

CVT EPO Health Plans with Anthem High Performance (BlueHPN) and CVS/caremark
Marysville Joint Unified SD - CERTIFICATED, OE3 (CLASSIFIED), AMACE (MANAGEMENT), TRUSTEES, CHILD DEVELOPMENT,
PARA EDUCATORS, UNREPRESENTED, SUPERVISORS, CABINET MEMBERS

October 1, 2024 - September 30, 2025

BENEFIT	EPO Premier, Rx V	EPO Prime, Rx V	EPO Value, Rx V	EPO HSA
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$2,000 Family: \$4,000	Individual: \$1,600 Family: \$3,200 (No individual limit applies to family)
Coinsurance	Paid at 100% after deductible is met	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 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$6,350 Family: \$12,700	Individual: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.
Doctor Visits	Primary Care Physician - \$20 copay per visit; deductible waived Specialist Physician - \$20 copay per visit; deductible waived	Primary Care Physician - \$10 copay per visit; deductible waived Specialist Physician - \$10 copay per visit; deductible waived	Primary Care Physician - \$45 copay per visit; deductible waived Specialist Physician - \$45 copay per visit; deductible waived	Primary Care Physician - Paid at 80% after deductible is met Specialist Physician - Paid at 80% after deductible is met
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 80% 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 80% 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 80% 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 80% after deductible is met
Physical Therapy	\$20 copay per visit; deductible is waived	\$10 copay per visit; deductible is waived	\$45 copay per visit; deductible is waived	Paid at 80% after deductible is met
Chiropractic	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	Paid at 80% after deductible is met Limited to 30 visits per calendar year
Acupuncture	\$20 copay per visit; deductible is waived	\$10 copay per visit; deductible is waived	\$45 copay per visit; deductible is waived	Paid at 80% after deductible is met
Outpatient Surgery	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 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 - Paid at 80% 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 80% after deductible is met
Hospital Emergency Room	\$150 Emergency Copay; \$250 Non-Emergency Copay (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 100%	\$150 Emergency Copay; \$250 Non-Emergency Copay (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 90%	\$150 Emergency Copay; \$250 Non-Emergency Copay (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 80%	Paid at 80% after deductible is met
Urgent Care	\$20 copay per visit; deductible waived	\$10 copay per visit; deductible waived	\$45 copay per visit; deductible waived	Paid at 80% after deductible is met
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 80% after deductible is met; Limited to 100 visits per calendar year

BENEFIT	EPO Premier, Rx V		EPO Prime, Rx V		EPO Value, Rx V		EPO HSA
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%* after deductible is met 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⁾ \$0 Generic \$30 Brand (30-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	Mail Order⁽⁴⁾ \$0 Generic \$60 Brand (90-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	Retail⁽⁴⁾ \$0 Generic \$30 Brand (30-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	Mail Order⁽⁴⁾ \$0 Generic \$60 Brand (90-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	Retail⁽⁴⁾ \$0 Generic \$30 Brand (30-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	Mail Order⁽⁴⁾ \$0 Generic \$60 Brand (90-Day Supply) (\$150 Brand Deductible) Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network	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)

For Covered Expenses Only, using In-Network Providers Only: To get benefits under this Plan, you must use In-Network Providers. Services from Non-Network Providers are not covered, except for Emergency or Urgent Care, Authorized Services, or when required by law. Please be sure to contact Anthem if you are not sure if Anthem has approved an Authorized Service. To find an in-network HPN provider, visit www.Anthem.com/ca and click on Find Care.

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) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications for prescription plans A, B, C (includes Wellness), D, ValuRx, and the Bronze Plan.