

2016-17 BENEFIT RATE SHEET - CTA

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental*	Vision	Life	Benefit Total Cost	ER Contribution (CAP)**	EE Total Contribution
Bronze	EE	\$387	\$63.72	\$9.05	\$6.30	\$466.07	\$478.00	\$0.00
	EE+1	\$774	\$117.83	\$16.87	\$6.30	\$915.00	\$924.00	\$0.00
	EE + Family	\$1,042	\$181.51	\$25.06	\$6.30	\$1,254.87	\$1,255.00	\$0.00
HDHP-3	EE	\$387	\$63.72	\$9.05	\$6.30	\$466.07	\$478.00	\$0.00
	EE+1	\$774	\$117.83	\$16.87	\$6.30	\$915.00	\$924.00	\$0.00
	EE + Family	\$1,042	\$181.51	\$25.06	\$6.30	\$1,254.87	\$1,255.00	\$0.00
PPO-10C	EE	\$477	\$63.72	\$9.05	\$6.30	\$556.07	\$478.00	\$78.07
	EE+1	\$954	\$117.83	\$16.87	\$6.30	\$1,095.00	\$924.00	\$171.00
	EE + Family	\$1,284	\$181.51	\$25.06	\$6.30	\$1,496.87	\$1,255.00	\$241.87
PPO-8B	EE	\$622	\$63.72	\$9.05	\$6.30	\$701.07	\$478.00	\$223.07
	EE+1	\$1,244	\$117.83	\$16.87	\$6.30	\$1,385.00	\$924.00	\$461.00
	EE + Family	\$1,674	\$181.51	\$25.06	\$6.30	\$1,886.87	\$1,255.00	\$631.87
PPO-6B	EE	\$683	\$63.72	\$9.05	\$6.30	\$762.07	\$478.00	\$284.07
	EE+1	\$1,366	\$117.83	\$16.87	\$6.30	\$1,507.00	\$924.00	\$583.00
	EE + Family	\$1,838	\$181.51	\$25.06	\$6.30	\$2,050.87	\$1,255.00	\$795.87
WELL-1C	EE	\$690	\$63.72	\$9.05	\$6.30	\$769.07	\$478.00	\$291.07
	EE+1	\$1,380	\$117.83	\$16.87	\$6.30	\$1,521.00	\$924.00	\$597.00
	EE + Family	\$1,857	\$181.51	\$25.06	\$6.30	\$2,069.87	\$1,255.00	\$814.87
PPO-4A	EE	\$742	\$63.72	\$9.05	\$6.30	\$821.07	\$478.00	\$343.07
	EE+1	\$1,484	\$117.83	\$16.87	\$6.30	\$1,625.00	\$924.00	\$701.00
	EE + Family	\$1,996	\$181.51	\$25.06	\$6.30	\$2,208.87	\$1,255.00	\$953.87

TCDE definition: full-time employment is 7.5 hours per day, 183 days per year. Employees in positions less than full time will receive a prorated contribution. If you work less than full-time, please contact Lourie in Payroll @ 530-528-5335 or llarcade@tehaschools.org to obtain information regarding actuals costs

*ER Contribution is based on full-time employment.

**Dental - max \$2,000; Orthodontics

CVT PPO Health Plans
Tehama County DOE - CERTIFICATED
October 1, 2016 - September 30, 2017

BENEFIT	PPO 4A	PPO 6B	PPO 8B	PPO 10C
Calendar Year Deductible	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$500 Family: \$1,500	Individual: \$2,000 Family: \$6,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* 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: \$2,000 ⁽²⁾ Family: \$6,000 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$9,750 ⁽²⁾	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
Doctor Visits (Specialty Physician)	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 90%* 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 80%* 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
Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Hospital Inpatient	Paid at 90%* 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 80%* 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⁾
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80%* after deductible is met
Urgent Care	\$20 Copay	\$20 Copay	\$30 Copay	Paid at 80%* after deductible is met
Home Health Care	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	Paid at 80%* 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.

BENEFIT	PPO 4A		PPO 6B		PPO 8B		PPO 10C	
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⁾	
Prescription Drugs	Retail \$5 Generic \$22 Brand (30-Day Supply)	Mail Order \$10 Generic \$44 Brand (90-Day Supply)	Retail \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)

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

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

CVT PPO Health Plans
Tehama County DOE - CERTIFICATED
October 1, 2016 - September 30, 2017

BENEFIT	PPO Wellness	HDHP 3	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,300 Family: \$5,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 60%* 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: \$1,750 ⁽²⁾ Family: \$5,250 ⁽²⁾	Individual: \$6,250 ⁽²⁾ Family: \$12,500 ⁽²⁾ Family = Employee with one or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$6,350 ⁽²⁾ Family: \$12,700 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$20 Copay	Paid at 60%* after deductible is met	First 3 visits covered in full after \$60 Copay per visit; Remaining visits - Paid at 70%* after deductible is met
Doctor Visits (Specialty Physician)	\$40 Copay	Paid at 60%* after deductible is met	Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 60%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 60%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 60%* after deductible is met. 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 90%* after deductible is met	Paid at 60%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room (RBB price cap)⁽³⁾	Paid at 60%* 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 90%* after deductible is met	Paid at 60%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 60%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 60%* 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

BENEFIT	PPO Wellness		HDHP 3	PPO Bronze	
Telemedicine	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.		MDLIVE - Paid at 60%* after deductible is met 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⁾	
Prescription Drugs	Retail \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 60%* after deductible is met	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)

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