

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

Eastside Union SD - MANAGEMENT

October 1, 2023 - September 30, 2024

| BENEFIT | PPO 1, Rx A | PPO 3, Rx A | PPO 4, Rx B | PPO 5, Rx B | PPO Bronze |
|--|--|--|--|--|--|
| Calendar Year Deductible | \$0 | Individual: \$100 Family: \$200 | Individual: \$100 Family: \$200 | Individual: \$100 Family: \$200 | Individual: \$5,000 Family: \$10,000 |
| Coinsurance | Paid at 100%* | Paid at 100%* after deductible is met | 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: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾ | Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾ | Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾ | Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾ | Individual: \$6,350 Family: \$12,700 |
| 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 | 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%* | 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 - After deductible is met, \$50 copay then paid at 100%* | Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%* | Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%* | Paid at 70%* 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 - After deductible is met, \$75 copay then paid at 100%* | Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%* | Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%* | Paid at 70%* after deductible is met |
| Durable Medical Equipment | Paid at 100%* | Paid at 100%* after deductible is met | 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 100%* of covered charges | Paid at 100%* after deductible is met | 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 100% ⁽¹⁾ (Copay, if applicable.) | Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 70% ⁽¹⁾ after deductible is met |
| Chiropractic | Paid at 100% ⁽¹⁾ (Copay, if applicable.) | Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 70% ⁽¹⁾ after deductible is met |
| 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 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year | Paid at 90%* after deductible is met (Copay, if applicable) 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 100%* Hospital - \$250 copay, then paid at 100%* | Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%* | Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%* | Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%* | Paid at 70%* after deductible is met |

| BENEFIT | PPO 1, Rx A | | PPO 3, Rx A | | PPO 4, Rx B | | PPO 5, Rx B | | PPO Bronze | |
|---|---|--|---|--|---|---|---|---|--|---|
| Hospital Inpatient | Paid at 100%* Unlimited days, Semi-private room | | Paid at 100%* after deductible is met; Unlimited days, Semi-private room | | 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 100%* | | \$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%* | | \$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%* | | \$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%* | | Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient) | |
| Urgent Care | \$10 Copay | | \$20 Copay | | \$20 Copay | | \$30 Copay | | Subject to deductible, then \$120 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 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 - 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 | | 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 | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | | Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance | |
| Employee Assistance Program (EAP) through Carelton | 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⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply) | Mail Order⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply) | 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 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 and Alight visits are excluded (2) Pharmacy copayments 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.