

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

CVT PARTNER	BENEFIT	PPO WELLNESS PLAN	
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	Individual: \$500 Family: \$1,000	
	Coinsurance	Paid at 90%* after deductible is met	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,750 Family: \$3,500	
	Doctor Visits	Primary Care - \$20 Copay Specialty - \$40 Copay	
	Preventive Care / Immunizations	Paid at 100%*	
	Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$50 Copay, then paid at 90% after deductible is met	
	Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$75 Copay, then paid at 90% after deductible is met	
	Durable Medical Equipment	Paid at 90%* after deductible is met	
	Ambulance – Ground / Air	Paid at 90%* after deductible is met	
	Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - \$250 Copay, then paid at 90% after deductible is met	
	Hospital Inpatient	Paid at 90%* after deductible is met Unlimited days, semi-private room	
	Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90%* after deductible is met	
	Urgent Care	\$20 Copay	
	Home Health Care	Paid at 90%* after deductible is met Limited to 100 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 \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	Mail Order \$15 Generic \$60 Preferred \$90 Non-Preferred (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.cvstrust.org/plan-documents