

CVT PPO Health Plans
Anderson Union High SD - CLASSIFIED
October 1, 2016 - September 30, 2017

BENEFIT	PPO 3A	PPO 5C	PPO 8A	PPO 8D	HDHP 1	PPO Bronze
Calendar Year Deductible	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300	Individual: \$500 Family: \$1,500	Individual: \$500 Family: \$1,500	Individual: \$1,300 Family: \$3,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
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	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical and pharmacy copays)	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$9,750 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$9,750 ⁽²⁾	Individual: \$4,250 ⁽²⁾ Family: \$10,100 ⁽²⁾ Family = Employee with one or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$20 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Paid at 80%* after deductible is met	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	\$20 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Paid at 80%* after deductible is met	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	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	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	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	Paid at 70%* after deductible is met
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	Paid at 70%* 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	Paid at 70%* 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	Paid at 70%* ⁽¹⁾ after deductible is met
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	Paid at 70%* ⁽¹⁾ after deductible is met
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. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year

BENEFIT	PPO 3A		PPO 5C		PPO 8A		PPO 8D		HDHP 1	PPO Bronze		
Outpatient Surgery	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		Paid at 70%* after deductible is met	
Hospital Inpatient	Paid at 100%* after deductible is met; Unlimited days, Semi-private room (RBB price cap) ⁽³⁾		Paid at 90%* after deductible is met; Unlimited days, Semi-private room (RBB price cap) ⁽³⁾		Paid at 80%* after deductible is met; Unlimited days, Semi-private room (RBB price cap) ⁽³⁾		Paid at 80%* after deductible is met; Unlimited days, Semi-private room (RBB price cap) ⁽³⁾		Paid at 80%* after deductible is met; Unlimited days, Semi-private room (RBB price cap) ⁽³⁾		Paid at 70%* after deductible is met; Unlimited days, Semi-private room (RBB price cap) ⁽³⁾	
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%* after deductible is met		\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met		\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met		\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met		Paid at 80%* after deductible is met		Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)	
Urgent Care	\$20 Copay		\$30 Copay		\$30 Copay		\$30 Copay		Paid at 80%* after deductible is met		Subject to deductible, then \$120 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		Paid at 70%* after deductible is met; Limited to 100 visits per calendar year	
Telemedicine	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - Paid at 80%* after deductible is met Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾	
Prescription Drugs	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail \$10 Generic Paid at 70% - Preferred Paid at 50% -Non-Prefer'd (min=\$25/ \$40; max=\$40/ \$100) (30-Day Supply)	Mail Order \$25 Generic Paid at 70%* - Preferred Paid at 50%* -Non-Prefer'd (min=\$65/ \$100; max=\$125/ \$250) (90-Day Supply)	Paid at 80%* after deductible is met		Retail Subject to deductible, then \$25 copay generic \$50 copay brand (30-Day Supply)	Mail Order Subject to deductible, then \$50 copay generic \$100 copay brand (90-Day Supply)

* **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) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

(3) **Reference Based Benefit (RBB) is a regional price cap for inpatient Hip Replacement, Hysterectomy, Knee Replacement and Laminectomy for Anthem Blue Cross PPO Plans.**

(4) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

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