

CVT PPO Health Plans
Barstow Community College - CLASSIFIED

October 1, 2016 - September 30, 2017

BENEFIT	PPO 1A	PPO 2A	PPO 3A	PPO 7A	PPO Bronze
Calendar Year Deductible	\$0	\$0	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* 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⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$3,750 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$6,000 ⁽²⁾	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	Paid at 70%*(1) after deductible is met
Chiropractic	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) (Copay, if applicable.)	Paid at 100%*(1) after deductible is met (Copay, if applicable.)	Paid at 80%*(1) after deductible is met (Copay, if applicable.)	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%* (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 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met

BENEFIT	PPO 1A		PPO 2A		PPO 3A		PPO 7A		PPO Bronze	
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room (RBB price cap)⁽³⁾		Paid at 100%* Unlimited days, Semi-private room (RBB price cap)⁽³⁾		Paid at 100%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾		Paid at 80%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾		Paid at 70%* 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%*		\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%*		\$100 Copay (Copay waived if admitted as inpatient) Paid at 100%* after deductible is met		\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met		Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)	
Urgent Care	\$10 Copay		\$20 Copay		\$20 Copay		\$30 Copay		Subject to deductible, then \$120 Copay	
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year		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 80%* 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	
Telemedicine	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		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⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽⁴⁾	
Prescription Drugs	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail Subject to deductible, then \$25 copay generic \$50 copay brand (30-Day Supply)	Mail Order Subject to deductible, then \$50 copay generic \$100 copay 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.

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

(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.

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