

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
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 Copay, then paid at 90% after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 Copay, then paid at 80% after deductible is met	Paid at 90% after deductible is met	Non-Hospital - Paid at 80%* after deductible is met Hospital - \$250 Copay, then paid at 80% after deductible is met	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	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90% 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	\$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 90%* (copay if applicable) Maximum of 12 visits per calendar year	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%* (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

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 1-888-632-2738 or visit www.mdlive.com/CVT
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