

**CALIFORNIA'S VALUED TRUST**

**PPO WELLNESS PLAN with HealthComp, Blue Shield of California, PhysMetrics and CVS/caremark**

**October 1, 2018 – September 30, 2019**

| <b>CVT PARTNER</b>   | <b>BENEFIT</b>  | <b>PPO WELLNESS PLAN</b>  |  |
|--|---|---|--|
| <b>HealthComp</b><br>Medical claims administration                     | <b>Calendar Year Deductible</b>   | Individual: \$500<br>Family: \$1,000  |  |
|  | <b>Coinsurance</b>  | Paid at 90%* after deductible is met  |  |
|  | <b>Calendar Year Out of Pocket Maximum</b><br>(includes medical/pharmacy deductible, coinsurance, and copays) | Individual: \$1,750<br>Family: \$5,250  |  |
| <b>Blue Shield of California</b><br>Network and utilization management | <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<br>Unlimited days, semi-private room   |  |
|  | <b>Hospital Emergency Room</b>  | \$100 Copay (Copay waived if admitted as in-patient)<br>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<br>Limited to 100 visits per calendar year   |  |
| <b>PhysMetrics</b><br>Network and utilization management               | <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)<br>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><br>Network and utilization management              | <b>Prescription Drugs</b>   | <b>Retail</b><br>\$7 Generic<br>\$25 Preferred<br>\$40 Non-Preferred<br>(30-day supply)   | <b>Mail Order</b><br>\$15 Generic<br>\$60 Preferred<br>\$90 Non-Preferred<br>(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.

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