

Medical Insurance

Package Comparison

Certificated Staff

Carrier	CVT Universal 100	CVT Base Plan Modified
Benefit	In Network	In Network
Coinsurance	100%	80%/ 20%
Deductible		
Individual	\$0	\$250
Family	\$0	\$750
Out of Pocket Maximum / Individual	None	\$1,000 per person + Ded.
Out of Pocket Maximum / Family		
Lifetime Maximum	\$2,000,000	\$2,000,000
Doctor Visits	No Charge	Subject to calendar year deductible & coinsurance
Annual Physical	No Charge up to \$ 200	NONE
Preventative Care for Children	No Charge	Subject to calendar year deductible & coinsurance
Well Woman: Pap Smear / Mammogram	No Charge	Subject to calendar year deductible & coinsurance
Immunizations	Employee/ Spouse/ Dependents - No Charge	DEPENDENT CHILDREN ONLY Subject to calendar year deductible & coinsurance
Outpatient X-Ray & Lab	No Charge	Subject to calendar year deductible & coinsurance
Chiropractic / Physical Therapy	No Charge no limit for Network Provider/ Non Network Providers 13 Visits per year \$ 25 per visit	100% after calendar year deductible/Non Network Providers 13 visits per year \$ 25 per visit
Acupuncture	100% of Reasonable Max. 12 visits per year	Subject to calendar year deductible & coinsurance/Max 12 visits per year
Hospital	No Charge Semi Private Room	Subject to calendar year deductible & coinsurance/Semi private room & board
Home Health Care	No Charge 100 days per year max.	Subject to calendar year deductible & coinsurance/ 100 visits per calendar year
Hospice	No Charge Lifetime Max. \$ 10,000	100% of UCR covered expense/Lifetime Max. \$ 10,000
Durable Medical Equipment	No Charge	Subject to calendar year deductible & coinsurance
Ambulance - Ground/ Air	No Charge	Subject to calendar year deductible & coinsurance
Mental Health Inpatient (Non-Severe)	20% Max. 30 days per year	20% (after calendar year deductible) Max. 30 days per calendar year
Mental Health Outpatient (Non - Severe)	50% /50 visits per year max. of \$ 50 per visit. \$ 25 per visit for out of network	50% (after calendar year deductible); \$50 maximum benefit per visit/ 50 visits per year
Rx Card (copay) - Up to a 30 day supply	\$5 Generic/ \$12 Brand	\$5 Generic/ \$12 Brand
Rx Card (max Order) - Up to a 90 day supply	\$10 Generic/ \$18 Brand	\$10 Generic/ \$18 Brand

CVT Universal 100 - Pre-Taxed Payroll deduction \$150 per month. \$1,800 per year. Covers everyone enrolled.

CVT Base Plan Modified - No payroll deduction. Annual out-of-pocket expenses \$1,250 per person enrolled (NTE \$750 per family deductible, \$1,000 per person co-pay)