

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

Colusa Unified SD - CLASSIFIED

October 1, 2024 - September 30, 2025

BENEFIT	Wellness, Rx C	HDHP 1	HDHP 3	Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,600 Family: \$3,200 (No individual limit applies to family)	Individual: \$6,500 Family: \$13,000 (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	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: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.	Individual: \$8,000 Family: \$16,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$8,000.	Individual: \$7,000 Family: \$14,000
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Primary Care Physician - Paid at 90%* after deductible is met Specialist Physician - Paid at 90% after deductible is met	Primary Care Physician - Subject to deductible then \$60 copay per visit Specialist Physician - Subject to deductible then \$90 copay per visit	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialist Physician - Subject to deductible then 70% copay per visit
Preventive Care / Immunizations	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%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* 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	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	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	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	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	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 - After deductible is met, \$250 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* 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	Paid at 70%* after deductible is met; Unlimited days, Semi-private room

BENEFIT	Wellness, Rx C		HDHP 1		HDHP 3		Bronze	
Hospital Emergency Room	\$150 Copay; (Copay waived if admitted as inpatient). After deductible is met, copay then paid at 90%*		Paid at 90%* after deductible is met		Paid at 70%* 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		Paid at 70%* 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		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%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* after deductible is met 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	
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⁾	
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⁾ Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30 Day-Supply)	Mail Order⁽⁴⁾ Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90 Day-Supply)	Retail⁽⁴⁾ Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30 Day-Supply)	Mail Order⁽⁴⁾ Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90 Day-Supply)	Retail⁽⁴⁾ Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order⁽⁴⁾ 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 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.