

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

BENEFIT	PPO 2C	PPO 3C	PPO 5C	PPO 7C
Calendar Year Deductible	\$0	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$6,000 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$20 Copay	\$20 Copay	\$30 Copay	\$30 Copay
Doctor Visits (Specialty Physician)	\$20 Copay	\$20 Copay	\$30 Copay	\$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	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 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90% after deductible is met	Paid at 80%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room (RBB price cap)⁽³⁾	Paid at 100%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾	Paid at 90%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾	Paid at 80%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%*	\$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
Urgent Care	\$20 Copay	\$20 Copay	\$30 Copay	\$30 Copay
Home Health Care	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 80%* after deductible is met; Limited to 100 visits per calendar year
Telemedicine	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 2C		PPO 3C		PPO 5C		PPO 7C	
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 ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾	
Prescription Drugs	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (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

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

BENEFIT	PPO Wellness	HDHP 2	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$6,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,750 ⁽²⁾ Family: \$5,250 ⁽²⁾	Individual: \$5,250 ⁽²⁾ Family: \$10,050 ⁽²⁾ Family = Employee with one or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits (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
Doctor Visits (Specialty Physician)	\$40 Copay	Paid at 80%* after deductible is met	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* 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 80%* ⁽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 80%* ⁽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 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
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 80%* 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 (RBB price cap)⁽³⁾	Paid at 80%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾	Paid at 70%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾
Hospital Emergency Room	\$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)
Urgent Care	\$20 Copay	Paid at 80%* 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 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	
Telemedicine	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.	
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 ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾	
Prescription Drugs	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is met	Retail Subject to deductible, then \$25 copay generic \$50 copay brand (30-Day Supply)	Mail Order Subject to deductible, then \$50 copay generic \$100 copay brand (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).

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CVT Blue Shield HMO Plans
Live Oak SD (Santa Cruz) - CLASSIFIED
October 1, 2016 - September 30, 2017

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

BENEFIT	HMO PLAN 1	HMO PLAN 2	HMO Bronze
Prescription Drugs	Retail \$5 Generic \$10 Formulary Brand \$25 Non-Formulary Brand Mail Order \$10 Generic \$20 Formulary Brand \$50 Non-Formulary Brand Specialty Drugs Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	Retail \$10 Generic \$20 Formulary Brand \$35 Non-Formulary Brand Mail Order \$20 Generic \$40 Formulary Brand \$70 Non-Formulary Brand Specialty Drugs Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	Retail \$15 Generic \$30 Formulary Brand \$45 Non-Formulary Brand Mail Order \$30 Generic \$60 Formulary Brand \$90 Non-Formulary Brand Specialty Drugs 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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