

## CVT PPO Health Plans

### Nevada County SOS - Special Ed - CERTIFICATED, CLASSIFIED

**October 1, 2017 - September 30, 2018**

BENEFIT	PPO 1A	PPO 3A	PPO 6B	PPO 8B	HDHP 2	PPO Bronze
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$500 Family: \$1,500	Individual: \$2,000 Family: \$6,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%* 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 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and 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: \$3,250 <sup>(2)</sup> Family: \$9,750 <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)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 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)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 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%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 100%*	Paid at 100%* 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 70%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Paid at 100%*	Paid at 100%* 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 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%* 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 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 100%* of covered charges	Paid at 100%* 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 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
<b>Chiropractic</b>	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
<b>Acupuncture</b>	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 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. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year

BENEFIT	PPO 1A		PPO 3A		PPO 6B		PPO 8B		HDHP 2	PPO Bronze		
<b>Outpatient Surgery</b>	Paid at 100%*		Paid at 100%* 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 70%* after deductible is met	
<b>Hospital Inpatient</b>	Paid at 100%* Unlimited days, Semi-private room		Paid at 100%* 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 70%* after deductible is met; Unlimited days, Semi-private room	
<b>Hospital Emergency Room</b>	\$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 80%* after deductible is met		\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* 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>	\$10 Copay		\$20 Copay		\$20 Copay		\$30 Copay		Paid at 80%* after deductible is met		Subject to deductible, then \$120 Copay	
<b>Home Health Care</b>	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 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 70%* after deductible is met; Limited to 100 visits per calendar year	
<b>Telehealth</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.		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 1-877-397-1032 to access benefit <sup>(3)</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>(3)</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>(3)</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>(3)</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>(3)</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>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> (4) \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order</b> (4) \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail</b> (4) \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order</b> (4) \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail</b> (4) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> (4) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> (4) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> (4) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Paid at 80%* after deductible is		<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</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.

(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) 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).

**PPO Plans 1 through 10:**

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx