

CALIFORNIA'S VALUED TRUST
PPO BRONZE PLAN with Anthem Blue Cross and CVS/caremark
October 1, 2019 – September 30, 2020

| CVT PARTNER | BENEFIT | PPO BRONZE PLAN | |
|---|---|---|---|
| Anthem Blue Cross Network, utilization management and medical claims administration | Calendar Year Deductible | Individual: \$5,000 Family: \$10,000 | |
| | Coinsurance | Paid at 70%* after deductible is met | |
| | Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) | Individual: \$6,350 Family: \$12,700 | |
| | Doctor Visits | Primary Care – First 3 visits covered in full after \$60 copay per visit; Remaining visits paid at 70%* after deductible is met Specialty - Subject to deductible, then \$70 copay | |
| | Preventive Care / Immunizations | Paid at 100%* | |
| | Outpatient Diagnostic Tests | Paid at 70%* after deductible is met | |
| | Outpatient Imaging | Paid at 70%* after deductible is met | |
| | Durable Medical Equipment | Paid at 70%* after deductible is met | |
| | Ambulance – Ground / Air | Paid at 70%* after deductible is met | |
| | Outpatient Surgery | Paid at 70%* after deductible is met | |
| | Hospital Inpatient | Paid at 70%* after deductible is met; Unlimited days, semi-private room | |
| | Hospital Emergency Room | Subject to deductible, then \$250 copay (copay waived if admitted as in-patient) | |
| | Urgent Care | Subject to deductible, then \$120 copay | |
| | Home Health Care | Paid at 70%* after deductible is met Limited to 100 visits per calendar year | |
| | Physical Therapy** | Paid at 70%* after deductible is met | |
| Chiropractic** | Paid at 70%* after deductible is met | | |
| Acupuncture | Paid at 70%* after deductible is met Maximum of 12 visits per calendar year | | |
| Value Added Benefits | Telehealth by MDLIVE | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions; \$70 copay after deductible is met for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com/CVT | |
| | Consumer Medical – Your Medical Ally | 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 www.myconsumermedical.com | |
| CVS/caremark Network and utilization management | Prescription Drugs | Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30- day supply) | Mail Order 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.

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