

# CVT EPO Health Plans with Anthem High Performance (BlueHPN) and CVS/caremark

## Wright Elementary SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES

October 1, 2023 - September 30, 2024

BENEFIT	EPO Premier, Rx B	EPO Prime, Rx B	EPO Saver, Rx B	EPO HSA
<b>Calendar Year Deductible</b>	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$1,500 Family: \$3,000 (No individual limit applies to family)
<b>Coinsurance</b>	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
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,250 Family: \$6,500	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850.
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 copay per visit; deductible waived <b>Specialty Physician</b> - \$20 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$10 copay per visit; deductible waived <b>Specialty Physician</b> - \$10 copay per visit; deductible waived	<b>Primary Care Physician</b> - \$30 copay per visit; deductible waived <b>Specialty Physician</b> - \$30 copay per visit; deductible waived	<b>Primary Care Physician</b> - Paid at 80% after deductible is met <b>Specialty Physician</b> - Paid at 80% after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
<b>Outpatient Laboratory</b>	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
<b>Outpatient Radiology</b>	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
<b>Durable Medical Equipment</b>	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
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	\$20 copay per visit; deductible is waived	\$10 copay per visit; deductible is waived	\$30 copay per visit; deductible is waived	Paid at 80% after deductible is met
<b>Chiropractic</b>	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible is waived Limited to 30 visits per calendar year	Paid at 80% after deductible is met Limited to 30 visits per calendar year
<b>Acupuncture</b>	\$20 copay per visit; deductible is waived	\$10 copay per visit; deductible is waived	\$30 copay per visit; deductible is waived	Paid at 80% after deductible is met
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100% after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 100%	<b>Non-Hospital</b> - Paid at 90% after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%	<b>Non-Hospital</b> - Paid at 80% after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%	<b>Non-Hospital</b> - Paid at 80% after deductible is met <b>Hospital</b> - Paid at 80% after deductible is met
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 100%	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 90%	<b>\$150 Emergent Copay;</b> <b>\$250 Non-Emergent Copay</b> (Copay waived if admitted as in-patient) After deductible is met, copay then paid at 80%	Paid at 80% after deductible is met
<b>Urgent Care</b>	\$20 copay per visit; deductible waived	\$10 copay per visit; deductible waived	\$30 copay per visit; deductible waived	Paid at 80% after deductible is met
<b>Home Health Care</b>	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
<b>Telehealth</b>	MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>	MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call <b>1-888-632-2738</b> or visit <b>www.mdlive.com/CVT</b>

BENEFIT	EPO Premier, Rx B		EPO Prime, Rx B		EPO Saver, Rx B		EPO HSA
<b>Medical Decision Support</b>	Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance		Alight - My Medical Ally <b>Call 1-888-361-3944</b> or visit <b>mymedicalally.alight.com</b> for expert medical guidance
<b>Employee Assistance Program (EAP) through Carelton</b>	Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <b>www.achievesolutions.net/cvt</b> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>
<b>Prescription Drugs</b>	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	<b>Retail</b> <sup>(4)</sup> \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	<b>Mail Order</b> <sup>(4)</sup> \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Paid at 80% after deductible is met

**For Covered Expenses Only, using In-Network Providers Only:** To get benefits under this Plan, you must use In-Network Providers. Services from Non-Network Providers are not covered, except for Emergency or Urgent Care, Authorized Services, or when required by law. Please be sure to contact Anthem if you are not sure if Anthem has approved an Authorized Service. To find an in-network HPN provider, visit [www.Anthem.com/ca](http://www.Anthem.com/ca) and click on Find Care.

**This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents)**