

**CALIFORNIA'S VALUED TRUST**

**PPO BRONZE PLAN with HealthComp, Blue Shield of California, PhysMetrics and CVS/caremark  
October 1, 2017 – September 30, 2018**

CVT PARTNER	BENEFIT	PPO BRONZE PLAN	
HealthComp Medical claims administration	<b>Calendar Year Deductible</b>	Individual: \$5,000 Family: \$10,000	
	<b>Coinsurance</b>	Paid at 70%* after deductible is met	
	<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) †	Individual: \$6,350 Family: \$12,700	
Blue Shield of California Network and utilization management	<b>Doctor Visits (Primary Care Physician)</b>	First 3 visits covered in full after \$60 copay per visit Remaining visits paid at 70%* after deductible is met	
	<b>Doctor Visits (Specialty Physician)</b>	Subject to deductible, then \$70 copay	
	<b>Preventive Care / Immunizations</b>	Paid at 100%*	
	<b>Outpatient Diagnostic Tests / Imaging</b>	Paid at 70%* after deductible is met	
	<b>Radiation Therapy, Chemotherapy</b>	Paid at 70%* after deductible is met	
	<b>Durable Medical Equipment</b>	Paid at 70%* after deductible is met	
	<b>Ambulance – Ground / Air</b>	Paid at 70%* after deductible is met	
	<b>Outpatient Surgery</b>	Paid at 70%* after deductible is met	
	<b>Hospital Inpatient</b>	Paid at 70%* after deductible is met; Unlimited days, semi-private room	
	<b>Hospital Emergency Room</b>	Subject to deductible, then \$250 copay (copay waived if admitted as in-patient)	
	<b>Urgent Care</b>	Subject to deductible, then \$120 copay	
	<b>Home Health Care</b>	Paid at 70%* after deductible is met Limited to 100 visits per calendar year	
PhysMetrics Network and utilization management	<b>Physical Therapy **</b>	Paid at 70%* after deductible is met	
	<b>Chiropractic**</b>	Paid at 70%* after deductible is met	
	<b>Acupuncture</b>	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year	
Value Added Benefits	<b>Telehealth by MDLIVE</b>	On demand access to board-certified doctors 24/7. Consultation fee - \$5 Copayment Call <b>1-888-632-2738</b> or visit <b>MDLIVE.com/cvt</b> for non-emergency medical conditions.	
	<b>Employee Assistance Program (EAP) through Beacon Health Options ~</b>	Paid at 100%* - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit	
CVS/caremark Network and utilization management	<b>Prescription Drugs</b>	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30- day supply)	<b>Mail Order</b> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90- day supply)

**\*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.

\*\* 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 Medicare.

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

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents)