

# CVT EPO Health Plans with Sutter Health Aetna

## Buckeye Union SD - CERTIFICATED

**October 1, 2019 - September 30, 2020**

BENEFIT	EPO 100A	EPO 80B	EPO 70D
<b>Calendar Year Deductible</b>	Individual: \$300 Family: \$600	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 100% 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) <sup>(2)</sup>	Individual: \$1,250 Family: \$2,500	Individual: \$3,000 Family: \$6,000	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 copay per visit; deductible waived <b>Specialty Physician</b> - \$40 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$30 copay per visit; deductible waived <b>Specialty Physician</b> - \$50 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$60 copay - 1st 3 visits per year; deductible waived. Paid at 70% - 4th and all subsequent visits; after deductible <b>Specialty Physician</b> - \$75 copay per visit; after deductible
<b>Preventive Care / Immunizations</b>	Paid at 100%	Paid at 100%	Paid at 100%
<b>Outpatient Laboratory</b>	Paid at 100% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
<b>Outpatient Radiology</b>	Paid at 100% 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 100% 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 100% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
<b>Physical Therapy</b>	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$75 copay per visit; deductible waived
<b>Chiropractic</b>	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$75 copay per visit; deductible waived Limited to 30 visits per calendar year
<b>Acupuncture</b>	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$75 copay per visit; deductible waived
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100% after deductible is met <b>Hospital</b> - \$250 Copay, then paid at 100% after deductible is met	<b>Non-Hospital</b> - Paid at 80% after deductible is met <b>Hospital</b> - Paid at 80% after \$250 Copay, then paid at 100% after deductible is met	<b>Non-Hospital</b> - Paid at 70% after deductible is met <b>Hospital</b> - Paid at 70% after \$250 Copay, then paid at 100% after deductible is met
<b>Hospital Inpatient</b>	Paid at 100% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
<b>Hospital Emergency Room</b>	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After copay, paid at 100% after deductible is met	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After copay, paid at 80% after deductible is met	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After copay, paid at 70% after deductible is met
<b>Urgent Care</b>	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$60 copay - 1st 3 visits per year; deductible waived Paid at 70% - 4th and all subsequent visits; after deductible
<b>Home Health Care</b>	Paid at 100% 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 for non-emergency medical and dermatology conditions, \$20 copay for Behavioral Health. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$30 copay for Behavioral Health. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$60 copay for Behavioral Health. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance	Consumer Medical - Your Medical Ally Call <b>1-888-361-3944</b> or visit <b>myconsumermedical.com</b> for expert medical guidance
<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>

BENEFIT	EPO 100A		EPO 80B		EPO 70D	
<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> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$10 Generic \$40 Pref \$100 Non-Pref (30-Day Supply) (\$150 Brand Deductible)	<b>Mail Order</b> <sup>(4)</sup> \$25 Generic \$100 Pref \$250 Non-Pref (90-Day Supply) (\$150 Brand Deductible)

**For Covered Expenses Only using In-Network Providers Only: If you receive care from an out-of-network provider your care may not be covered at all. To find an in-network provider, visit [www.sutterhealthaetna.com](http://www.sutterhealthaetna.com), click Find a Doctor, and then select Open Access EPO after entering your location.**

**This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits [www.cvtrust.org/plan-documents](http://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) 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