

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

## Amador Unified SD - MANAGEMENT, TRUSTEES

**October 1, 2018 - September 30, 2019**

BENEFIT	PPO 1A	PPO 4A	PPO 6A	PPO 10A
<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 for non-emergency medical conditions, \$10 copay for Behavioral Health <sup>(2)</sup> Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$20 copay for Behavioral Health <sup>(2)</sup> Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, \$20 copay for Behavioral Health <sup>(2)</sup> Call 1-888-632-2738 or visit mdlive.com/CVT.	MDLIVE - \$5 copay for non-emergency medical conditions, Behavioral Health <sup>(2)</sup> is paid at 80% after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT.

BENEFIT	PPO 1A		PPO 4A		PPO 6A		PPO 10A	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance <sup>(2)</sup>		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance <sup>(2)</sup>		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance <sup>(2)</sup>		Consumer Medical - Your Medical Ally <b>Call 1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance <sup>(2)</sup>	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<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> \$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)

**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 Consumer Medical visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is 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](http://www.cvtrust.org/plan-documents).