

CVT PPO Health Plans
Amador COE - MANAGEMENT
October 1, 2017 - September 30, 2018

| BENEFIT | PPO 1A | PPO 4A | PPO 6A | PPO 10A |
|--|---|---|---|---|
| Calendar Year Deductible | \$0 | Individual: \$100 Family: \$300 | Individual: \$250 Family: \$750 | Individual: \$2,000 Family: \$6,000 |
| Coinsurance | Paid at 100%* | 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) | Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾ | Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾ | Individual: \$2,000 ⁽²⁾ Family: \$6,000 ⁽²⁾ | Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾ |
| Doctor Visits (Primary Care Physician) | \$10 Copay | \$20 Copay | \$20 Copay | Paid at 80%* after deductible is met |
| Doctor Visits (Specialty Physician) | \$10 Copay | \$20 Copay | \$20 Copay | Paid at 80%* after deductible is met |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Diagnostic Test / Imaging | Paid at 100%* | Paid at 90%* after deductible is met | Paid at 80%* after deductible is met | Paid at 80%* after deductible is met |
| Radiation Therapy, Chemotherapy | Paid at 100%* | 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%* | 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%* of covered charges | 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 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 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.) |
| 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 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.) |
| 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 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year |
| Outpatient Surgery | Paid at 100%* | Paid at 90%* after deductible is met | Paid at 80%* after deductible is met | Paid at 80%* 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 80%* after deductible is met; Unlimited days, Semi-private room |
| Hospital Emergency Room | \$100 Copay (Copay waived if admitted as inpatient) Paid at 100%* | \$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met | \$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met | \$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met |
| Urgent Care | \$10 Copay | \$20 Copay | \$20 Copay | Paid at 80%* after deductible is met |
| 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 80%* after deductible is met; Limited to 100 visits per calendar year |
| Telehealth | MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. | MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. | MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. | MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. |
| Employee Assistance Program (EAP) through Beacon Health Options | 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⁾ |

| BENEFIT | PPO 1A | | PPO 4A | | PPO 6A | | PPO 10A | |
|---------------------------|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|---------------------------|
| | Retail ⁽⁴⁾ | Mail Order ⁽⁴⁾ | Retail ⁽⁴⁾ | Mail Order ⁽⁴⁾ | Retail ⁽⁴⁾ | Mail Order ⁽⁴⁾ | Retail ⁽⁴⁾ | Mail Order ⁽⁴⁾ |
| Prescription Drugs | \$5 Generic | \$10 Generic | \$5 Generic | \$10 Generic | \$5 Generic | \$10 Generic | \$5 Generic | \$10 Generic |
| | \$22 Brand | \$44 Brand | \$22 Brand | \$44 Brand | \$22 Brand | \$44 Brand | \$22 Brand | \$44 Brand |
| | (30-Day Supply) | (90-Day Supply) | (30-Day Supply) | (90-Day Supply) | (30-Day Supply) | (90-Day Supply) | (30-Day Supply) | (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) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

PPO Plans 1 through 10:

(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

CVT PPO Health Plans
Amador COE - MANAGEMENT
October 1, 2017 - September 30, 2018

| BENEFIT | PPO Wellness | HDHP 1 | PPO Bronze |
|--|--|---|--|
| Calendar Year Deductible | Individual: \$500 Family: \$1,000 | Individual: \$1,300 Family: \$3,000 (No individual limit applies to family) | Individual: \$5,000 Family: \$10,000 |
| Coinsurance | 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) | Individual: \$1,750 ⁽²⁾ Family: \$5,250 ⁽²⁾ | Individual: \$4,250 ⁽²⁾ Family: \$10,100 ⁽²⁾ Family = Employee with one or more covered dependents. No one individual will pay more than \$6,850. | Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾ |
| Doctor Visits (Primary Care Physician) | \$20 Copay | Paid at 80%* after deductible is met | First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met |
| Doctor Visits (Specialty Physician) | \$40 Copay | Paid at 80%* after deductible is met | Subject to deductible then \$70 copay |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Diagnostic Test / Imaging | Paid at 90%* after deductible is met | Paid at 80%* after deductible is met | Paid at 70%* after deductible is met |
| Radiation Therapy, Chemotherapy | Paid at 90%* after deductible is met | Paid at 80%* after deductible is met | Paid at 70%* after deductible is met |
| Durable Medical Equipment | 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 90%* after deductible is met | Paid at 80%* 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 80%* ⁽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 80%* ⁽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 80%* 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 | Paid at 90%* after deductible is met | Paid at 80%* 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 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 | \$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met | Paid at 80%* after deductible is met | Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient) |
| Urgent Care | \$20 Copay | Paid at 80%* 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 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 - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. | MDLIVE - Paid at 80%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. | MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions. |

| BENEFIT | PPO Wellness | | HDHP 1 | PPO Bronze | |
|--|--|---|--|--|--|
| Employee Assistance Program (EAP) through Beacon Health Options | 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) | Paid at 80%* after deductible is | 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) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

PPO Wellness Plan:

(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

CVT Kaiser Health Plans
Amador COE - MANAGEMENT
October 1, 2017 - September 30, 2018

| BENEFIT | Kaiser 1 | Kaiser 2 | Kaiser Wellness |
|--|--|--|--|
| Calendar Year Deductible | \$0 | \$0 | \$0 |
| Coinsurance | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) | Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾ | Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾ | Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾ |
| Doctor Visits (Primary Care Physician) | \$10 Copay | \$15 Copay | \$20 Copay |
| Doctor Visits (Specialty Physician) | \$10 Copay | \$15 Copay | \$40 Copay |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Diagnostic Test / Imaging | Paid at 100%* | Paid at 100%* | \$10 Copay |
| Radiation Therapy, Chemotherapy | Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay | Radiation Therapy: Paid at 100%* Chemotherapy: \$15 Copay | Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay |
| Durable Medical Equipment | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Ambulance - Ground / Air | Paid at 100%* If Medically Necessary | Paid at 100%* If Medically Necessary | \$100 Copay If Medically Necessary |
| Physical Therapy | \$10 Copay | \$15 Copay | \$20 Copay |
| Chiropractic | Not Covered | Not Covered | Not Covered |
| Acupuncture | \$10 Copay Referral by Plan Physician | \$15 Copay Referral by Plan Physician | \$40 Copay Referral by Plan Physician |
| Outpatient Surgery | \$10 Copay | \$15 Copay | \$500 Per Procedure |
| Hospital Inpatient | Paid at 100%* | Paid at 100%* | \$500 Copay Per Admission Unlimited days, semi-private room |
| Hospital Emergency Room | \$100 Copay Copay waived if admitted as in-patient | \$100 Copay Copay waived if admitted as in-patient | \$100 Copay (Copay waived if admitted as in-patient) |
| Urgent Care | \$10 Copay | \$15 Copay | \$20 Copay |
| Home Health Care | Paid at 100%* (Limits) | Paid at 100%* (Limits) | Paid at 100%* (Limits) |
| Telehealth | For after-hours advice, call 1-888-576-6225 | For after-hours advice, call 1-888-576-6225 | For after-hours advice, call 1-888-576-6225 |
| Employee Assistance Program (EAP) through Beacon Health Options | 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 | Kaiser 1 | | Kaiser 2 | | Kaiser Wellness | |
|---------------------------|--|---|--|---|--|--|
| Prescription Drugs | Retail | Mail Order | Retail | Mail Order | Retail | Mail Order |
| | \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply) | \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply) | \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply) | \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply) | \$10 Generic \$25 Brand (30-day supply)\$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply) | \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply) |

Kaiser Permanente Plans:

*** For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.