

BENEFIT	PPO BRONZE PLAN
Calendar Year Deductible	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical & pharmacy copays) †	Individual: \$6,350 Family: \$12,700
Doctor Visits (Primary Care Physician)	First 3 visits covered in full after \$60 copay per visit Remaining visits paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	Subject to deductible, then \$70 copay
Preventive Care / Immunizations	Paid at 100%*
Outpatient Diagnostic Tests / Imaging	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 70%* after deductible is met
Ambulance – Ground / Air	Paid at 70%* after deductible is met
Physical Therapy **	Paid at 70%* after deductible is met
Chiropractic **	Paid at 70%* after deductible is met

Acupuncture	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year	
Outpatient Surgery	Paid at 70%* after deductible is met	
Hospital Inpatient (RBB price cap) ‡	Paid at 70%* after deductible is met; Unlimited days, semi-private room	
Hospital Emergency Room	Subject to deductible, then \$250 copay (copay waived if admitted as in-patient)	
Urgent Care	Subject to deductible, then \$120 copay	
Home Health Care	Paid at 70%* after deductible is met Limited to 100 visits per calendar year	
Telemedicine	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.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	
Prescription Drugs	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)

*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.

** Non-Par Providers limited to a combined maximum of 13 visits per year.

† The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

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

‡Reference Based Benefit (RBB) is a regional price cap for inpatient Hip Replacement, Hysterectomy, Knee Replacement and Laminectomy for Anthem Blue Cross PPO Plans.

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