

CALIFORNIA'S VALUED TRUST
PPO BRONZE PLAN with Anthem Blue Cross and CVS/caremark
October 1, 2020 – September 30, 2021

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 Laboratory	Paid at 70%* after deductible is met	
	Outpatient Radiology	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	Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
	Consumer Medical – Your Medical Ally	Expert medical guidance offered at no cost, 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)
		If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.	

*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