

**CALIFORNIA'S VALUED TRUST**  
**MEDICARE ADVANTAGE PPO HEALTH PLAN – Rx C with Anthem Blue Cross and CVS/caremark**  
**October 1, 2020 – September 30, 2021**

CVT PARTNER	BENEFIT	CVT MEDICARE ADVANTAGE PPO PLAN * - Rx C	
<b>Anthem Blue Cross</b> <b>Medicare Part A and Medicare Part B</b> Network, utilization management and medical claims administration	<b>Calendar Year Deductible</b>	\$0	
	<b>Coinsurance</b>	Paid at 100%	
	<b>Calendar Year Out of Pocket Maximum</b> (includes medical deductible, coinsurance, and copays)	Individual: \$1,250	
	<b>Doctor Visits</b>	Primary Care - \$10 Copay Specialty - \$10 Copay	
	<b>Preventive Care/ Immunizations</b>	Paid at 100%	
	<b>Outpatient Laboratory</b>	Paid at 100%	
	<b>Outpatient Radiology</b>	Paid at 100%	
	<b>Durable Medical Equipment</b>	Paid at 100%	
	<b>Ambulance – Ground/Air</b>	\$50 Copay per one-way trip	
	<b>Outpatient Surgery</b>	Paid at 100%	
	<b>Hospital Inpatient</b>	Paid at 100% Unlimited days, Semi-private room	
	<b>Hospital Emergency Room</b>	\$100 Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%	
	<b>Urgent Care</b>	\$10 Copay	
	<b>Home Health Care</b>	Paid at 100%	
	<b>Physical Therapy</b>	\$10 Copay	
	<b>Chiropractic</b>	\$10 Copay for Medicare-covered Chiropractic visit	
<b>Acupuncture</b>	Not Covered		
<b>SilverSneakers</b>	The SilverSneakers® fitness program is your free fitness benefit. Please call 1-888-423-4632 for benefit details		
<b>Value Added Benefits</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>SilverScript Medicare Part D</b> Network and utilization management	<b>Prescription Drugs</b>	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)

\* Some services require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by Anthem Blue Cross, to get covered services. Some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from the plan. In this Medicare Advantage PPO Plan, you do not need prior authorization to obtain out-of-network services. However, it is recommended you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary.

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