

**CVT HMO Health Plans with Blue Shield of California and CVS/caremark
Nevada Joint Union High SD - CERTIFICATED, CLASSIFIED, MANAGEMENT**

October 1, 2021 - September 30, 2022

BENEFIT	HMO 1B		HMO 2B		HMO 3B	
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 ⁽⁷⁾		Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay with PCP referral; \$30 Copay Access+ Specialist option ⁽⁷⁾		Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay with PCP referral; \$40 Copay Access+ Specialist option ⁽⁷⁾	
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 combined visits per calendar year(PCP prior authorization not required) ⁽⁶⁾		\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) ⁽⁶⁾		\$10 Copay limited up to 30 combined visits per calendar year(PCP prior authorization not required) ⁽⁶⁾	
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	Paid at 100% for non-emergency care, call Teladoc 24/7 at (800) 835-2362		Paid at 100% for non-emergency care, call Teladoc 24/7 at (800) 835-2362		Paid at 100% 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⁾	
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)

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) 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 prescription plans A, B, C (includes Wellness), D, ValuRx, and the Bronze Plan.

(6) Chiropractic benefits are offered through ASH.

(7) 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.