## Certificated Plan Matrix 2020/2021

	Medical Plan 4 with Rx Plan B Individual: \$100 Family: \$200 Paid at 90%* after deductible is met Individual: \$1250 Family: \$2500  \$20 copay	Wellness Plan Individual: \$500 Family: \$1000 Paid at 90% after deductible is met Individual: \$1750 Family: \$3500 \$20 copay	Medical Plan 6 with Rx Plan B Individual: \$250 Family: \$500 Paid at 80% after deductible is met Individual: \$2000 Family: \$4000 \$20 copay  Paid at 100%*	Medical Plan 9 with Rx Plan A Individual: \$1000 Family: \$2000 Paid at 80% after deductible is met Individual: \$5000 Family: \$10,000 \$35 copay	Individual: \$2000 Family: \$6000 Paid at 80% after deductible is met Individual: \$5250 Family: \$10,050 (employee with 1 or more covered dependents)  Paid at 80% after deductible is met  Paid at 80% after deductible is met	Individual: \$5000 Family: \$10000 Paid at 70% after deductible is met Individual: \$6350 Family: \$12,700 First 3 visits covered in full after \$60 copay per visit. Remaining visits paid at 70% after deductible is met Subject to deductible, then \$70 copay
ividual: \$0 mily: \$0 d at 100%* dual: \$1250 mily: \$2500 dual: \$2500	Individual: \$100 Family: \$200 Paid at 90%* after deductible is met Individual: \$1250 Family: \$2500 \$20 copay	Family: \$1000 Paid at 90% after deductible is met Individual: \$1750 Family: \$3500 \$20 copay	Individual: \$250 Family: \$500 Paid at 80% after deductible is met Individual: \$2000 Family: \$4000 \$20 copay \$20 copay	Individual: \$1000 Family: \$2000 Paid at 80% after deductible is met Individual: \$5000 Family: \$10,000 \$35 copay	Family: \$6000 Paid at 80% after deductible is met Individual: \$5250 Family: \$10,050 (employee with 1 or more covered dependents)  Paid at 80% after deductible is met	Family: \$10000 Paid at 70% after deductible is met Individual: \$6350 Family: \$12,700 First 3 visits covered in full after \$60 copay per visit. Remaining visits paid at 70% after deductible is met Subject to deductible, then
d at 100%* dual: \$1250 hilly: \$2500	Paid at 90%* after deductible is met Individual: \$1250 Family: \$2500 \$20 copay	Paid at 90% after deductible is met Individual: \$1750 Family: \$3500 \$20 copay	Paid at 80% after deductible is met Individual: \$2000 Family: \$4000 \$20 copay \$20 copay	Paid at 80% after deductible is met Individual: \$5000 Family: \$10,000 \$35 copay	Paid at 80% after deductible is met Individual: \$5250 Family: \$10,050 (employee with 1 or more covered dependents)  Paid at 80% after deductible is met	Paid at 70% after deductible is met Individual: \$6350  Family: \$12,700  First 3 visits covered in full after \$60 copay per visit. Remaining visits paid at 70% after deductible is met Subject to deductible, then
dual: \$1250 hily: \$2500	deductible is met Individual: \$1250  Family: \$2500  \$20 copay  \$20 copay	deductible is met Individual: \$1750  Family: \$3500  \$20 copay	deductible is met Individual: \$2000 Family: \$4000 \$20 copay \$20 copay Paid at 100%*	deductible is met Individual: \$5000 Family: \$10,000 \$35 copay \$35 copay	deductible is met Individual: \$5250 Family: \$10,050 (employee with 1 or more covered dependents)  Paid at 80% after deductible is met  Paid at 80% after	deductible is met Individual: \$6350  Family: \$12,700  First 3 visits covered in full after \$60 copay per visit. Remaining visits paid at 70% after deductible is met Subject to deductible, then
dual: \$1250 hily: \$2500	Family: \$2500  \$20 copay  \$20 copay	Family: \$3500	Individual: \$2000 Family: \$4000 \$20 copay \$20 copay Paid at 100%*	Individual: \$5000 Family: \$10,000 \$35 copay	Individual: \$5250 Family: \$10,050 (employee with 1 or more covered dependents)  Paid at 80% after deductible is met	Family: \$12,700  First 3 visits covered in full after \$60 copay per visit. Remaining visits pair at 70% after deductible is met Subject to deductible, then
nily: \$2500	Family: \$2500 \$20 copay \$20 copay	Family: \$3500 \$20 copay	Family: \$4000 \$20 copay \$20 copay Paid at 100%*	Family: \$10,000 \$35 copay \$35 copay	Family: \$10,050 (employee with 1 or more covered dependents)  Paid at 80% after deductible is met	Family: \$12,700  First 3 visits covered in full after \$60 copay per visit.  Remaining visits paid at 70% after deductible is met Subject to deductible, then
0 copay	\$20 copay \$20 copay	\$20 copay	\$20 copay \$20 copay Paid at 100%*	\$35 copay \$35 copay	(employee with 1 or more covered dependents)  Paid at 80% after deductible is met  Paid at 80% after	First 3 visits covered in full after \$60 copay per visit. Remaining visits paid at 70% after deductible is met Subject to deductible, then
10 copay	\$20 copay		\$20 copay Paid at 100%*	\$35 copay	deductible is met Paid at 80% after	in full after \$60 copay per visit. Remaining visits paid at 70% after deductible is met Subject to deductible, then
		\$40 copay	Paid at 100%*			deductible, then
	Non-Hospital - Paid	I				
	Non-Hospital - Paid	Γ		T		1
	Non-Hospital - Paid					
∕ <sub>6</sub> * al - \$50 then paid at	at 90%* after deductible is met Hospital - \$50 Copay, then paid at 90% after deductible is met	Paid at 90% after deductible is met	at 80%* after deductible is met Hospital - \$50	Non-Hospital -Paid at 80%* after deductible is met Hospital - \$50 Copay, then paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
ospital - Paid 6* al - \$75	deductible is met	Paid at 90% after deductible is met	deductible is met Hospital - \$75 Copay, then paid at 80% after deductible is met	80% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
1 at 100%*	Paid at 90% after	Paid at 90% after	Paid at 80% after	Paid at 80% after	Paid at 80% after	Paid at 70% after
at 100/0	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met
d at 100%*	Paid at 90% after	Paid at 90% after	Paid at 80% after	Paid at 80% after	Paid at 80% after	Paid at 70% after
	deductible is met	deductible is met			deductible is met	deductible is met
	Paid at 90% after deductible is met	Paid at 90% after deductible is met (copay if applicable)	deductible is met (copay if	deductible is met (copay if	Paid at 80% after deductible is met	Paid at 70% after deductible is met
	II - \$75 then paid at II at 100%* II at 100%*	Copay, then paid at 90% after deductible is met  at 100%*  Paid at 90% after deductible is met  Paid at 90% after deductible is met	then paid at 90% after deductible is met  at 100%*  Paid at 90% after deductible is met  Paid at 90% after deductible is met	then paid at 90% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay, then paid at 80% after deductible is met  Copay if applicable)	Copay, then paid at 90% after deductible is met  Paid at 90% after deductible is met	Copay, then paid at 90% after deductible is met  Paid at 80% after deductible is met  deductible is met  Paid at 80% after deductible is met  deductible is met

## Certificated Plan Matrix 2020/2021

	Medical Plan 1 with	Medical Plan 4	Wallman Dlan	Medical Plan 6	Medical Plan 9	LIDLID 0	Duana Dian
	Rx Plan A	with Rx Plan B	Wellness Plan	with Rx Plan B	with Rx Plan A	HDHP-2	Bronze Plan
Chiropractic**	Paid at 100%* (copay if applicable)	Paid at 90% after deductible is met (copay if applicable)	Paid at 90% after deductible is met (copay if applicable)	Paid at 80% after deductible is met (copay if applicable)	Paid at 80% after deductible is met (copay if applicable)	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Acupuncture	visits per calendar year	if applicable) Maximum of 12 visits per calendar year	Paid at 90%* (copay if applicable) Maximum of 12 visits per calendar year	Paid at 80%* (copay if applicable) Maximum of 12 visits per calendar year	Paid at 80%* (copay if applicable) Maximum of 12 visits per calendar year	Paid at 80%* (copay if applicable) Maximum of 12 visits per calendar year	Paid at 70%* (copay if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	at 100%*	Non-Hospital - Paid at 90% Hospital - \$250 Copay, then paid at 90%	Paid at 90% after deductible is met	at 80% Hospital - \$250 Copay, then paid at 80%	Non-Hospital - Paid at 80% Hospital - \$250 Copay, then paid at 80%	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Hospital Inpatient	Paid at 100%* Unlimited days, semi- private room	Paid at 90% after deductible is met. Unlimited Days, Semi-Private room	Paid at 90% after deductible is met. Unlimited Days, Semi-Private room	Paid at 80% after deductible is met. Unlimited Days, Semi-Private room	Paid at 80% after deductible is met. Unlimited Days, Semi-Private room	Paid at 80% after deductible is met, Unlimited Days, Semi-Private room	Paid at 70% after deductible is met. Unlimited Days, Semi-Private room
Heavital Emarganay	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90%* after deductible is me	\$175 Copay (Copay waived if admitted as in- patient), Paid at 100%	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80%* after deductible is met	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80%* after deductible is met	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	\$20 Copay	\$35 Copay	Paid at 80% after deductible is met	Subject to deductible, then \$120 copay
Home Health Care	Paid at 100%*, Limited to 100 visits per calendar year	Paid at 90% after deductible is met, Limited to 100 visits per calendar year	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	Paid at 70% after deductible is met, Limited to 100 visits per calendar year

## Certificated Plan Matrix 2020/2021

	COLUMNICATION TO A TOTAL TO A TOT							
	Medical Plan 1 with Rx Plan A	Medical Plan 4 with Rx Plan B	Wellness Plan	Medical Plan 6 with Rx Plan B	Medical Plan 9 with Rx Plan A	HDHP-2	Bronze Plan	
Telemedicine	Paid at 100% for non			navioral conditions.	Call 1-888-632-2738	MDLIVE-Paid at 80% after deductible is met, Call 1-888-632- 2738 or visit mdlive.com/CVT for non-emergency medical conditions	Paid at 100% for non-emergency medical, dermatology and behavioral conditions. Call 1- 888-632-2738 or visit	
EAP	Paid at 100%-Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefits							
Prescription Drugs	Retail: \$5 Generic \$22 Brand Mail Order: \$10 Generic \$44 Brand	Retail: \$7 Generic \$15 Preferred \$30 Non-Preferred Mail Order: \$15 Generic \$35 Preferred \$70 Non-Preferred	Retail: \$7 Generic \$25 Preferred \$40 Non-Preferred Mail Order: \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)	Retail: \$7 Generic \$15 Preferred \$30 Non-Preferred Mail Order: \$15 Generic \$35 Preferred \$70 Non-Preferred	Retail: \$5 Generic \$22 Brand Mail Order: \$10 Generic \$44 Brand	Paid at 80% after deductible is met	Retail: Subject to deductible, then \$25 Generic \$50 Brand (30 day supply), Mail Order: Subject to deductible, then \$50 Generic \$100 Brand (90 day supply)	

8.18.20