

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

**Colusa Unified SD - MANAGEMENT, TRUSTEES**

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

BENEFIT	Wellness, Rx C	HDHP 1	HDHP 3	Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$1,700 Family: \$3,400 (No individual limit applies to family)	Individual: \$6,500 Family: \$13,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* 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: \$3,500 Family: \$7,000	Individual: \$5,000 Family: \$10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$5,000.	Individual: \$8,000 Family: \$16,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$8,000.	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> - Subject to deductible then \$60 copay per visit <b>Specialist Physician</b> - Subject to deductible then \$120 copay per visit	<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 \$120 copay per visit
<b>Preventive Care / Immunizations</b>	Paid at 100%*	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	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	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	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	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 (Copay, if applicable)	Paid at 70% <sup>(1)</sup> after deductible is met (Copay, if applicable)
<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 (Copay, if applicable)	Paid at 70% <sup>(1)</sup> after deductible is met (Copay, if applicable)
<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 (Copay, if applicable). Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met (Copay, if applicable). 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	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	Paid at 70%* after deductible is met; Unlimited days, Semi-private room

BENEFIT	Wellness, Rx C		HDHP 1		HDHP 3		Bronze	
<b>Hospital Emergency Room</b>	\$200 Copay; (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*		Paid at 90%* after deductible is met		Paid at 70%* after deductible is met		Subject to Deductible, then \$200 Copay (copay waived if admitted as inpatient)	
<b>Urgent Care</b>	\$20 Copay		Paid at 90%* after deductible is met		Paid at 70%* 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		Paid at 70%* 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. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology, behavioral health, and primary care visits. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	
<b>Virtual Physical Therapy</b>	Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .		Paid at 100%. Call <b>1-800-644-2478</b> for virtual musculoskeletal (MSK) benefits by <b>SimpleTherapy</b> .	
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.carelonwellbeing.com/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>30-Day Supply</b> <sup>(4, 9)</sup> Generic: \$7 Pref Brand: \$25 Non-Pref Brand: \$40 Specialty: Paid at 70%, \$0 when enrolled in Prudent Rx	<b>90-Day Supply</b> <sup>(4, 9)</sup> Generic: \$15 Pref Brand: \$60 Non-Pref Brand: \$90 Specialty: N/A	<b>30-Day Supply</b> Subject to deductible, then Generic: \$25 Copay Pref Brand: \$50 Copay Non-Pref Brand: \$50 Copay Specialty: Paid at 70%, reduced to \$0 after deductible when enrolled in PrudentRx	<b>90-Day Supply</b> Subject to deductible, then Generic: \$50 Copay Pref Brand: \$100 Copay Non-Pref Brand: \$100 Copay Specialty: N/A	<b>30-Day Supply</b> Subject to deductible, then Generic: \$25 Copay Pref Brand: \$50 Copay Non-Pref Brand: \$50 Copay Specialty: Paid at 70%, reduced to \$0 after deductible when enrolled in PrudentRx	<b>90-Day Supply</b> Subject to deductible, then Generic: \$50 Copay Pref Brand: \$100 Copay Non-Pref Brand: \$100 Copay Specialty: N/A	<b>30-Day Supply</b> Subject to deductible, then Generic: \$25 Copay Pref Brand: \$50 Copay Non-Pref Brand: \$50 Copay Specialty: Paid at 70%, \$0 when enrolled in PrudentRx	<b>90-Day Supply</b> Subject to deductible, then Generic: \$50 Copay Pref Brand: \$100 Copay Non-Pref Brand: \$100 Copay 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).