

CVT EPO Health Plans with Sutter Health Aetna

EI Dorado Union High SD - CERTIFICATED

October 1, 2020 - September 30, 2021

| BENEFIT | EPO 100A | EPO 90B | EPO 80B | EPO 70C |
|--|---|---|---|---|
| Calendar Year Deductible | Individual: \$300 Family: \$600 | Individual: \$750 Family: \$1,500 | Individual: \$1,500 Family: \$3,000 | Individual: \$5,000 Family: \$10,000 |
| Coinsurance | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% 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: \$2,000 Family: \$4,000 | Individual: \$3,000 Family: \$6,000 | Individual: \$6,350 Family: \$12,700 |
| Doctor Visits | Primary Care Physician - \$20 copay per visit; deductible waived Specialty Physician - \$40 copay per visit; deductible waived | Primary Care Physician - \$20 copay per visit; deductible waived Specialty Physician - \$40 copay per visit; deductible waived | Primary Care Physician - \$30 copay per visit; deductible waived Specialty Physician - \$50 copay per visit; deductible waived | Primary Care Physician - \$60 copay - 1st 3 visits per year; deductible waived. Paid at 70% - 4th and all subsequent visits; after deductible Specialty Physician - \$75 copay per visit; after deductible |
| Preventive Care / Immunizations | Paid at 100% | Paid at 100% | Paid at 100% | Paid at 100% |
| Outpatient Laboratory | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met |
| Outpatient Radiology | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% 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 70% 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 70% after deductible is met |
| Physical Therapy | \$20 copay per visit; deductible waived | \$20 copay per visit; deductible waived | \$30 copay per visit; deductible waived | \$75 copay per visit; deductible waived |
| Chiropractic | \$10 copay per visit; deductible waived Limited to 30 visits per calendar year | \$10 copay per visit; deductible waived Limited to 30 visits per calendar year | \$10 copay per visit; deductible waived Limited to 30 visits per calendar year | \$75 copay per visit; deductible waived Limited to 30 visits per calendar year |
| Acupuncture | \$20 copay per visit; deductible waived | \$20 copay per visit; deductible waived | \$30 copay per visit; deductible waived | \$75 copay per visit; deductible waived |
| 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 - Paid at 90% after \$250 Copay, then paid at 100% after deductible is met | Non-Hospital - Paid at 80% after deductible is met Hospital - Paid at 80% after \$250 Copay, then paid at 100% after deductible is met | Non-Hospital - Paid at 70% after deductible is met Hospital - Paid at 70% after \$250 Copay, then paid at 100% after deductible is met |
| Hospital Inpatient | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met |
| Hospital Emergency Room | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100% after deductible is met | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90% after deductible is met | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80% after deductible is met | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 70% after deductible is met |
| Urgent Care | \$20 copay per visit; deductible waived | \$20 copay per visit; deductible waived | \$30 copay per visit; deductible waived | \$60 copay - 1st 3 visits per year; deductible waived Paid at 70% - 4th and all subsequent visits; after deductible |
| 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 70% 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. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT |

| BENEFIT | EPO 100A | | EPO 90B | | EPO 80B | | EPO 70C | |
|--|--|---|--|---|--|---|--|---|
| 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⁾ \$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 \$25 Pref \$40 Non-Pref (30-Day Supply) | Mail Order ⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply) |

For Covered Expenses Only using In-Network Providers Only: If you receive care from an out-of-network provider your care may not be covered at all. To find an in-network provider, visit www.sutterhealthaetna.com, click Find a Doctor, and then select Open Access EPO after entering your location.

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

(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

CVT HMO Health Plans with Kaiser Permanente

EI Dorado Union High SD - CERTIFICATED

October 1, 2020 - September 30, 2021

| BENEFIT | Kaiser 1 | Kaiser 6 | Kaiser 7 | Kaiser Wellness | Kaiser HSA |
|--|---|---|---|---|---|
| Calendar Year Deductible | \$0 | \$0 | \$0 | \$0 | Self-Only Coverage: \$2,000 (A family of one member) Family Coverage: \$2,700 (Each member in a family of two or more members) Family Coverage: \$4,000 (Entire family of two or more members) |
| Coinsurance | Paid at 100%* | Paid at 100%* | Paid at 100%* | Paid at 100%* | Not applicable |
| Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾ | Individual: \$1,500 Family: \$3,000 | Individual: \$1,500 Family: \$3,000 | Individual: \$1,500 Family: \$3,000 | Individual: \$1,500 Family: \$3,000 | Self-Only Coverage: \$3,000 (A family of one member) Family Coverage: \$3,000 (Each member in a family of two or more members) Family Coverage: \$6,000 (Entire family of two or more members) |
| Doctor Visits | Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay | Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay | Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay | Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay | Primary Care Physician - \$30 copay after deductible is met Specialty Physician - \$30 copay after deductible is met |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Laboratory | Paid at 100%* | Paid at 100%* | Paid at 100%* | \$10 Copay | \$10 copay after deductible is met |
| Outpatient Radiology | Radiation Therapy:Paid at 100%* Chemotherapy:\$10 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 | Paid at 100%*, after deductible is met |
| Durable Medical Equipment | Paid at 100%* | Paid at 100%* | Paid at 80%* | Paid at 100%* | Paid at 80%* after deductible is met |
| Ambulance - Ground / Air | Paid at 100%* If Medically Necessary | \$50 Per Trip If Medically Necessary | \$100 Per Trip If Medically Necessary | \$100 Copay If Medically Necessary | \$100 copay after deductible is met |
| Physical Therapy | \$10 Copay | \$25 Copay | \$35 Copay | \$20 Copay | \$30 copay after deductible is met |
| Chiropractic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Acupuncture | \$10 Copay Referral by Plan Physician | \$25 Copay Referral by Plan Physician | \$35 Copay Referral by Plan Physician | \$40 Copay Referral by Plan Physician | \$30 copay after deductible is met Referral by plan physician |
| Outpatient Surgery | \$10 Copay | \$25 Copay | \$250 Copay | \$500 Per Procedure | \$150 copay per admission after deductible is met |
| Hospital Inpatient | Paid at 100%* | \$250 Copay | \$250 Copay | \$500 Copay Per Admission Unlimited days, semi-private room | \$250 copay per admission after deductible is met |
| 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 per visit after deductible is met |
| Urgent Care | \$10 Copay | \$25 Copay | \$35 Copay | \$20 Copay | \$30 copay after deductible is met |
| Home Health Care | Paid at 100%* (Limits) | Paid at 100%* (Limits) | Paid at 100%* (Limits) | Paid at 100%* (Limits) | Paid at 100%* (Limits) |

| BENEFIT | Kaiser 1 | | Kaiser 6 | | Kaiser 7 | | Kaiser Wellness | | Kaiser HSA | | |
|--|---|---|--|---|--|---|--|---|--|---|--------------------------------|
| 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 | | |
| 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 (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) | Retail \$10 Generic \$30 Brand (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 (Up to 30 day supply) \$20 Generic \$60 Brand (31 - 100 day supply) | After Deductible is Met |

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).

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

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

EI Dorado Union High SD - CERTIFICATED

October 1, 2020 - September 30, 2021

| BENEFIT | PPO Wellness | HDHP 1 | PPO Bronze |
|--|--|--|--|
| Calendar Year Deductible | Individual: \$500 Family: \$1,000 | Individual: \$1,400 Family: \$2,800 (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) ⁽²⁾ | Individual: \$1,750 Family: \$3,500 | Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900. | Individual: \$6,350 Family: \$12,700 |
| Doctor Visits | Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay | Paid at 90%* after deductible is met | Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Laboratory | Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90% after deductible is met | Paid at 90%* after deductible is met | Paid at 70%* after deductible is met |
| Outpatient Radiology | Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then 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 | Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then 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 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, 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 |

| BENEFIT | PPO Wellness | | HDHP 1 | PPO Bronze | |
|--|--|---|---|--|--|
| Telehealth | MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.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 and dermatology conditions and Behavioral Health. | MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. 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 | |
| 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) |

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.

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

EI Dorado Union High SD - CERTIFICATED

October 1, 2020 - September 30, 2021

| BENEFIT | PPO 1A | PPO 3B | PPO 6B | PPO 8B |
|--|---|---|--|--|
| Calendar Year Deductible | \$0 | Individual: \$100 Family: \$200 | Individual: \$250 Family: \$500 | Individual: \$500 Family: \$1,000 |
| 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) ⁽²⁾ | Individual: \$1,250 Family: \$2,500 | Individual: \$1,250 Family: \$2,500 | Individual: \$2,000 Family: \$4,000 | Individual: \$3,250 Family: \$6,500 |
| Doctor Visits | Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay | Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay | Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay | Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Laboratory | Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%* | Non-Hospital - Paid at 100%* after deductible is met Hospital - \$50 copay, then paid at 100%* 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%* Hospital - \$75 copay, then paid at 100%* | Non-Hospital - Paid at 100%* after deductible is met Hospital - \$75 copay, then paid at 100%* 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%* | 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 | Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%* | Non-Hospital - Paid at 100%* after deductible is met Hospital - \$250 copay, then paid at 100%* 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%* 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 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 100%* 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 | \$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 |

| BENEFIT | PPO 1A | | PPO 3B | | PPO 6B | | PPO 8B | |
|--|---|---|---|---|---|---|---|---|
| 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⁾ \$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 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.