

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

Buckeye Union SD - CERTIFICATED

October 1, 2019 - September 30, 2020

| BENEFIT | PPO Wellness | HDHP 1 | PPO Bronze |
|--|--|--|--|
| Calendar Year Deductible | Individual: \$500 Family: \$1,000 | Individual: \$1,350 Family: \$2,700 (No individual limit applies to family) | Individual: \$5,000 Family: \$10,000 |
| Coinsurance | Paid at 90%* after deductible is met | Paid at 90%* after deductible is met | Paid at 70%* after deductible is met |
| Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾ | Individual: \$1,750 Family: \$3,500 | Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$7,150. | Individual: \$6,350 Family: \$12,700 |
| Doctor Visits | Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay | Paid at 90%* after deductible is met | Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Laboratory | Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 copay, then paid at 90% after deductible is met | Paid at 90%* after deductible is met | Paid at 70%* after deductible is met |
| Outpatient Radiology | Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 copay, then paid at 90%* after deductible is met | Paid at 90%* after deductible is met | Paid at 70%* after deductible is met |
| Durable Medical Equipment | Paid at 90%* after deductible is met | Paid at 90%* after deductible is met | Paid at 70%* after deductible is met |
| Ambulance - Ground / Air | Paid at 90%* after deductible is met | Paid at 90%* 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 90% ^{*(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 90% ^{*(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 90%* 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 | Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 copay, then paid at 90%* after deductible is met | Paid at 90%* 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 90%* 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 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 90%* after deductible is met | Paid at 90%* after deductible is met | Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient) |
| Urgent Care | \$20 Copay | Paid at 90%* 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 90%* 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 |

| BENEFIT | PPO Wellness | | HDHP 1 | PPO Bronze | |
|--|--|---|---|--|--|
| Telehealth | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$40 copay for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT. | | MDLIVE - Paid at 90%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical and dermatology conditions and Behavioral Health. | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions, \$70 copay after deductible is met for Behavioral Health Call 1-888-632-2738 or visit mdlive.com/CVT. | |
| Medical Decision Support | Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance | | Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance | Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance | |
| 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 90%* after deductible is met | 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) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health 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.