

Benefit costs for 2015/2016 for a full time employee

		New rate	Old rate	Monthly	Total Cost	Annual cost	District Paid	Annual cost to	10 month	12 month
		Oct - June 15/16	July - Sept 14/15	Premium Increase	increase for the 9 months	rate: 3 months @ old / 9 months @ new				
Kaiser 1	Single	971.00	929.00	42.00	378.00	11,526.00	6,446.76	5,079.24	507.92	433.77
	Single + 1	1,670.00	1,597.00	73.00	657.00	19,821.00	6,446.76	13,374.24	1337.42	1,132.77
	Family	2,106.00	2,014.00	92.00	828.00	24,996.00	6,446.76	18,549.24	1854.92	1,568.77
Kaiser 5	Single	920.00	880.00	40.00	360.00	10,920.00	6,446.76	4,473.24	447.32	382.77
	Single + 1	1,581.00	1,513.00	68.00	612.00	18,768.00	6,446.76	12,321.24	1232.12	1,043.77
	Family	1,995.00	1,908.00	87.00	783.00	23,679.00	6,446.76	17,232.24	1723.22	1,457.77
Kaiser 8	Single	779.00	745.00	34.00	306.00	9,246.00	6,446.76	2,799.24	279.92	241.77
	Single + 1	1,338.00	1,280.00	58.00	522.00	15,882.00	6,446.76	9,435.24	943.52	800.77
	Family	1,688.00	1,614.00	74.00	666.00	20,034.00	6,446.76	13,587.24	1358.72	1,150.77
Kaiser H.S.A.	Single	600.00	574.00	26.00	234.00	7,122.00	6,447.76	674.24	67.42	62.77
	Single + 1	1,030.00	986.00	44.00	396.00	12,228.00	6,448.76	5,779.24	577.92	492.77
	Family	1,282.00	1,226.00	56.00	504.00	15,216.00	6,449.76	8,766.24	876.62	744.77
BC 2C	Single	842.00	805.00	37.00	333.00	9,993.00	6,446.76	3,546.24	354.62	304.77
	Single + 1	1,448.00	1,385.00	63.00	567.00	17,187.00	6,446.76	10,740.24	1074.02	910.77
	Family	1,828.00	1,747.00	81.00	729.00	21,693.00	6,446.76	15,246.24	1524.62	1,290.77
BC 4C	Single	786.00	756.00	30.00	270.00	9,342.00	6,446.76	2,895.24	289.52	248.77
	Single + 1	1,352.00	1,300.00	52.00	468.00	16,068.00	6,446.76	9,621.24	962.12	814.77
	Family	1,706.00	1,641.00	65.00	585.00	20,277.00	6,446.76	13,830.24	1383.02	1,168.77
BC Wellness	Single	744.00	715.00	29.00	261.00	8,841.00	6,446.76	2,394.24	239.42	206.77
	Single + 1	1,280.00	1,230.00	50.00	450.00	15,210.00	6,446.76	8,763.24	876.32	742.77
	Family	1,615.00	1,552.00	63.00	567.00	19,191.00	6,446.76	12,744.24	1274.42	1,077.77
BC 6C	Single	726.00	697.00	29.00	261.00	8,625.00	6,446.76	2,178.24	217.82	188.77
	Single + 1	1,249.00	1,199.00	50.00	450.00	14,838.00	6,446.76	8,391.24	839.12	711.77
	Family	1,576.00	1,512.00	64.00	576.00	18,720.00	6,446.76	12,273.24	1227.32	1,038.77
BC 8C	Single	659.00	631.00	28.00	252.00	7,824.00	6,446.76	1,377.24	137.72	121.77
	Single + 1	1,133.00	1,085.00	48.00	432.00	13,452.00	6,446.76	7,005.24	700.52	595.77
	Family	1,430.00	1,369.00	61.00	549.00	16,977.00	6,446.76	10,530.24	1053.02	892.77
HDHP	Single	613.00	588.00	25.00	225.00	7,281.00	6,446.76	834.24	83.42	75.77
	Single + 1	1,054.00	1,011.00	43.00	387.00	12,519.00	6,446.76	6,072.24	607.22	516.77
	Family	1,330.00	1,276.00	54.00	486.00	15,798.00	6,446.76	9,351.24	935.12	792.77
Bronze	Single	417.00	400.00	17.00	153.00	4,953.00	6,447.76	0.00	0.00	0.00
	Single + 1	717.00	688.00	29.00	261.00	8,517.00	6,448.76	2,068.24	206.82	179.77
	Family	905.00	868.00	37.00	333.00	10,749.00	6,449.76	4,299.24	429.92	367.77
Dental- Certified		121.56	121.56	0.00	0.00	1,458.72	1,148.64	310.08	31.01	25.84
Vision- Certified		20.20	21.02	-0.82	-7.38	244.86	244.86	0.00	0.00	0.00
Dental- Classified		95.72	95.72	0.00	0.00	1,148.64	1,148.64	0.00	0.00	0.00
Vision- Classified		20.20	21.02	-0.82	-7.38	244.86	244.86	0.00	0.00	0.00



# CVT PPO Health Plans

## Placerville Union SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES October 1, 2015 - September 30, 2016

BENEFIT	PPO 2C	PPO 4C	PPO 6C	PPO 8C
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$500 Family: \$1,500
<b>Coinsurance</b>	Paid at 100%*	Paid at 90%* 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 deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,250 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>	Individual: \$2,000 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>	Individual: \$3,250 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b> (Primary Care Physician)	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay
<b>Doctor Visits</b> (Specialty Physician)	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 90%* 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 100%* of covered charges	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (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.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> (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.)
<b>Acupuncture</b>	Paid at 100%* (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	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
<b>Outpatient Surgery</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 100%* Unlimited days. Semi-private room (RBB price cap) <sup>(3)</sup>	Paid at 90%* after deductible is met; Unlimited days. Semi-private room (RBB price cap) <sup>(3)</sup>	Paid at 80%* after deductible is met; Unlimited days. Semi-private room (RBB price cap) <sup>(3)</sup>	Paid at 80%* after deductible is met; Unlimited days. Semi-private room (RBB price cap) <sup>(3)</sup>
<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 90%* 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
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay
<b>Home Health Care</b>	Paid at 100%* 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	Paid at 80%* after deductible is met Limited to 100 visits per calendar year

BENEFIT	PPO 2C		PPO 4C		PPO 6C		PPO 8C	
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.	
Employee Assistance Program (EAP) through ValueOptions	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(4)		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(4)		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(4)		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(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.cvttrust.org/plan-documents](http://www.cvttrust.org/plan-documents)



# CVT Kaiser Health Plans

## Placerville Union SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES

October 1, 2015 - September 30, 2016

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 8	Kaiser HSA
Calendar Year Deductible	\$0	\$0	Individual: \$1,000 Family: \$2,000	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Not applicable
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,500(2) Family: \$3,000(2)	Individual: \$1,500(2) Family: \$3,000(2)	Individual: \$3,000(2) Family: \$6,000(2)	Individual: \$3,000(2) Family: \$6,000(2) Family = Employee with one or more covered dependents
Doctor Visits (Primary Care Physician)	\$10 Copay	\$35 Copay	\$20 Copay No deductible	\$30 copay after deductible is met
Doctor Visits (Specialty Physician)	\$10 Copay	\$35 Copay	\$20 Copay No Deductible	\$30 copay after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%*	\$10 Copay No Deductible	\$10 copay after deductible is met
Radiation Therapy, Chemotherapy	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$35 Copay	Radiation Therapy: Paid at 100%*, after deductible is met Chemotherapy: Paid at 100%*, No deductible	Paid at 100% after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$150 Per Trip If Medically Necessary No deductible	\$100 copay after deductible is met
Physical Therapy	\$10 Copay	\$35 Copay	\$20 Copay No Deductible	\$30 copay after deductible is met
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$20 Copay, No Deductible Referral by Plan Physician	\$30 copay after deductible is met Referral by plan physician
Outpatient Surgery	\$10 Copay	\$35 Copay	Paid at 80%* after deductible is met	\$150 copay per admission after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 80%* after deductible is met	\$250 copay per admission after deductible is met
Hospital Emergency Room	\$35 Copay Copay waived if admitted as in-patient	\$50 Copay Copay waived if admitted as in-patient	Paid at 80%* after deductible is met	\$100 copay per visit after deductible is met
Urgent Care	\$10 Copay	\$35 Copay	\$20 Copay	\$30 copay after deductible is met

BENEFIT	Kaiser 1	Kaiser 5	Kaiser 8	Kaiser HSA
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (Limits)	Paid at 100%* (Limits)
Telemedicine	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225	For after-hours advice, call 1-888-576-6225
Employee Assistance Program (EAP) through ValueOptions	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(4)	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(4)	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(4)	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(4)
Prescription Drugs	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	Retail \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)
	Mail Order \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Mail Order \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$20 Generic \$60 Brand (31-100 Day Supply)	After Deductible is Met Retail \$10 Generic \$30 Brand (30 day supply) \$20 Generic \$60 Brand (31-60 day supply) \$30 Generic \$90 Brand (61-100 day supply)
				Mail Order \$10 Generic \$30 Brand (Up to 30 day supply) \$20 Generic \$60 Brand (31 - 100 day supply)

**\* For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

**NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay. Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge. Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months**

(4) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

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# CVT PPO Health Plans

## Placerville Union SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES

October 1, 2015 - September 30, 2016

BENEFIT	PPO Wellness	HDHP 1	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$1,300 Family: \$3,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* 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 deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,750 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>	Individual: \$4,250 <sup>(2)</sup> Family: \$10,100 <sup>(2)</sup> Family = Employee with one or more covered dependents	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b> (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
<b>Doctor Visits</b> (Specialty Physician)	\$40 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%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 90%* 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 90%* 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 90%* 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 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <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. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met; Unlimited days; Semi-private room (RBB price cap) <sup>(3)</sup>	Paid at 80%* after deductible is met; Unlimited days; Semi-private room (RBB price cap) <sup>(3)</sup>	Paid at 70%* after deductible is met; Unlimited days; Semi-private room (RBB price cap) <sup>(3)</sup>
<b>Hospital Emergency Room</b>	\$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)
<b>Urgent Care</b>	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	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 1	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 ValueOptions	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(4)		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(4)	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(4)	
Prescription Drugs	<b>Retail</b>	<b>Mail Order</b>	Paid at 80%* after deductible is met	<b>Retail</b>	<b>Mail Order</b>
	\$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	\$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)		Subject to deductible, then \$25 copay generic \$50 copay brand (30-Day Supply)	Subject to deductible, then \$50 copay generic \$100 copay brand (90-Day Supply)

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(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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