CALIFORNIA'S VALUED TRUST

PPO HEALTH PLAN with Anthem Blue Cross and CVS/caremark

October 1, 2017 – September 30, 2018

CVT PARTNER	BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8	PLAN 9	PLAN 10
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	\$0	\$0	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300	Individual: \$100 Family: \$300	Individual: \$250 Family: \$750	Individual: \$250 Family: \$750	Individual: \$500 Family: \$1,500	Individual: \$1,000 Family: \$3,000	Individual: \$2,000 Family: \$6,000
	Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met				
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) †	Individual: \$1,250 Family: \$3,750	Individual: \$1,250 Family: \$3,750	Individual: \$1,250 Family: \$3,750	Individual: \$1,250 Family: \$3,750	Individual: \$1,250 Family: \$3,750	Individual: \$2,000 Family: \$6,000	Individual: \$2,000 Family: \$6,000	Individual: \$3,250 Family: \$9,750	Individual: \$5,000 Family: \$10,000	Individual: \$6,350 Family: \$12,700
	Doctor Visits (Primary Care Physician)	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met
	Doctor Visits (Specialty Physician)	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met
	Preventive Care/Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
	Outpatient Diagnostic Tests /Imaging	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
	Radiation Therapy, Chemotherapy	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
	Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met				
	Ambulance – Ground/Air	Paid at 100%* of covered charges	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
	Outpatient Surgery	Paid at 100%*	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met				
	Hospital Inpatient	Paid at 100%* Unlimited days, Semi- private room	Paid at 100%* Unlimited days, Semi- private room	Paid at 100%* after deductible is met Unlimited days, Semi-private room	Paid at 90%* 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 80%* after deductible is met Unlimited days, Semi-private room	Paid at 80%* after deductible is met Unlimited days, Semi-private room
	Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient) Paid at 100%*	\$100 Copay (Copay waived if admitted as in-patient) Paid at 100%*	\$100 Copay (Copay waived if admitted as in-patient) Paid at 100%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient) Paid at 80%* after deductible is met

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Anthem Blue Cross Network, utilization management and medical claims administration	Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$35 Copay	Paid at 80%* after deductible is met
	Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	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 90%* 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 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
	Physical Therapy**	Paid at 100%* (Copay , if applicable)	Paid at 100%* (Copay , if applicable)	Paid at 100%* after deductible is met (Copay, if applicable.)	Paid at 90%* 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 (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)	Paid at 80%* after deductible is met (Copay, if applicable.)
	Chiropractic**	Paid at 100%* (Copay, if applicable)	Paid at 100%* (Copay, if applicable)	Paid at 100%* after deductible is met (Copay, if applicable)	Paid at 90%* 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 (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)	Paid at 80%* after deductible is met (Copay, if applicable)
	Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	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 90%* 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 (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 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
Value Added Benefits	Telehealth	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <u>www.mdlive.com/CVT</u> for non-emergency medical conditions	MDLIVE - \$5 copay Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions
	Employee Assistance Program (EAP) through Beacon Health Options ~	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutio ns.net/cvt or call 1-877-397-1032 to access benefit

^{*}For Covered Expenses Only: 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.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents

^{**} Non-Par Providers limited to a combined maximum of 13 visits per year.

[†] The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in CVT's Medicare Part D program through SilverScript.

[~] EAP – Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes / courses of treatment).