

**CVT PPO Health Plans**  
**Live Oak SD (Santa Cruz) - CERTIFICATED**  
**October 1, 2016 - September 30, 2017**

BENEFIT	PPO 3C	PPO 5D	PPO 7D	PPO 9D
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$1,000 Family: \$3,000
<b>Coinsurance</b>	Paid at 100%* 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
<b>Calendar Year Out of Pocket Maximum</b> (includes deductible, coinsurance, medical and pharmacy 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: \$5,000 <sup>(2)</sup> Family: \$10,000 <sup>(2)</sup>
<b>Doctor Visits</b> (Primary Care Physician)	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay
<b>Doctor Visits</b> (Specialty Physician)	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay
<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%* 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
<b>Radiation Therapy, Chemotherapy</b>	Paid at 100%* 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
<b>Durable Medical Equipment</b>	Paid at 100%* 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
<b>Ambulance - Ground / Air</b>	Paid at 100%* 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
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> after deductible is met (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> after deductible is met (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%* 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
<b>Outpatient Surgery</b>	Paid at 100%* 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
<b>Hospital Inpatient</b>	Paid at 100%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>	Paid at 80%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>	Paid at 80%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>
<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%* after deductible is met	\$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>	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay
<b>Home Health Care</b>	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 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>Telemedicine</b>	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.

BENEFIT	PPO 3C		PPO 5D		PPO 7D		PPO 9D	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	<b>Retail</b> \$10 Generic Paid at 70% - Preferred Paid at 50% - Non-Preferred (min=\$25/\$40; max=\$40/\$100) (30-Day Supply)	<b>Mail Order</b> \$25 Generic Paid at 70%* - Preferred Paid at 50%* - Non-Preferred (min=\$65/\$100; max=\$125/\$250) (90-Day Supply)	<b>Retail</b> \$10 Generic Paid at 70% - Preferred Paid at 50% - Non-Preferred (min=\$25/\$40; max=\$40/\$100) (30-Day Supply)	<b>Mail Order</b> \$25 Generic Paid at 70%* - Preferred Paid at 50%* - Non-Preferred (min=\$65/\$100; max=\$125/\$250) (90-Day Supply)	<b>Retail</b> \$10 Generic Paid at 70% - Preferred Paid at 50% - Non-Preferred (min=\$25/\$40; max=\$40/\$100) (30-Day Supply)	<b>Mail Order</b> \$25 Generic Paid at 70%* - Preferred Paid at 50%* - Non-Preferred (min=\$65/\$100; max=\$125/\$250) (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.

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

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

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

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

**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)

**CVT PPO Health Plans**  
**Live Oak SD (Santa Cruz) - CERTIFICATED**  
**October 1, 2016 - September 30, 2017**

BENEFIT	PPO Wellness	HDHP 2	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$6,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* 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 deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,750 <sup>(2)</sup> Family: \$5,250 <sup>(2)</sup>	Individual: \$5,250 <sup>(2)</sup> Family: \$10,050 <sup>(2)</sup> Family = Employee with one or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b> (Primary Care Physician)	\$20 Copay	Paid at 80%* after deductible is met	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
<b>Doctor Visits</b> (Specialty Physician)	\$40 Copay	Paid at 80%* after deductible is met	Subject to deductible then \$70 copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Paid at 90%* 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 90%* 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 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Acupuncture</b>	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* 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
<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>	Paid at 80%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>	Paid at 70%* after deductible is met; Unlimited days, Semi-private room <b>(RBB price cap)<sup>(3)</sup></b>
<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
<b>Urgent Care</b>	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	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 70%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO Wellness		HDHP 2	PPO Bronze	
<b>Telemedicine</b>	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - Paid at 80%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(4)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is met	<b>Retail</b> Subject to deductible, then \$25 copay generic \$50 copay brand (30-Day Supply)	<b>Mail Order</b> Subject to deductible, then \$50 copay generic \$100 copay brand (90-Day Supply)

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

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

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

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

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## CVT Blue Shield HMO Plans

### Live Oak SD (Santa Cruz) - CERTIFICATED, MGMT/NON REPRESENTED, TRUSTEES

**October 1, 2016 - September 30, 2017**

BENEFIT	HMO PLAN 2	HMO PLAN 3	HMO Bronze
<b>Calendar Year Deductible</b>	\$0	\$0	Individual: \$2,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Calendar Year Out of Pocket Maximum</b> (includes deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,500 Family: \$3,000	Individual: \$3,500 Family: \$6,000	Individual: \$5,000 Family: \$10,000
<b>Doctor Visits</b> (Primary Care Physician)	\$15 Copay	\$25 Copay	\$45 Copay
<b>Doctor Visits</b> (Specialty Physician)	\$30 Copay Access+ Specialist option <sup>(6)</sup>	\$40 Copay Access+ Specialist option <sup>(6)</sup>	\$50 Copay Access+ Specialist option <sup>(6)</sup>
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Radiation Therapy, Chemotherapy</b>	Doctor Visit - \$15 Copay Outpatient - Paid in full	Doctor Visit - \$25 Copay Outpatient - Paid in full	Paid at 100%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 50%*
<b>Ambulance - Ground / Air</b>	\$100 Copay	\$100 Copay	\$150 Copay
<b>Physical Therapy</b>	\$15 Per Visit	\$25 Per Visit	\$45 per visit
<b>Chiropractic</b>	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) <sup>(5)</sup>	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) <sup>(5)</sup>	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) <sup>(5)</sup>
<b>Acupuncture</b>	Not Covered	Not Covered	Not Covered
<b>Outpatient Surgery</b>	\$100 for Ambulatory Surgical Center \$150 for OutPatient Hospital	\$250 for Ambulatory Surgical Center \$500 for OutPatient Hospital	Paid at 70%* after Facility Deductible is met for Ambulatory Surgical Center and OutPatient Hospital
<b>Hospital Inpatient</b>	Physician paid at 100%* Inpatient facility services - \$250 copay per admission Skilled Nursing - \$50 per day copay; Semi private room	Physician paid at 100%* Inpatient facility services - \$750 per day copay for up to 3 days, per admission Skilled Nursing - \$150 per day copay; Semi private room	Paid at 70%* for facility and skilled nursing services (semi-private room), after facility deductible is met Paid at 100%* for Inpatient Physician Services
<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as in-patient)	\$150 Copay (Copay waived if admitted as in-patient)	\$250 Copay (Copay waived if admitted as inpatient)
<b>Urgent Care</b>	\$15 Copay	\$25 Copay	\$45 Copay
<b>Home Health Care</b>	\$15 Per Visit (limited to 100 visits per calendar year)	\$25 Per Visit (limited to 100 visits per calendar year)	\$45 per visit (limited to 100 visits per calendar year)
<b>Telemedicine</b>	For non-emergency care, call NurseHelp 24/7 at <b>(877) 304-0504</b>	For non-emergency care, call NurseHelp 24/7 at <b>(877) 304-0504</b>	For non-emergency care, call NurseHelp 24/7 at <b>(877) 304-0504</b>
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(4)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(4)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(4)</sup>

BENEFIT	HMO PLAN 2	HMO PLAN 3	HMO Bronze
<b>Prescription Drugs</b>	<b>Retail</b> \$10 Generic \$20 Formulary Brand \$35 Non-Formulary Brand <b>Mail Order</b> \$20 Generic \$40 Formulary Brand \$70 Non-Formulary Brand <b>Specialty Drugs</b> Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	<b>Retail</b> \$15 Generic \$30 Formulary Brand \$45 Non-Formulary Brand <b>Mail Order</b> \$30 Generic \$60 Formulary Brand \$90 Non-Formulary Brand <b>Specialty Drugs</b> Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	<b>Retail</b> \$15 Generic \$30 Formulary Brand \$45 Non-Formulary Brand <b>Mail Order</b> \$30 Generic \$60 Formulary Brand \$90 Non-Formulary Brand <b>Specialty Drugs</b> Paid at 80%* (Up to \$100 copayment maximum per prescription)

**\* For Covered Expenses Only**

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

(5) Chiropractic benefits are offered through ASH.

(6) To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

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