

**CALIFORNIA'S VALUED TRUST**  
**ANTHEM BLUE CROSS BRONZE HMO PLAN**  
**October 1, 2019 – September 30, 2020**

<b>BENEFIT</b>	<b>ANTHEM BLUE CROSS BRONZE HMO PLAN</b>	
<b>Calendar Year Deductible</b>	Individual: \$ 2,000	
<b>Coinsurance</b>	Paid at 100%*	
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$5,000 Family: \$10,000	
<b>Doctor Visits</b>	Primary Care – \$45 Copay Specialty – \$50 Copay	
<b>Preventive Care / Immunizations</b>	Paid at 100%*	
<b>Outpatient Diagnostic Tests</b>	Paid at 100%* (Xray & laboratory tests) Advanced Imaging \$100/test	
<b>Outpatient Imaging</b>	Paid at 100%*	
<b>Durable Medical Equipment</b>	Paid at 50%*	
<b>Ambulance – Ground / Air</b>	\$150 Copay	
<b>Physical Therapy</b>	\$45 Per visit (limited to a 60-day period of care)	
<b>Chiropractic</b>	\$10 Copay limited up to 30 combined visits per calendar year** (PCP prior authorization not required)	
<b>Acupuncture</b>	\$10 Copay ** limited up to 30 combined visits per calendar year	
<b>Outpatient Surgery</b>	Paid at 70%* after Facility Deductible is met for Ambulatory Surgical Center and Out-Patient Hospital	
<b>Hospital Inpatient</b>	Physician paid at 100%* <b>Inpatient facility services</b> - Paid at 70% <b>Skilled Nursing</b> - Paid at 70%; limited to 100 visits per calendar year, Semi-private room	
<b>Hospital Emergency Room</b>	\$250 Copay (Copay waived if admitted as in-patient)	
<b>Urgent Care</b>	\$50 Copay	
<b>Home Health Care</b>	\$45 Per Visit (limited to 100 visits per calendar year)	
<b>Telehealth</b>	For non-emergency care, call NurseLine 24/7 at <b>(800) 977-0027</b>	
<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	
<b>Prescription Drugs</b>	<b>Retail</b> \$15 Tier 1 \$30 Tier 2 \$45 Tier 3	<b>Mail Order</b> \$30 Tier 1 \$60 Tier 2 \$90 Tier 3
	<b>Tier 4</b> Paid at 80%* (Up to \$100 copayment maximum per prescription)	

\* For Covered Expenses Only

\*\* Chiropractic and Acupuncture (outside the Medical Group) benefits are offered through ASH.

~ 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)