

CVT HMO Health Plans with Blue Shield of California
Nevada Joint Union High SD - CERTIFICATED, CLASSIFIED, MANAGEMENT

October 1, 2019 - September 30, 2020

BENEFIT	HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
Calendar Year Deductible	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$3,500 Family: \$6,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay with PCP referral; \$30 Copay Access+ Specialist option ⁽⁵⁾	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay with PCP referral; \$30 Copay Access+ Specialist option ⁽⁵⁾	Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay with PCP referral; \$40 Copay Access+ Specialist option ⁽⁵⁾
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Radiology	Doctor Visit - \$10 Copay Outpatient - Paid in full	Doctor Visit - \$15 Copay Outpatient - Paid in full	Doctor Visit - \$25 Copay Outpatient - Paid in full
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance - Ground / Air	\$100 Copay	\$100 Copay	\$100 Copay
Physical Therapy	\$10 Per Visit	\$15 Per Visit	\$25 Per Visit
Chiropractic	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) ⁽⁴⁾	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) ⁽⁴⁾	\$10 copay limited up to 30 visits per calendar year (Prior authorization not required) ⁽⁴⁾
Acupuncture	Not Covered	Not Covered	Not Covered
Outpatient Surgery	Paid at 100%*	\$100 for Ambulatory Surgical Center \$150 for OutPatient Hospital	\$250 for Ambulatory Surgical Center \$500 for OutPatient Hospital
Hospital Inpatient	Physician paid at 100%* Inpatient facility services - Paid at 100%* Skilled Nursing - Paid at 100%* Semi-private room	Physician paid at 100%* Inpatient facility services - \$250 copay per admission Skilled Nursing - \$50 per day copay; Semi private room	Physician paid at 100%* Inpatient facility services - \$750 per day copay for up to 3 days, per admission Skilled Nursing - \$150 per day copay; Semi private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient)	\$100 Copay (Copay waived if admitted as in-patient)	\$150 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$15 Copay	\$25 Copay
Home Health Care	\$10 Per Visit (limited to 100 visits per calendar year)	\$15 Per Visit (limited to 100 visits per calendar year)	\$25 Per Visit (limited to 100 visits per calendar year)
Telehealth	\$5 Copay For non-emergency care, call Teladoc 24/7 at (800) 835-2362	\$5 Copay For non-emergency care, call Teladoc 24/7 at (800) 835-2362	\$5 Copay For non-emergency care, call Teladoc 24/7 at (800) 835-2362
Medical Decision Support	N/A	N/A	N/A
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 ⁽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⁾

BENEFIT	HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
Prescription Drugs	Retail \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 Mail Order \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 Tier 4 Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	Retail \$10 Tier 1 \$20 Tier 2 \$35 Tier 3 Mail Order \$20 Tier 1 \$40 Tier 2 \$70 Tier 3 Tier 4 Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply	Retail \$15 Tier 1 \$30 Tier 2 \$45 Tier 3 Mail Order \$30 Tier 1 \$60 Tier 2 \$90 Tier 3 Tier 4 Paid at 80%* (Up to \$100 copayment maximum per prescription) 30-Day Supply

Blue Shield HMO Plans:

*** For Covered Expenses Only**

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

(4) Chiropractic benefits are offered through ASH.

(5) To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

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