

**CVT PPO HEALTH PLANS**  
**ANTELOPE VALLEY COLLEGE - CERTIFICATED**  
**October 1, 2014 – September 30, 2015**

BENEFIT	PPO PLAN 2C	PPO PLAN 3C	PPO PLAN 6C	PPO PLAN 9D	PPO WELLNESS PLAN	HDHP 2
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$1,000 Family: \$3,000	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$6,000 (no individual limit applies to family)
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes deductible, coinsurance, medical & pharmacy Copays)	Individual: \$1,250 Family: \$12,700 / Affordable Care Act (ACA) mandated Out of Pocket Maximum	Individual: \$1,250 Family: \$12,700 / Affordable Care Act (ACA) mandated Out of Pocket Maximum	Individual: \$2,000 Family: \$12,700 / Affordable Care Act (ACA) mandated Out of Pocket Maximum	Individual: \$5,000 Family: \$12,700 / Affordable Care Act (ACA) mandated Out of Pocket Maximum	Individual: \$1,750 Family: \$12,700 / Affordable Care Act (ACA) mandated Out of Pocket Maximum	Individual: \$5,250 Family: \$10,050 Family = Employee with one or more covered dependent(s)
<b>Doctor Visits</b>	\$20 Copay	\$20 Copay	\$20 Copay	\$35 Copay	\$20 Primary Care Physician Copay / \$40 Specialist Copay	Paid at 80%* after deductible is met
<b>Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Preventive Care for Children</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Preventive Care for Adults</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Telehealth</b>	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit <a href="http://mdlive.com/CVT">mdlive.com/CVT</a> for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit <a href="http://mdlive.com/CVT">mdlive.com/CVT</a> for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit <a href="http://mdlive.com/CVT">mdlive.com/CVT</a> for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit <a href="http://mdlive.com/CVT">mdlive.com/CVT</a> for non-emergency medical conditions.	MDLIVE - \$5 Copay Call 1-888-632-2738 or visit <a href="http://mdlive.com/CVT">mdlive.com/CVT</a> for non-emergency medical conditions.	MDLIVE - Paid at 80%* after deductible is met Call 1-888-632-2738 or visit <a href="http://mdlive.com/CVT">mdlive.com/CVT</a> for non-emergency medical conditions.
<b>Outpatient X-ray and Lab</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance –Ground/Air</b>	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met

Page 2	PPO PLAN 2C		PPO PLAN 3C		PPO PLAN 6C		PPO PLAN 9D		PPO WELLNESS PLAN		HDHP 2
<b>Physical Therapy**</b>	Paid at 100%* (Copay, if applicable.)		Paid at 100%* 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 90%* after deductible is met (Copay, if applicable.)		Paid at 80%* after deductible is met
<b>Chiropractic**</b>	Paid at 100%* (Copay, if applicable.)		Paid at 100%* 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 90%* after deductible is met (Copay, if applicable.)		Paid at 80%* after deductible is met
<b>Acupuncture</b>	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year		Paid at 100%* 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 90%* after deductible is met (Copay, if applicable.) Maximum of 12 visits per calendar year		Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year
<b>Hospital (Inpatient, Outpatient, Surgical)</b>	Paid at 100%* Unlimited days; Semi private room		Paid at 100%* 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 90%* after deductible is met; Unlimited days, semi-private room		Paid at 80%* after deductible is met; Unlimited days, semi-private room
<b>Hospital Emergency Room</b>	\$75 Copay (Copay waived if admitted as in-patient) Paid at 100%*		\$75 Copay (Copay waived if admitted as in-patient) Paid at 100%* after deductible is met		\$75 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met		\$75 Copay (Copay waived if admitted as in-patient). Paid at 80%* after deductible is met		\$75 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met		Paid at 80%* after deductible is met
<b>Home Health Care</b>	Paid at 100%* Limited to 100 visits per calendar year		Paid at 100%* 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 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
<b>Hospice</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*		Paid at 100%*		Paid at 100%*		Paid at 80%* after deductible is met
<b>Prescription Drugs</b>	<u>Retail</u> \$7 Generic \$25 Pref \$40 NonPref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Pref \$90 NonPref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Pref \$40 NonPref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Pref \$90 NonPref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Pref \$40 NonPref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Pref \$90 NonPref (30-day supply)	<u>Retail</u> \$10 Generic Paid at 70% Preferred Paid at 50% Non-Pref (Min = \$25/\$40; Max = \$40/\$100) (30-day supply)	<u>Mail Order</u> \$25 Generic Paid at 70% Preferred Paid at 50% Non-Pref (Min = \$65/\$100; Max = \$125 / \$250) (90-day supply)	<u>Retail</u> \$7 Generic \$25 Pref \$40 NonPref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Pref \$90 NonPref (90-day supply)	Paid at 80%* after deductible is met

**\*Explanation of Covered Expense:**

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following: **PPO Providers** - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount. **Non-PPO Providers** - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers. **Other Health Care Providers** (includes those not represented in the PPO provider network) - The customary & reasonable charge for professional services or the reasonable charge for institutional services. **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.

\*\* Physical Therapy & Chiropractic - Non-Par Providers limited to a combined maximum of 13 visits per year.

**This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits.**