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

Corning Union Elementary SD - CERTIFICATED

October 1, 2024 - September 30, 2025

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx B	PPO 10, Rx D
Calendar Year Deductible	$0	Individual: $100 Family: $200	Individual: $100 Family: $200	Individual: $2,000 Family: $4,000
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* 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: $1,250[2] Family: $2,500[2]	Individual: $1,250[2] Family: $2,500[2]	Individual: $1,250[2] Family: $2,500[2]	Individual: $6,350[2] Family: $12,700[2]
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	Paid at 80%* after deductible is met
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%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	**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%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	**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%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%*[1] (Copay, if applicable.)	Paid at 100%*[1] after deductible is met (Copay, if applicable.)	Paid at 90%*[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] after deductible is met (Copay, if applicable.)	Paid at 90%*[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%* after deductible is met (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
Outpatient Surgery	**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 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	**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%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$150 Copay** (Copay waived if admitted as inpatient) After copay, paid at 100%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$10 Copay	$20 Copay	$20 Copay	Paid at 80%* after deductible is met
Home Health Care	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 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

BENEFIT	PPO 1, Rx A		PPO 3, Rx A		PPO 4, Rx B		PPO 10, Rx D	
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**	
Employee Assistance Program (EAP) through Carelon	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 **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]	
Prescription Drugs	**Retail**[4] $5 Generic $22 Brand (30-Day Supply)	**Mail Order**[4] $10 Generic $44 Brand (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)	**Retail**[4] $10 Generic $40 Pref $100 Non-Pref (30-Day Supply) ($150 Brand Deductible)	**Mail Order**[4] $25 Generic $100 Pref $250 Non-Pref (90-Day Supply) ($150 Brand Deductible)

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 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

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CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark
Corning Union Elementary SD - CERTIFICATED
October 1, 2024 - September 30, 2025

BENEFIT	PPO 1, Rx A	PPO 3, Rx A	PPO 4, Rx B	PPO 10, Rx D
Calendar Year Deductible	$0	Individual: $100 Family: $200	Individual: $100 Family: $200	Individual: $2,000 Family: $4,000
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* 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: $1,250[2] Family: $2,500[2]	Individual: $1,250[2] Family: $2,500[2]	Individual: $1,250[2] Family: $2,500[2]	Individual: $6,350[2] Family: $12,700[2]
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	Paid at 80%* after deductible is met
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%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	**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%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 100%*	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	**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%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%*[1] (Copay, if applicable.)	Paid at 100%*[1] after deductible is met (Copay, if applicable.)	Paid at 90%*[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] after deductible is met (Copay, if applicable.)	Paid at 90%*[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%* after deductible is met (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
Outpatient Surgery	**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 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	**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%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	**$150 Copay** (Copay waived if admitted as inpatient) After copay, paid at 100%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	$10 Copay	$20 Copay	$20 Copay	Paid at 80%* after deductible is met
Home Health Care	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 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

BENEFIT	PPO 1, Rx A		PPO 3, Rx A		PPO 4, Rx B		PPO 10, Rx D	
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**	
Employee Assistance Program (EAP) through Carelon	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 **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]	
Prescription Drugs	**Retail**[4] $5 Generic $22 Brand (30-Day Supply)	**Mail Order**[4] $10 Generic $44 Brand (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)	**Retail**[4] $10 Generic $40 Pref $100 Non-Pref (30-Day Supply) ($150 Brand Deductible)	**Mail Order**[4] $25 Generic $100 Pref $250 Non-Pref (90-Day Supply) ($150 Brand Deductible)

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October 1, 2024 - September 30, 2025

BENEFIT	Wellness, Rx C	HDHP 1	Bronze
Calendar Year Deductible	Individual: $500 Family: $1,000	Individual: $1,600 Family: $3,200 (No individual limit applies to family)	Individual: $5,000 Family: $10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)[2]	Individual: $1,750 Family: $3,500	Individual: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Individual: $7,000 Family: $14,000
Doctor Visits	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - Paid at 90%* after deductible is met **Specialist Physician** - Paid at 90% after deductible is met	**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 70% copay per visit
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $50 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $75 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%*[1] after deductible is met (Copay, if applicable.)	Paid at 90%*[1] after deductible is met	Paid at 70%*[1] after deductible is met
Chiropractic	Paid at 90%*[1] after deductible is met (Copay, if applicable.)	Paid at 90%*[1] after deductible is met	Paid at 70%*[1] after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* 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
Outpatient Surgery	**Non-Hospital** - Paid at 90%* after deductible is met **Hospital** - After deductible is met, $250 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	$150 Copay; (Copay waived if admitted as inpatient). After deductible is met, copay then paid at 90%*	Paid at 90%* after deductible is met	Subject to Deductible, then $250 Copay (copay waived if admitted as in-patient)
Urgent Care	$20 Copay	Paid at 90%* after deductible is met	Subject to deductible, then $120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 90%* 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	Wellness, Rx C		HDHP 1		Bronze	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	
Employee Assistance Program (EAP) through Carelon	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 **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	
Prescription Drugs	**Retail**[4] $7 Generic $25 Pref $40 Non-Pref (30-Day Supply)	**Mail Order**[4] $15 Generic $60 Pref $90 Non-Pref (90-Day Supply)	**Retail**[4] Subject to deductible, then $25 Generic Copay $50 Brand Copay (30 Day-Supply)	**Mail Order**[4] Subject to deductible, then $50 Generic Copay $100 Brand Copay (90 Day-Supply)	**Retail**[4] Subject to deductible, then $25 Generic Copay $50 Brand Copay (30-Day Supply)	**Mail Order**[4] Subject to deductible, then $50 Generic Copay $100 Brand Copay (90-Day Supply)

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