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

Cotati-Rohnert Park Unified SD - Mgmt/Conf, TRUSTEES

October 1, 2022 - September 30, 2023

BENEFIT	PPO 1, Rx A	PPO 1, Rx B	PPO 3, Rx A	PPO 3, Rx B	
Calendar Year Deductible	\$0	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 100%* after deductible is met	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) (2)	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 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 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	
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 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 100%* 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 100%* 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 100%* ⁽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 100%* ⁽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 100%* 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 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	
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 100%* after deductible is met; Unlimited days, Semi-private room	
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	
Urgent Care	\$10 Copay	\$10 Copay	\$20 Copay	\$20 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 100%* after deductible is met Limited to 100 visits per calendar year	

BENEFIT	PPO 1, Rx A		PPO	1, Rx B	PPO :	3, Rx A	PPO 3	3, Rx B
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. (2) Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		Consumer Medical - Y Call 1-888-361-3944 of myconsumermedical medical guidance	or visit	Consumer Medical - Y Call 1-888-361-3944 of myconsumermedical medical guidance	or visit	Consumer Medical - Y Call 1-888-361-3944 of myconsumermedical medical guidance	or visit
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 ⁽³⁾		Paid at 100% - Visit www.achievesolutions. net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit w net/cvt or call 1-877-3 benefit ⁽³⁾	ww.achievesolutions. 97-1032 to access	Paid at 100% - Visit we net/cvt or call 1-877-3 benefit ⁽³⁾	ww.achievesolutions. 97-1032 to access
Prescription Drugs	\$5 Generic \$22 Brand	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$5 Generic \$22 Brand (30-Day Supply)	Mail Order ⁽⁴⁾ \$10 Generic \$44 Brand (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (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 and Consumer Medical visits are excluded (2) Pharmacy copayments 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) 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

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

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Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)(2) Doctor Visits Primary (Specialty Preventive Care / Immunizations Non-Hos	\$1,000 90%* after deductible is met al: \$1,750 \$3,500	Individual: \$5,000 Family: \$10,000 Paid at 70%* after deductible is met Individual: \$6,350 Family: \$12,700 Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met		
Coinsurance Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) (2) Doctor Visits Primary (Specialty) Preventive Care / Immunizations Family: \$3	90%* after deductible is met val: \$1,750 \$3,500 y Care Physician - \$20 Copay	Paid at 70%* after deductible is met Individual: \$6,350 Family: \$12,700 Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining		
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) (2) Doctor Visits Primary (Specialty) Preventive Care / Immunizations Paid at 10 Non-Hos	val: \$1,750 \$3,500 y Care Physician - \$20 Copay	Individual: \$6,350 Family: \$12,700 Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining		
(includes medical/pharmacy deductible, coinsurance, and copays) (2) Doctor Visits Primary (Specialty)	\$3,500 y Care Physician - \$20 Copay	Family: \$12,700 Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining		
Coinsurance, and copays)(2) Primary (Specialty Preventive Care / Immunizations Paid at 10 Non-Hos	y Care Physician - \$20 Copay	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining		
Preventive Care / Immunizations Paid at 10 Outpatient Laboratory Non-Hos	y Care Physician - \$20 Copay			
Preventive Care / Immunizations Paid at 10 Outpatient Laboratory Non-Hos		visits - Paid at 70%* after deductible is met		
Preventive Care / Immunizations Paid at 10 Outpatient Laboratory	ny i ny siolan ara copay			
Outpatient Laboratory Non-Hos		Specialty Physician - Subject to deductible then \$70 copay		
Outpatient Laboratory	100%*	Paid at 100%*		
Outpatient Laboratory	ospital - Paid at 90%* after deductible is met	Paid at 70%* after deductible is met		
поѕрікаї	al - After deductible is met, \$50 copay then paid at 90%*	raid at 70% after deductible is filet		
Outpatient Radiology Non-Hos	ospital - Paid at 90%* after deductible is met	Paid at 70%* after deductible is met		
Hospital	al - After deductible is met, \$75 copay then paid at 90%*	Taild at 70% after deductible is first		
Durable Medical Equipment Paid at 90	90%* after deductible is met	Paid at 70%* after deductible is met		
Ambulance - Ground / Air Paid at 90	90%* after deductible is met	Paid at 70%* after deductible is met		
Physical Therapy	90%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met		
(Copay, if	if applicable.)	Talu at 1070 and deductible is thet		
Chiropractic Paid at 90	90%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met		
(Copay, if	if applicable.)	Taluat 7070 alter deductible is filet		
Paid at 90	90%* after deductible is met	Paid at 70%* after deductible is met		
Acupuncture (Copay, if	if applicable)	Maximum of 12 visits per calendar year		
Maximum	ım of 12 visits per calendar year	The second secon		
Outpatient Surgery	ospital - Paid at 90%* after deductible is met	Paid at 70%* after deductible is met		
Hospital	al - After deductible is met, \$250 copay then paid at 90%*	Taid di 1070 dittoi doddolisto is mot		
Hospital Inpatient	90%* after deductible is met;	Paid at 70%* after deductible is met;		
Unlimited	ed days, Semi-private room	Unlimited days, Semi-private room		
	mergent Copay;			
l Hospital Emergency Room		Subject to Deductible, then \$250		
(Copay w	waived if admitted as inpatient)	Copay (copay waived if admitted as in-patient)		
	eductible is met, copay then paid at 90%*			
Urgent Care \$20 Copa		Subject to deductible, then \$120 Copay		
I Home Health Care	90%* after deductible is met;	Paid at 70%* after deductible is met;		
	to 100 visits per calendar year	Limited to 100 visits per calendar year		
l Telehealth	E - Paid at 100%* for non-emergency medical, dermatology and behavioral health	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health		
	ations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT		
Medical Decision Support	ner Medical - Your Medical Ally	Consumer Medical - Your Medical Ally		
	888-361-3944 or visit myconsumermedical.com for expert medical guidance	Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance		
Employee Assistance Program (EAP) through Beacon Health Options Paid at 10	100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		

BENEFIT	PPO Wellness, Rx C		PPO Bronze		
	Retail ⁽⁴⁾	Mail Order ⁽⁴⁾	Retail	Mail Order	
	\$7 Generic	\$15 Generic	Subject to deductible, then	Subject to deductible, then	
Prescription Drugs	\$25 Pref	\$60 Pref	\$25 Generic Copay	\$50 Generic Copay	
	\$40 Non-Pref	\$90 Non-Pref	\$50 Brand Copay	\$100 Brand Copay	
	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	

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