

**CVT PPO Health Plans**  
**Amador Unified SD - CERTIFICATED**  
**October 1, 2017 - September 30, 2018**

BENEFIT	PPO 1A	PPO 4A	PPO 6C	PPO 10D
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$2,000 Family: \$6,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,250 <sup>(2)</sup> Family: \$3,750 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$3,750 <sup>(2)</sup>	Individual: \$2,000 <sup>(2)</sup> Family: \$6,000 <sup>(2)</sup>	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b> (Primary Care Physician)	\$10 Copay	\$20 Copay	\$20 Copay	Paid at 80%* after deductible is met
<b>Doctor Visits</b> (Specialty Physician)	\$10 Copay	\$20 Copay	\$20 Copay	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	\$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
<b>Urgent Care</b>	\$10 Copay	\$20 Copay	\$20 Copay	Paid at 80%* after deductible is met
<b>Home Health Care</b>	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
<b>Telehealth</b>	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.
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>

BENEFIT	PPO 1A		PPO 4A		PPO 6C		PPO 10D	
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$10 Generic Paid at 70% - Preferred Paid at 50% - Non-Preferred (min=\$25/\$40; max=\$40/\$100) (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$25 Generic Paid at 70% - Preferred Paid at 50% - Non-Preferred (min=\$65/\$100; max=\$125/\$250) (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](http://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 Unified SD - CERTIFICATED**  
**October 1, 2017 - September 30, 2018**

BENEFIT	PPO Wellness	HDHP 1	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$1,300 Family: \$3,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,750 <sup>(2)</sup> Family: \$5,250 <sup>(2)</sup>	Individual: \$4,250 <sup>(2)</sup> Family: \$10,100 <sup>(2)</sup> Family = Employee with one or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b> (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
<b>Doctor Visits</b> (Specialty Physician)	\$40 Copay	Paid at 80%* after deductible is met	Subject to deductible then \$70 copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	\$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)
<b>Urgent Care</b>	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	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
<b>Telehealth</b>	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	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</b> 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).

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**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 Unified SD - CERTIFICATED**  
**October 1, 2017 - September 30, 2018**

BENEFIT	Kaiser 1	Kaiser 2	Kaiser 6	Kaiser Wellness	Kaiser Bronze
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	\$0	Individual: \$4,500 Family: \$9,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 60%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,500 <sup>(2)</sup> Family: \$3,000 <sup>(2)</sup>	Individual: \$1,500 <sup>(2)</sup> Family: \$3,000 <sup>(2)</sup>	Individual: \$1,500 <sup>(2)</sup> Family: \$3,000 <sup>(2)</sup>	Individual: \$1,500 <sup>(2)</sup> Family: \$3,000 <sup>(2)</sup>	Individual: \$6,000 <sup>(2)</sup> Family: \$12,000 <sup>(2)</sup>
<b>Doctor Visits</b> (Primary Care Physician)	\$10 Copay	\$15 Copay	\$25 Copay	\$20 Copay	Paid at 60%* after deductible is met
<b>Doctor Visits</b> (Specialty Physician)	\$10 Copay	\$15 Copay	\$25 Copay	\$40 Copay	Paid at 60%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay	Paid at 60%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$15 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$25 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay	Paid at 100% after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 60%*, deductible does not apply (Most DME is not covered)
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary	Paid at 60%* after deductible is met
<b>Physical Therapy</b>	\$10 Copay	\$15 Copay	\$25 Copay	\$20 Copay	Paid at 60%* after deductible is met
<b>Chiropractic</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Acupuncture</b>	\$10 Copay Referral by Plan Physician	\$15 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician	Paid at 60%* after deductible is met Referral by plan physician
<b>Outpatient Surgery</b>	\$10 Copay	\$15 Copay	\$25 Copay	\$500 Per Procedure	Paid at 60%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	\$250 Copay	\$500 Copay Per Admission Unlimited days, semi-private room	Paid at 60%* after deductible is met
<b>Hospital Emergency Room</b>	\$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	\$100 Copay (Copay waived if admitted as in-patient)	Paid at 60%* after deductible is met
<b>Urgent Care</b>	\$10 Copay	\$15 Copay	\$25 Copay	\$20 Copay	Paid at 60%* after deductible is met

BENEFIT	Kaiser 1		Kaiser 2		Kaiser 6		Kaiser Wellness		Kaiser Bronze
Home Health Care	Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%*, deductible does not apply (Limits)
Telehealth	For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>
Prescription Drugs	<b>Retail</b> \$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)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$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)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	<b>Mail Order</b> \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)	<b>Generic</b> Paid at 70%* (Not to exceed \$50) 100-day supply Deductible does not apply <b>Brand**</b> Paid at 60%* (Not to exceed \$100) 100-day Supply Deductible does not apply **Certain brand name drugs have a \$250 deductible

**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](http://www.cvtrust.org/plan-documents).**