

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

**Corning Union Elementary SD - SUPERINTENDENT**

**October 1, 2024 - September 30, 2025**

BENEFIT	PPO 3, Rx A	PPO 5, Rx A	PPO 10, Rx A
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$6,350 <sup>(2)</sup> Family: \$12,700 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialist Physician</b> - \$30 Copay	Paid at 80%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Physical Therapy</b>	Paid at 100% <sup>(1)</sup> after deductible is met (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.)
<b>Chiropractic</b>	Paid at 100% <sup>(1)</sup> after deductible is met (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.)
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	<b>\$150 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
<b>Urgent Care</b>	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
<b>Home Health Care</b>	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
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>

BENEFIT	PPO 3, Rx A		PPO 5, Rx A		PPO 10, Rx A	
Prescription Drugs	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>	<b>Retail<sup>(4)</sup></b>	<b>Mail Order<sup>(4)</sup></b>
	\$5 Generic	\$10 Generic	\$5 Generic	\$10 Generic	\$5 Generic	\$10 Generic
	\$22 Brand	\$44 Brand	\$22 Brand	\$44 Brand	\$22 Brand	\$44 Brand
	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(90-Day Supply)	(30-Day Supply)	(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 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

**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).

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

**Corning Union Elementary SD - SUPERINTENDENT**

**October 1, 2024 - September 30, 2025**

BENEFIT	Wellness, Rx C	HDHP 1	Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$1,600 Family: \$3,200 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 90%* 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) <sup>(2)</sup>	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
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$40 Copay	<b>Primary Care Physician</b> - Paid at 90%* after deductible is met <b>Specialist Physician</b> - Paid at 90% after deductible is met	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialist Physician</b> - Subject to deductible then 70% copay per visit
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	Paid at 90%* 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 90%* 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 90%* 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 90%* <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 90%* <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 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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	Paid at 90%* 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	Paid at 90%* 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>	\$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)
<b>Urgent Care</b>	\$20 Copay	Paid at 90%* 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 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	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
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<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30 Day-Supply)	<b>Mail Order</b> <sup>(4)</sup> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90 Day-Supply)	<b>Retail</b> <sup>(4)</sup> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

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