

**CALIFORNIA'S VALUED TRUST**  
**PPO WELLNESS PLAN with Anthem Blue Cross and CVS/caremark**  
**October 1, 2018 – September 30, 2019**

CVT PARTNER	BENEFIT	PPO WELLNESS PLAN	
<b>Anthem Blue Cross</b> Network, utilization management and medical claims administration	<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	
	<b>Coinsurance</b>	Paid at 90%* after deductible is met	
	<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,750 Family: \$5,250	
	<b>Doctor Visits (Primary Care Physician)</b>	\$20 Copay	
	<b>Doctor Visits (Specialty Physician)</b>	\$40 Copay	
	<b>Preventive Care / Immunizations</b>	Paid at 100%*	
	<b>Outpatient Diagnostic Tests / Imaging</b>	Paid at 90%* after deductible is met	
	<b>Radiation Therapy, Chemotherapy</b>	Paid at 90%* after deductible is met	
	<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	
	<b>Ambulance – Ground / Air</b>	Paid at 90%* after deductible is met	
	<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	
	<b>Hospital Inpatient</b>	Paid at 90%* after deductible is met Unlimited days, semi-private room	
	<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	
	<b>Urgent Care</b>	\$20 Copay	
	<b>Home Health Care</b>	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	
	<b>Physical Therapy**</b>	Paid at 90%* after deductible is met (Copay, if applicable)	
<b>Chiropractic**</b>	Paid at 90%* after deductible is met (Copay, if applicable)		
<b>Acupuncture</b>	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year		
<b>Value Added Benefits</b>	<b>Telehealth by MDLIVE</b>	MDLIVE - \$5 copay for non-emergency medical conditions, \$40 copay for Behavioral Health. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
	<b>Consumer Medical – Your Medical Ally</b>	Consumer Medical offers expert medical guidance for any condition, with support from our team of nurses, physicians and other healthcare professionals. Call 1-888-361-3944 or visit <a href="http://www.myconsumermedical.com">www.myconsumermedical.com</a>	
<b>CVS/caremark</b> Network and utilization management	<b>Prescription Drugs</b>	<b>Retail</b> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<b>Mail Order</b> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)
		Copays for certain specialty medications may be set to the max of the above tiers, or any available manufacture-funded copay assistance.	

\*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.