \$250 copay per admission Skilled Nursing - \$50 copay per admission; limited to 100 visits per calendar year, Semi-private room	Physician paid at 100%* Inpatient facility services - Paid at 70% Skilled Nursing - Paid at 70%; limited to 100 visits per calendar year, Semi-private room
<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as in-patient)	\$100 Copay (Copay waived if admitted as in-patient)	\$250 copay (Copay waived if admitted as inpatient)
<b>Urgent Care</b>	\$30 Copay	\$30 Copay	\$50 Copay
<b>Home Health Care</b>	\$10 Per Visit (limited to 100 visits per calendar year)	\$15 Per Visit (limited to 100 visits per calendar year)	\$45 Per Visit (Limit to 100 visits per calendar year)
<b>Telehealth</b>	Paid at 100% for 24/7 non-emergency access to doctors and mental health professionals, call <b>Live Health Online</b> at <b>(888) 548-3432</b>	Paid at 100% for 24/7 non-emergency access to doctors and mental health professionals, call <b>Live Health Online</b> at <b>(888) 548-3432</b>	Paid at 100% for 24/7 non-emergency access to doctors and mental health professionals, call <b>Live Health Online</b> at <b>(888) 548-3432</b>
<b>Virtual Physical Therapy</b>	Contact your PCP or medical group for virtual options	Contact your PCP or medical group for virtual options	Contact your PCP or medical group for virtual options
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>

BENEFIT	HMO 1, Rx B		HMO 2, Rx B		HMO Bronze, Rx V	
Prescription Drugs	<b>Retail</b> <sup>(4,9)</sup>	<b>Mail Order</b> <sup>(4,9)</sup>	<b>Retail</b> <sup>(4,9)</sup>	<b>Mail Order</b> <sup>(4,9)</sup>	<b>Retail</b> <sup>(4,9)</sup>	<b>Mail Order</b> <sup>(4,9)</sup>
	\$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	\$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	\$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	\$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	\$0 Generic \$30 Brand (30-Day Supply) <b>(\$150 Brand Deductible)</b> Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	\$0 Generic \$60 Brand (90-Day Supply) <b>(\$150 Brand Deductible)</b> Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network

**Anthem HMO Plans:**

**\* For Covered Expenses Only**

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment)

(4) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.

(5) Chiropractic and Acupuncture (outside the Medical Group) benefits are offered through ASH.

(9) For GLP-1 information, visit [www.cvtrust.org/glp1](http://www.cvtrust.org/glp1)

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).