CVT offers to its member districts a select menu of EPO plans. A district/unit can choose to offer 5 EPO plans using the Sutter Health Aetna Network of providers for the 2020-2021 plan year.

Below you will find the information regarding the plan design and the choices each unit will be able to choose from. You will see a range of choices from a 100% plan to a catastrophic, major medical plan.

### EPO HEALTH PLAN OPTIONS

#### 2020 - 2021

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>100</th>
<th>90</th>
<th>80</th>
<th>70</th>
<th>HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALENDAR YEAR DEDUCTIBLE</td>
<td>Individual</td>
<td>$300</td>
<td>$750</td>
<td>$1,500</td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$600</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>COINSURANCE</td>
<td>Paid at 100%</td>
<td>Paid at 90%</td>
<td>Paid at 80%</td>
<td>Paid at 70%</td>
<td>Paid at 80%</td>
</tr>
<tr>
<td>CALENDAR YEAR OUT-OF-POCKET MAXIMUM</td>
<td>Individual</td>
<td>$1,250</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$6,350</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$2,500</td>
<td>$4,000</td>
<td>$6,000</td>
<td>$12,700</td>
</tr>
<tr>
<td>OFFICE VISIT COPAY</td>
<td>Primary</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>$40</td>
<td>$40</td>
<td>$50</td>
<td>$75</td>
</tr>
</tbody>
</table>

All plans include annual physical, Plans 100 – 70 Emergency ER visits - $150 Emergent Copay, $250 Non-Emergent Copay, HSA Emergency ER visit 80% after deductible is met and chiropractic.

### PRESCRIPTION PLAN OPTIONS

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>ValuRx</th>
</tr>
</thead>
</table>
| An Rx plan should be chosen for each PPO Plan. | 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 | $150 Brand Deductible  
Retail:  
$10 Generic  
$40 Preferred  
$100 Non-Preferred  
Mail Order:  
$25 Generic  
$60 Preferred  
$250 Non-Preferred  
Mail Order:  
$25 Generic  
$60 Preferred  
$250 Non-Preferred  
Mail Order:  
$25 Generic  
$60 Preferred  
$250 Non-Preferred  
Mail Order:  
$25 Generic  
$60 Preferred  
$250 Non-Preferred | $150 Brand Deductible  
Retail:  
$0 Generic  
$30 Brand  
Mail Order:  
$0 Generic  
$60 Brand  
Plan V (ValuRx) - Active & Non-Medicare Retirees - Value Formulary and Proximity Network |

Questions regarding CVT’s new plans should be directed to our Account Managers at 1-800-288-9870. This is a summary only. Visit www.cvtrust.org/plan-documents for complete benefit information.