

CVT PPO Health Plans

Silver Valley Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES

October 1, 2016 - September 30, 2017

BENEFIT	PPO 3A
Calendar Year Deductible	Individual: \$100 Family: \$300
Coinsurance	Paid at 100%* 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⁾
Doctor Visits (Primary Care Physician)	\$20 Copay
Doctor Visits (Specialty Physician)	\$20 Copay
Preventive Care / Immunizations	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 100%* after deductible is met
Durable Medical Equipment	Paid at 100%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 100%* after deductible is met
Hospital Inpatient	Paid at 100%* 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
Urgent Care	\$20 Copay
Home Health Care	Paid at 100%* 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.
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⁾

BENEFIT	PPO 3A	
Prescription Drugs	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)

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.

(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.