CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Cotati-Rohnert Park Unified SD - CSEA

October 1, 2026 - September 30, 2027

BENEFIT	Bronze	
Calendar Year Deductible	Individual: $5,000 Family: $10,000	
Coinsurance	Paid at 70%* after deductible is met	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)(2)	Individual: $7,000 Family: $14,000	
Doctor Visits	**Primary Care Physician** - First 3 visits covered in full after $60 copay per visit; Remaining visits - Paid at 70%* after deductible is met **Specialist Physician** - Subject to deductible then $120 copay per visit	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Laboratory	Paid at 70%* after deductible is met	
Outpatient Radiology	Paid at 70%* after deductible is met	
Durable Medical Equipment	Paid at 70%* after deductible is met	
Ambulance - Ground / Air	Paid at 70%* after deductible is met	
Physical Therapy	Paid at 70%*(1) after deductible is met (Copay, if applicable)	
Chiropractic	Paid at 70%*(1) after deductible is met (Copay, if applicable)	
Acupuncture	Paid at 70%* after deductible is met (Copay, if applicable). Maximum of 12 visits per calendar year	
Outpatient Surgery	Paid at 70%* after deductible is met	
Hospital Inpatient	Paid at 70%* after deductible is met; Unlimited days, Semi-private room	
Hospital Emergency Room	Subject to Deductible, then $200 Copay (copay waived if admitted as inpatient)	
Urgent Care	Subject to deductible, then $120 Copay	
Home Health Care	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	
Virtual Physical Therapy	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	
Prescription Drugs	**30-Day Supply** Subject to deductible, then Generic: $25 Copay Pref Brand: $50 Copay Non-Pref Brand: $50 Copay Specialty: Paid at 70%, $0 when enrolled in PrudentRx	**90-Day Supply** Subject to deductible, then Generic: $50 Copay Pref Brand: $100 Copay Non-Pref Brand: $100 Copay Specialty: N/A

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. Anthem BDC+ required procedures excluded from $250 outpatient surgery copay.

(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) The PrudentRx program is not applicable and pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are 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.

(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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BENEFIT	PPO 2, Rx B	PPO 2, Rx C	PPO 3, Rx C	PPO 9, Rx C
Calendar Year Deductible	$0	$0	Individual: $100 Family: $200	Individual: $1,000 Family: $2,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)(2)	Individual: $1,500(2) Family: $3,000(2)	Individual: $1,500(2) Family: $3,000(2)	Individual: $2,500(2) Family: $5,000(2)	Individual: $5,500(2) Family: $11,000(2)
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $70 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 100%* **Hospital** - $50 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* **Hospital** - $50 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 100%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 80%*
Outpatient Radiology	**Non-Hospital** - Paid at 100%* **Hospital** - $75 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* **Hospital** - $75 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 100%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%*(1) (Copay, if applicable.)	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.)
Chiropractic	Paid at 100%*(1) (Copay, if applicable.)	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.)
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 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	**Non-Hospital** - Paid at 100%* **Hospital** - $250 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* **Hospital** - $250 copay, then paid at 100%*	**Non-Hospital** - Paid at 100%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 100%*	**Non-Hospital** - Paid at 80%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 80%*
Hospital Inpatient	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 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$200 Copay** (Copay waived if admitted as inpatient) After copay, paid at 100%*	**$200 Copay** (Copay waived if admitted as inpatient) After copay, paid at 100%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	**$200 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$20 Copay	$20 Copay	$20 Copay	$35 Copay
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 80%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO 2, Rx B	PPO 2, Rx C	PPO 3, Rx C	PPO 9, Rx C
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits.(2) Call **1-888-632-2738** or visit **www.mdlive.com/CVT**
Virtual Physical Therapy	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.	Paid at 100%. Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits by **SimpleTherapy**.
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)	Paid at 100% - Visit **www.carelonwellbeing.com/cvt** or call **1-877-397-1032** to access benefit(3)
Prescription Drugs	**30-Day Supply**(4, 9) Generic: $7 Pref Brand: $15 Non-Pref Brand: $30 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx **90-Day Supply**(4, 9) Generic: $15 Pref Brand: $35 Non-Pref Brand: $70 Specialty: N/A	**30-Day Supply**(4, 9) Generic: $7 Pref Brand: $25 Non-Pref Brand: $40 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx **90-Day Supply**(4, 9) Generic: $15 Pref Brand: $60 Non-Pref Brand: $90 Specialty: N/A	**30-Day Supply**(4, 9) Generic: $7 Pref Brand: $25 Non-Pref Brand: $40 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx **90-Day Supply**(4, 9) Generic: $15 Pref Brand: $60 Non-Pref Brand: $90 Specialty: N/A	**30-Day Supply**(4, 9) Generic: $7 Pref Brand: $25 Non-Pref Brand: $40 Specialty: Paid at 70%, $0 when enrolled in Prudent Rx **90-Day Supply**(4, 9) Generic: $15 Pref Brand: $60 Non-Pref Brand: $90 Specialty: N/A

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