Classified Plan Matrix 2020-2021

	Medical Plan 4 with Medical Plan 7						
	Rx Plan A	with Rx Plan B	Wellness Plan	with Rx Plan B	with Rx Plan A	HDHP-2	Bronze Plan
Calendar Year	Individual: \$100	Individual: \$250	Individual: \$500	Individual: \$500	Individual: \$1000	Individual: \$2000	Individual: \$5,000
Deductible	Family: \$200	Family: \$500	Family: \$1000	Family: \$1000	Family: \$2000	Family: \$4000	Family: \$10,000
Coinsurance	Paid at 90% after	Paid at 80% 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	deductible is met	deductible is met	deductible is met
	Individual: \$1250	Individual: \$2000	Individual: \$1750	Individual: \$3250	Individual: \$5000	Individual: \$5250	Individual: \$6350
Calendar Year Out of Pocket Maximum		Family: \$4000	Family: \$3500	Family: \$6500	Family: \$10,000	Family: \$10,050 (employee with 1 or more covered dependents) No one individual will pay more that \$6,900.	Family: \$12,700
Doctor Visits (Primary Care Physician)	\$20 copay	\$30 copay	\$20 copay	\$30 copay	\$35 copay	Paid at 80% 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 Care Physician)	\$20 copay	\$30 copay	\$40 copay	\$30 copay	\$35 copay	Paid at 80% after deductible is met	Subject to deductible, then \$70 copay
Preventive Care Immunizations				Paid at 100%*			
	Non-Hospital - Paid	Non-Hospital - Paid	Non-Hospital - Paid	Non-Hospital -Paid	Non-Hospital -Paid		
	-	at 80%* after	at 90%* after	at 80%* after	at 80%* after		
Outpatient	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met		
Diagnostic Test /	Hospital - \$50	Hospital - \$50	Hospital - \$50	Hospital - \$50	Hospital - \$50	Paid at 80% after	Paid at 70% after
		Copay, then paid at	deductible is met	deductible is met			
00	90% after deductible	80% after	90% after	80% after	80% after		
	is met	deductible is met	deductible is met	deductible is met	deductible is met		
	Non-Hospital -Paid	Non-Hospital - Paid	Non-Hospital -Paid	Non-Hospital - Paid			
	at 90%* after	at 80%* after	at 90%* after	at 80%* after	at 80%* after		
Radiation Therany	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met	Paid at 80% after	Paid at 70% after
Radiation Therapy,	Hospital - \$75	Hospital - \$75	Hospital - \$75	Hospital - \$75	Hospital - \$75	deductible is met	deductible is met
Chemotherapy	Copay, then paid at	Copay, then paid at					
	90% after deductible	80% after	90% after	80% after	80% after		
	is met	deductible is met	deductible is met	deductible is met	deductible is met		
Durable Medical		Paid at 80% after	Paid at 90% after	Paid at 80% after	Paid at 80% after	Paid at 80% after	Paid at 70% after
Equipment		deductible is met	deductible is met				
Ambulance		Paid at 80% after	Paid at 90% after	Paid at 80% after	Paid at 80% after	Paid at 80% after	Paid at 70% after
Ground/Air	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met	deductible is met

Classified Plan Matrix 2020-2021

	Medical Plan 4 with	Medical Plan 7		Medical Plan 8	Medical Plan 9		
	Rx Plan A	with Rx Plan B	Wellness Plan	with Rx Plan B	with Rx Plan A	HDHP-2	Bronze Plan
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 Copay, then paid at 90% after deductible	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 Copay, then paid at	Paid at 90% after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250	Non-Hospital -Paid at 80%* after deductible is met Hospital - \$250 Copay, then paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met
Hospital Inpatient	Paid at 90%* Unlimited days, semi- private room	Paid at 80% 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
Hospital Emergency Room	Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90% after deductible is	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80%* after deductible is met	\$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	\$20 copay	\$30 Copay	\$20 copay	\$30 Copay	\$35 Copay	Paid at 80% after deductible is met	Subject to deductible, then \$120 copay
Home Health Care	Paid at 90%* Limited to 100 visits per calendar year	Paid at 80% 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
Physical Therapy**	Paid at 90%* (copay if applicable)	Paid at 80%* 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
Chiropractic**	Paid at 90%* (copay if applicable)	Paid at 80%* (copay if applicable)	Paid at 90% after deductible is met (copay if applicable)	Paid at 80%* (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	••• •	Paid at 80%* (copay if applicable) Max 12 visits a year	Paid at 90%* (copay if applicable) Maximum of 12 visits per calendar year	Paid at 80%* (copay if applicable) Max 12 visits a year	Paid at 80%*	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

Classified Plan Matrix 2020-2021

	Medical Plan 4 with Rx Plan A	Medical Plan 7 with Rx Plan B	Wellness Plan	Medical Plan 8 with Rx Plan B	Medical Plan 9 with Rx Plan A	HDHP-2	Bronze Plan
Telemedicine	Paid at 100% for non-emergency medical, dermatology and behavioral conditions. Call 1-888-632-2738 or visit www.mdlive.com/CVT					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 888-632-2738 or visit www.mdlive.com/ VT
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)	\$30 Non-Preferred Mail Order: \$15 Generic \$35 Preferred	Retail: \$5 Generic \$22 Brand Mail Order: \$10 Generic \$44 Brand	Paid at 80% after deductible is met	Retail: Subject to deductible, then \$2 Generic \$50 Bran (30 day supply), Ma Order: Subject to deductible, then \$5 Generic \$100 Brar (90 day supply)

8.18.20