

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

October 1, 2026 - September 30, 2027

BENEFIT	HMO 1, Rx B	HMO 2, Rx B	HMO Bronze, Rx V
Calendar Year Deductible	\$0	\$0	Individual: \$2,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$10,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialist Physician - \$30 Copay	Primary Care Physician - \$15 Copay Specialist Physician - \$30 Copay	Primary Care Physician - \$45 Copay Specialist Physician - \$50 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	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
Outpatient Radiology	\$10 Copay	\$15 Copay	Paid at 100%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 50%*
Ambulance - Ground / Air	\$100 Copay	\$100 Copay	\$150 Copay
Physical Therapy	\$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)
Chiropractic	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) ⁽⁵⁾	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) ⁽⁵⁾	\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) ⁽⁵⁾
Acupuncture	\$10 Copay (Referral by PCP within Medical Group) \$10 Copay ⁽⁵⁾ limited up to 30 combined visits per calendar year	\$15 Copay (Referral by PCP within Medical Group) \$10 Copay ⁽⁵⁾ limited up to 30 combined visits per calendar year	\$45 Copay (Referral by PCP within Medical Group) \$10 Copay ⁽⁵⁾ limited up to 30 combined visits per calendar year
Outpatient Surgery	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
Hospital Inpatient	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
Hospital Emergency Room	\$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)
Urgent Care	\$30 Copay	\$30 Copay	\$50 Copay
Home Health Care	\$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)
Telehealth	Paid at 100% for 24/7 non-emergency access to doctors and mental health professionals, call Live Health Online at (888) 548-3432	Paid at 100% for 24/7 non-emergency access to doctors and mental health professionals, call Live Health Online at (888) 548-3432	Paid at 100% for 24/7 non-emergency access to doctors and mental health professionals, call Live Health Online at (888) 548-3432
Virtual Physical Therapy	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
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾

BENEFIT	HMO 1, Rx B		HMO 2, Rx B		HMO Bronze, Rx V	
Prescription Drugs	30-Day Supply ^(4, 9) Generic: \$7 Pref Brand: \$15 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	90-Day Supply ^(4, 9) Generic: \$15 Pref Brand: \$35 Non-Pref Brand: \$70 Specialty: N/A	30-Day Supply ^(4, 9) Generic: \$7 Pref Brand: \$15 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	90-Day Supply ^(4, 9) Generic: \$15 Pref Brand: \$35 Non-Pref Brand: \$70 Specialty: N/A	\$150 Brand Deductible 30-Day Supply ^(4, 9) Generic: \$0 Pref Brand: \$30 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 copay when enrolled in Prudent Rx	\$150 Brand Deductible 90-Day Supply ^(4, 9) Generic: \$0 Pref Brand: \$60 Non-Pref Brand: \$60 Specialty: N/A Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network; Medicare Retirees - Platinum Formulary

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

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.