

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

Red Bluff Union Elementary SD - CERTIFICATED

October 1, 2025 - September 30, 2026

| BENEFIT | PPO 1, Rx A | PPO 4, Rx B | PPO 6, Rx B | PPO 9, Rx A |
|--|---|--|--|--|
| Calendar Year Deductible | \$0 | Individual: \$100 Family: \$200 | Individual: \$250 Family: \$500 | Individual: \$1,000 Family: \$2,000 |
| Coinsurance | Paid at 100%* | Paid at 90%* after deductible is met | Paid at 80%* 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: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾ | Individual: \$5,000 ⁽²⁾ Family: \$10,000 ⁽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 | Primary Care Physician - \$35 Copay Specialist Physician - \$35 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 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%* | 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 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%* | 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 90%* after deductible is met | Paid at 80%* after deductible is met | Paid at 80%* after deductible is met |
| Ambulance - Ground / Air | 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 |
| Physical Therapy | Paid at 100%* ⁽¹⁾ (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.) | Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.) |
| Chiropractic | Paid at 100%* ⁽¹⁾ (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.) | 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 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 |
| Outpatient Surgery | Non-Hospital - Paid at 100%* Hospital - \$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%* | 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 90%* 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 |
| 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 90%* | \$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%* | \$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 | \$35 Copay |
| Home Health Care | 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 1, Rx A | | PPO 4, Rx B | | PPO 6, Rx B | | PPO 9, Rx A | |
|--|---|---|---|---|---|---|---|---|
| Telehealth | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT | | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT | | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT | | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT | |
| Virtual Physical Therapy | Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy . | | Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy . | | Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy . | | Paid at 100%. Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits by SimpleTherapy . | |
| Employee Assistance Program (EAP) through Carelon | Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾ | | Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾ | | Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾ | | Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾ | |
| Prescription Drugs | Retail ^(4,9) \$5 Generic \$22 Brand (30-Day Supply) | Mail Order ^(4,9) \$10 Generic \$44 Brand (90-Day Supply) | Retail ^(4,9) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply) | Mail Order ^(4,9) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply) | Retail ^(4,9) \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply) | Mail Order ^(4,9) \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply) | Retail ^(4,9) \$5 Generic \$22 Brand (30-Day Supply) | Mail Order ^(4,9) \$10 Generic \$44 Brand (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. 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**

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

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

Red Bluff Union Elementary SD - CERTIFICATED

October 1, 2025 - September 30, 2026

| BENEFIT | Wellness, Rx C | HDHP 2 | Bronze |
|--|--|---|--|
| Calendar Year Deductible | Individual: \$500 Family: \$1,000 | Individual: \$2,600 Family: \$5,200 (No individual limit applies to family) | Individual: \$5,000 Family: \$10,000 |
| Coinsurance | Paid at 90%* after deductible is met | Paid at 80%* 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: \$6,000 Family: \$12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,000. | Individual: \$7,000 Family: \$14,000 |
| Doctor Visits | Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay | Primary Care Physician - Paid at 80%* after deductible is met Specialist Physician - Paid at 80% 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 80%* 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 80%* after deductible is met | Paid at 70%* after deductible is met |
| Durable Medical Equipment | Paid at 90%* after deductible is met | Paid at 80%* after deductible is met | Paid at 70%* after deductible is met |
| Ambulance - Ground / Air | Paid at 90%* after deductible is met | Paid at 80%* 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 80%* ⁽¹⁾ after deductible is met | Paid at 70%* ⁽¹⁾ after deductible is met (Copay, if applicable) |
| Chiropractic | Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.) | Paid at 80%* ⁽¹⁾ after deductible is met | Paid at 70%* ⁽¹⁾ after deductible is met (Copay, if applicable) |
| Acupuncture | 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 (Copay, if applicable). 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 80%* 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 80%* 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 80%* after deductible is met | Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient) |
| Urgent Care | \$20 Copay | Paid at 80%* 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 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 | Wellness, Rx C | | HDHP 2 | | Bronze | |
|--|--|------------------------------------|--|------------------------------------|--|------------------------------------|
| Telehealth | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT | | MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT | | MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT | |
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| Prescription Drugs | Retail ^(4,9) | Mail Order ^(4,9) | Retail ^(4,9) | Mail Order ^(4,9) | Retail ^(4,9) | Mail Order ^(4,9) |
| | \$7 Generic | \$15 Generic | Subject to deductible, then | Subject to deductible, then | Subject to deductible, then | Subject to deductible, then |
| | \$25 Pref | \$60 Pref | \$25 Generic Copay | \$50 Generic Copay | \$25 Generic Copay | \$50 Generic Copay |
| | \$40 Non-Pref | \$90 Non-Pref | \$50 Brand Copay | \$100 Brand Copay | \$50 Brand Copay | \$100 Brand Copay |
| | (30-Day Supply) | (90-Day Supply) | (30 Day-Supply) | (90 Day-Supply) | (30-Day Supply) | (90-Day Supply) |

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(9) For GLP-1 information, visit **www.cvtrust.org/glp1**

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