

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

Marysville Joint Unified SD - PARA EDUCATORS

October 1, 2024 - September 30, 2025

BENEFIT	PPO 1, Rx A	PPO 4, Rx A	PPO 6, Rx B	Bronze
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 100%*	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 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾	Individual: \$7,000 Family: \$14,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialist Physician - \$10 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay	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 100%* Hospital - \$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 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	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 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%*	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 100%*	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%* of covered charges	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽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 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽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 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 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 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%*	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	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 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$150 Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$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%*	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	Subject to deductible, then \$120 Copay

BENEFIT	PPO 1, Rx A		PPO 4, Rx A		PPO 6, Rx B		Bronze	
Home Health Care	Paid at 100%* 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. ⁽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	
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⁾ \$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⁾ 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.