

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

Red Bluff Joint Union High SD - MANAGEMENT

October 1, 2025 - September 30, 2026

| BENEFIT | PPO 6, Rx B | PPO 8, Rx B | PPO 9, Rx B |
|--|--|--|--|
| Calendar Year Deductible | Individual: \$250 Family: \$500 | Individual: \$500 Family: \$1,000 | Individual: \$1,000 Family: \$2,000 |
| Coinsurance | Paid at 80%* 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: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾ | Individual: \$3,250 ⁽²⁾ Family: \$6,500 ⁽²⁾ | Individual: \$5,000 ⁽²⁾ Family: \$10,000 ⁽²⁾ |
| Doctor Visits | Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay | Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay | Primary Care Physician - \$35 Copay Specialist Physician - \$35 Copay |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Laboratory | 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%* | 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 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%* | 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 80%* after deductible is met | Paid at 80%* after deductible is met | Paid at 80%* after deductible is met |
| Ambulance - Ground / Air | Paid at 80%* after deductible is met | Paid at 80%* after deductible is met | Paid at 80%* after deductible is met |
| Physical Therapy | Paid at 80%* ⁽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 80%* ⁽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 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 | Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year |
| Outpatient Surgery | 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%* | Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%* |
| Hospital Inpatient | Paid at 80%* 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 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%* | \$150 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%* |
| Urgent Care | \$20 Copay | \$30 Copay | \$35 Copay |
| Home Health Care | 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 | Paid at 80%* after deductible is met; Limited to 100 visits per calendar year |
| 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 |
| 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 . |

| BENEFIT | PPO 6, Rx B | | PPO 8, Rx B | | PPO 9, Rx B | |
|--|--|------------------------------------|--|------------------------------------|--|------------------------------------|
| 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⁾ | |
| 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 | \$7 Generic | \$15 Generic | \$7 Generic | \$15 Generic |
| | \$15 Preferred | \$35 Preferred | \$15 Preferred | \$35 Preferred | \$15 Preferred | \$35 Preferred |
| | \$30 Non-Preferred | \$70 Non-Preferred | \$30 Non-Preferred | \$70 Non-Preferred | \$30 Non-Preferred | \$70 Non-Preferred |
| | (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

(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.