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

Emery Unified SD - CERTIFICATED

October 1, 2026 - September 30, 2027

BENEFIT	PPO 1B	PPO 3B	PPO 5B	PPO 8B	HDHP 1	PPO Bronze
Calendar Year Deductible	$0	Individual: $100 Family: $200	Individual: $100 Family: $200	Individual: $500 Family: $1,000	Individual: $1,600 Family: $3,200 (No individual limit applies to family)	Individual: $5,000 Family: $10,000
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* 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: $1,250(2) Family: $2,500(2)	Individual: $1,250(2) Family: $2,500(2)	Individual: $1,250(2) Family: $2,500(2)	Individual: $3,250(2) Family: $6,500(2)	Individual: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Individual: $7,000 Family: $14,000
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $30 Copay **Specialist Physician** - $30 Copay	**Primary Care Physician** - $30 Copay **Specialist Physician** - $30 Copay	**Primary Care Physician** - Paid at 90%* after deductible is met **Specialist Physician** - Paid at 90% 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%*	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 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%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	**Non-Hospital** - Paid at 100%* **Hospital** - $75 copay, then paid at 100%*	**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%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 100%*(1) (Copay, if applicable.)	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 90%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
Chiropractic	Paid at 100%*(1) (Copay, if applicable.)	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 90%*(1) after deductible is met	Paid at 70%*(1) after deductible is met
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	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 90%* 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 1B	PPO 3B	PPO 5B	PPO 8B	HDHP 1	PPO Bronze
Outpatient Surgery	**Non-Hospital** - Paid at 100%* **Hospital** - $250 copay, then paid at 100%*	**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%*	Paid at 90%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	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 90%* 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 copay, paid at 100%*	**$150 Copay** (Copay waived if admitted as inpatient) After deductible is met, copay then 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%*	Paid at 90%* after deductible is met	Subject to Deductible, then $250 Copay (copay waived if admitted as in-patient)
Urgent Care	$10 Copay	$20 Copay	$30 Copay	$30 Copay	Paid at 90%* after deductible is met	Subject to deductible, then $120 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	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 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
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%* 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%* for non-emergency medical, dermatology and behavioral health consultations. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**
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)	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-Pref (30-Day Supply)	**Mail Order** (4) $15 Generic $35 Preferred $70 Non-Pref (90-Day Supply)	**Retail** (4) $7 Generic $15 Preferred $30 Non-Pref (30-Day Supply)	**Mail Order** (4) $15 Generic $35 Preferred $70 Non-Pref (90-Day Supply)	**Retail** (4) $7 Generic $15 Preferred $30 Non Pref (30-Day Supply)	**Mail Order** (4) $15 Generic $35 Preferred $70 Non-Pref (90-Day Supply)	**Retail** Subject to deductible, then $25 Generic Copay $50 Brand Copay (30-Day Supply)	**Mail Order** Subject to deductible, then $50 Generic Copay $100 Brand Copay (90-Day Supply)	**Retail** Subject to deductible, then $25 Generic Copay $50 Brand Copay (30-Day Supply)	**Mail Order** Subject to deductible, then $50 Generic Copay $100 Brand Copay (90-Day Supply)
Emp Monthly Cost 2026-2027 **Employee Only** **Employee + One** **Employee + Family**	 **$276.00** **$475.20** **$603.60**	 **$120.00** **$206.04** **$264.00**	 **$27.60** **$46.80** **$63.60**	 **$0.00** **$0.00** **$0.00**	 **$0.00** **$0.00** **$0.00**	 **$0.00** **$0.00** **$0.00**

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 copayments will not apply to out-of-pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment. **(3)** 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.