

<i>Page 2</i>	PPO PLAN 1	PPO PLAN 2	PPO PLAN 3	PPO PLAN 4	PPO PLAN 5	PPO PLAN 6	PPO PLAN 7	PPO PLAN 8	PPO PLAN 9	PPO PLAN 10
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (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 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	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	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Hospital Inpatient (RBB price cap) †	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met Unlimited days, Semi-private room	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 80%* 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	Paid at 80%* after deductible is met Unlimited days, Semi-private room	Paid at 80%* after deductible is met Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient) Paid at 100%*	\$100 Copay (Copay waived if admitted as in-patient) Paid at 100%*	\$100 Copay (Copay waived if admitted as in-patient) Paid at 100%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient). Paid at 80%* after deductible is met
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* 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 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	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	Paid at 80%* 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	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	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	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit

***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 CVT's Medicare Part D program through SilverScript.

~ 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