

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

Colusa Unified SD - MANAGEMENT, TRUSTEES

October 1, 2024 - September 30, 2025

BENEFIT	PPO 4, Rx B	PPO 8, Rx C	PPO 10, Rx D
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
Coinsurance	Paid at 90%* 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 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$6,500 ⁽²⁾	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	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%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 90%* ⁽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 90%* ⁽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 90%* 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 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 90%* 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	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
Home Health Care	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 80%* 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. ⁽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
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⁾

BENEFIT	PPO 4, Rx B		PPO 8, Rx C		PPO 10, Rx D	
Prescription Drugs	Retail⁽⁴⁾	Mail Order⁽⁴⁾	Retail⁽⁴⁾	Mail Order⁽⁴⁾	Retail⁽⁴⁾	Mail Order⁽⁴⁾
	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$10 Generic	\$25 Generic
	\$15 Preferred	\$35 Preferred	\$25 Pref	\$60 Pref	\$40 Pref	\$100 Pref
	\$30 Non-Preferred	\$70 Non-Preferred	\$40 Non-Pref	\$90 Non-Pref	\$100 Non-Pref	\$250 Non-Pref
	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)
					(\$150 Brand Deductible)	(\$150 Brand Deductible)

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.