

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark  
Siskiyou COE - CERTIFICATED, MANAGEMENT  
October 1, 2020 - September 30, 2021**

BENEFIT	PPO 5C	PPO 6C	PPO 8C	PPO 9C	PPO 10C
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$1,000 Family: \$2,000	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	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
<b>Calendar Year Out of Pocket Maximum</b> (Includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,250 Family: \$6,500	Individual: \$5,000 Family: \$10,000	Individual: \$6,350 Family: \$12,700
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$35 Copay <b>Specialty Physician</b> - \$35 Copay	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 90%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$50 copay, then paid at 80%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 90%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$75 copay, then paid at 80%* 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 80%* 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 90%* <sup>(1)</sup> after deductible is met	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 80%* <sup>(1)</sup> after deductible is met
<b>Physical Therapy</b>	(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.) Paid at 80%* <sup>(1)</sup> after deductible is met	(Copay, if applicable.) Paid at 80%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	(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.) Paid at 80%* <sup>(1)</sup> after deductible is met	(Copay, if applicable.) Paid at 80%* <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 (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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 90%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - \$250 copay, then paid at 80%* after deductible is met
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as Inpatient) After copay, paid at 90%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as Inpatient) After copay, paid at 80%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as Inpatient) After copay, paid at 80%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as Inpatient) After copay, paid at 80%* after deductible is met	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as Inpatient) After copay, paid at 80%* after deductible is met
<b>Urgent Care</b>	\$30 Copay	\$20 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met

BENEFIT	PPO 5C	PPO 6C	PPO 8C	PPO 9C	PPO 10C	
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 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	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance	
Employee Assistance Program (EAP) through Beacon Health Options	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 (3)	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 (3)	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 (3)	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 (3)	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 (3)	
Prescription Drugs	Retail <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (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) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications for prescription plans A, B, C (includes Wellness), D, Valurx, and the Bronze Plan.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at [www.cvttrust.org/plan-documents](http://www.cvttrust.org/plan-documents).

**CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark  
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October 1, 2020 - September 30, 2021**

BENEFIT		PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$5,000 Family: \$10,000	
<b>Coinsurance</b>	Paid at 70%* after deductible is met	
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$6,350 Family: \$12,700	
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialty Physician</b> - Subject to deductible then \$70 copay	
<b>Preventive Care / Immunizations</b>	Paid at 100%*	
<b>Outpatient Laboratory</b>	Paid at 70%* after deductible is met	
<b>Outpatient Radiology</b>	Paid at 70%* after deductible is met	
<b>Durable Medical Equipment</b>	Paid at 70%* after deductible is met	
<b>Ambulance - Ground / Air</b>	Paid at 70%* after deductible is met	
<b>Physical Therapy</b>	Paid at 70%* <sup>(1)</sup> after deductible is met	
<b>Chiropractic</b>	Paid at 70%* <sup>(1)</sup> after deductible is met	
<b>Acupuncture</b>	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year	
<b>Outpatient Surgery</b>	Paid at 70%* after deductible is met	
<b>Hospital Inpatient</b>	Paid at 70%* after deductible is met; Unlimited days, Semi-private room	
<b>Hospital Emergency Room</b>	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)	
<b>Urgent Care</b>	Subject to deductible, then \$120 Copay	
<b>Home Health Care</b>	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
<b>Medical Decision Support</b>	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit <a href="http://myconsumermedical.com">myconsumermedical.com</a> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achevesolutions.net/cvt">www.achevesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> 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.
- <sup>(1)</sup> 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) If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications for prescription plans A, B, C (includes Wellness), D, ValueRx, and the Bronze Plan.
- This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at [www.cvrtrust.org/plan-documents](http://www.cvrtrust.org/plan-documents).**