

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

El Dorado Union High SD - CERTIFICATED

October 1, 2018 - September 30, 2019

BENEFIT	PPO 1A	PPO 3B	PPO 6B	PPO 8B
Calendar Year Deductible	\$0	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$500 Family: \$1,500
Coinsurance	Paid at 100%*	Paid at 100%* 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)	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$6,000 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$9,750 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Doctor Visits (Specialty Physician)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	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.)
Chiropractic	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	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.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	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
Outpatient Surgery	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	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
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%*	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	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
Telehealth	MDLIVE - \$5 copay for non-emergency medical conditions, \$10 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$20 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$30 copay for Behavioral Health ⁽²⁾ Call 1-888-632-2738 or visit mdlive.com/CVT.

BENEFIT	PPO 1A		PPO 3B		PPO 6B		PPO 8B	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ⁽²⁾	
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⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	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⁾ \$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⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (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 Consumer Medical 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.

CVT HMO Health Plans with Kaiser Permanente

El Dorado Union High SD - CERTIFICATED

October 1, 2018 - September 30, 2019

BENEFIT	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 7	Kaiser Wellness
Calendar Year Deductible	\$0	\$0	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$10 Copay	\$20 Copay	\$25 Copay	\$35 Copay	\$20 Copay
Doctor Visits (Specialty Physician)	\$10 Copay	\$20 Copay	\$25 Copay	\$35 Copay	\$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay
Radiation Therapy, Chemotherapy	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$20 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$25 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$35 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$20 Copay	\$25 Copay	\$35 Copay	\$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$20 Copay	\$25 Copay	\$250 Copay	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$20 Copay	\$25 Copay	\$35 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225
Medical Decision Support	N/A	N/A	N/A	N/A	N/A

BENEFIT	Kaiser 1		Kaiser 3		Kaiser 6		Kaiser 7		Kaiser Wellness	
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⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	Retail \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	Retail \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	Mail Order \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)

Kaiser Permanente Plans:

*** For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

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

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BENEFIT	PPO Wellness	HDHP 1	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,350 Family: \$2,700 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,750 Family: \$5,250	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150.	Individual: \$6,350 Family: \$12,700
Doctor Visits (Primary Care Physician)	\$20 Copay	Paid at 90%* after deductible is met	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	\$40 Copay	Paid at 90%* after deductible is met	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
Chiropractic	Paid at 90%*(1) after deductible is met (Copay, if applicable.)	Paid at 90%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 90%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* 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 70%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - \$5 copay for non-emergency medical conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - Paid at 90%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions and Behavioral Health.	MDLIVE - \$5 copay for non-emergency medical conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT.

BENEFIT	PPO Wellness		HDHP 1	PPO Bronze	
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	
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⁾	
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)	Paid at 90%* after deductible is met	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

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