

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

**Colusa Unified SD - CLASSIFIED**

**October 1, 2026 - September 30, 2027**

BENEFIT	PPO 3, Rx B	PPO 8, Rx C	PPO 10, Rx D
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
<b>Coinsurance</b>	Paid at 100%* 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 medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$2,500 <sup>(2)</sup> Family: \$5,000 <sup>(2)</sup>	Individual: \$4,500 <sup>(2)</sup> Family: \$9,000 <sup>(2)</sup>	Individual: \$6,500 <sup>(2)</sup> Family: \$13,000 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$40 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialist Physician</b> - \$60 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 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<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 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<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 80%* 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 80%* 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 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> 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%* 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>	<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 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*	<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 80%* 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>\$200 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	<b>\$200 Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	<b>\$200 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 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
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>
<b>Virtual Physical Therapy</b>	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .	Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .

BENEFIT	PPO 3, Rx B		PPO 8, Rx C		PPO 10, Rx D	
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.carelonwellbeing.com/cvt">www.carelonwellbeing.com/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>30-Day Supply<sup>(4, 9)</sup></b> Generic: \$7 Pref Brand: \$15 Non-Pref Brand: \$30 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	<b>90-Day Supply<sup>(4, 9)</sup></b> Generic: \$15 Pref Brand: \$35 Non-Pref Brand: \$70 Specialty: N/A	<b>30-Day Supply<sup>(4, 9)</sup></b> Generic: \$7 Pref Brand: \$25 Non-Pref Brand: \$40 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	<b>90-Day Supply<sup>(4, 9)</sup></b> Generic: \$15 Pref Brand: \$60 Non-Pref Brand: \$90 Specialty: N/A	<b>\$150 Brand Deductible</b> <b>30-Day Supply<sup>(4, 9)</sup></b> Generic: \$10 Pref Brand: \$40 Non-Pref Brand: \$100 Specialty: Paid at 70%, \$0 copay when enrolled in Prudent Rx	<b>\$150 Brand Deductible</b> <b>90-Day Supply<sup>(4, 9)</sup></b> Generic: \$25 Pref Brand: \$100 Non-Pref Brand: \$250 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](http://www.cvtrust.org/glp1)

**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).