

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

Tahoe Truckee Unified SD - CERTIFICATED, CLASSIFIED, MGMT/CONF, TRUSTEES, SUPERINTENDENT

October 1, 2023 - September 30, 2024

BENEFIT	PPO 3, Rx B	PPO 5, Rx B	PPO 6, Rx B	PPO 8, Rx B	PPO 9, Rx B
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$1,000 Family: \$2,000
Coinsurance	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	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: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽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 Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$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%*	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%* after deductible is met Hospital - After deductible is met, \$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%*	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%* after deductible is met	Paid at 90%* after deductible is met	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 100%* after deductible is met	Paid at 90%* after deductible is met	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 100% ⁽¹⁾ after deductible is met (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.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100% ⁽¹⁾ after deductible is met (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.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	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	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%* after deductible is met Hospital - After deductible is met, \$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%*	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%* 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	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room

BENEFIT	PPO 3, Rx B		PPO 5, Rx B		PPO 6, Rx B		PPO 8, Rx B		PPO 9, Rx B	
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*		\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	
Urgent Care	\$20 Copay		\$30 Copay		\$20 Copay		\$30 Copay		\$35 Copay	
Home Health Care	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		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 and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (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 and Alight visits are excluded (2) Pharmacy copayments 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.

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

Tahoe Truckee Unified SD - CERTIFICATED, CLASSIFIED, MGMT/CONF, TRUSTEES, SUPERINTENDENT

October 1, 2023 - September 30, 2024

BENEFIT	PPO HDHP 1	PPO HDHP 3
Calendar Year Deductible	Individual: \$1,500 Family: \$3,000 (No individual limit applies to family)	Individual: \$1,500 Family: \$3,000 (No individual limit applies to family)
Coinsurance	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.	Individual: \$6,250 Family: \$12,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.
Doctor Visits	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Outpatient Radiology	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met	Paid at 60%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met	Paid at 60%* ⁽¹⁾ after deductible is met
Acupuncture	Paid at 90%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 60%* after deductible is met. Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 60%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Urgent Care	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 60%* after deductible is met; Limited to 100 visits per calendar year
Telehealth	MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾
Prescription Drugs	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met

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 and Alight visits are excluded (2) Pharmacy copayments 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

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CALIFORNIA'S VALUED TRUST
PPO HEALTH PLAN 1 – Rx C with Anthem Blue Cross and CVS/caremark
October 1, 2023 – September 30, 2024

CVT PARTNER	BENEFIT	PLAN 1 – Rx C	
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	\$0	
	Coinsurance	Paid at 100%*	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)†	Individual: \$1,250 Family: \$2,500	
	Doctor Visits	Primary Care - \$10 Copay Specialty - \$10 Copay	
	Preventive Care/ Immunizations	Paid at 100%*	
	Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 Copay, then paid at 100%*	
	Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 Copay, then paid at 100%*	
	Durable Medical Equipment	Paid at 100%*	
	Ambulance – Ground/Air	Paid at 100%* of covered charges	
	Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 Copay, then paid at 100%*	
	Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	
	Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%*	
	Urgent Care	\$10 Copay	
	Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	
	Physical Therapy**	Paid at 100%* (Copay, if applicable)	
	Chiropractic**	Paid at 100%* (Copay, if applicable)	
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year		
Value Added Benefits	Telehealth by MDLIVE	Paid at 100% for non-emergency medical, dermatology and behavioral health consultations†. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
	Alight – My Medical Ally	Expert medical guidance offered at no cost for any condition, with support from our team of nurses, physicians and other healthcare professionals†. Call 1-888-361-3944 or visit www.mymedicalally.alight.com	
CVS/caremark Network and utilization management	Prescription Drugs	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)
		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.	

*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.

** Non-Par Providers limited to a combined maximum of 13 visits per year.

† Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Alight Medical 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.

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CALIFORNIA'S VALUED TRUST
PPO HEALTH PLAN 4 – Rx C with Anthem Blue Cross and CVS/caremark
October 1, 2023 – September 30, 2024

CVT PARTNER	BENEFIT	PLAN 4 – Rx C	
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	Individual: \$100 Family: \$200	
	Coinsurance	Paid at 90%* after deductible is met	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)†	Individual: \$1,250 Family: \$2,500	
	Doctor Visits	Primary Care - \$20 Copay Specialty - \$20 Copay	
	Preventive Care/ Immunizations	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%*	
	Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 Copay then paid at 90%*	
	Durable Medical Equipment	Paid at 90%* after deductible is met	
	Ambulance – Ground/Air	Paid at 90%* after deductible is met	
	Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital – After deductible is met, \$250 Copay then paid at 90%*	
	Hospital Inpatient	Paid at 90%* after deductible is met Unlimited days, Semi-private room	
	Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 90%*	
	Urgent Care	\$20 Copay	
	Home Health Care	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	
	Physical Therapy**	Paid at 90%* after deductible is met (Copay, if applicable)	
Chiropractic**	Paid at 90%* 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		
Value Added Benefits	Telehealth by MDLIVE	Paid at 100% for non-emergency medical, dermatology and behavioral health consultations†. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
	Alight – My Medical Ally	Expert medical guidance offered at no cost for any condition, with support from our team of nurses, physicians and other healthcare professionals†. Call 1-888-361-3944 or visit www.mymedicalally.alight.com	
CVS/caremark Network and utilization management	Prescription Drugs	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)
		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.	

*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.

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