

**CALIFORNIA'S VALUED TRUST**  
**BLUE SHIELD HMO HEALTH PLANS**  
**October 1, 2019 – September 30, 2020**

BENEFIT	HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
Calendar Year Deductible	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$3,500 Family: \$6,000
Doctor Visits	<b>Primary Care</b> – \$10 Copay <b>Specialty</b> – \$10 Copay with PCP referral \$30 Copay Access+Specialist optionΔ	<b>Primary Care</b> – \$15 Copay <b>Specialty</b> – \$15 Copay with PCP referral \$30 Copay Access+Specialist optionΔ	<b>Primary Care</b> – \$25 Copay <b>Specialty</b> – \$25 Copay with PCP referral \$40 Copay Access+Specialist optionΔ
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Tests	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Imaging	Doctor Visit - \$10 Copay Outpatient – Paid In full	Doctor Visit - \$15 Copay Outpatient – Paid In full	Doctor Visit - \$25 Copay Outpatient – Paid In full
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance – Ground / Air	\$100 Copay	\$100 Copay	\$100 Copay
Physical Therapy	\$10 Per Visit	\$15 Per Visit	\$25 Per Visit
Chiropractic***	\$10 Copay limited up to 30 visits per calendar year (Prior authorization not required)	\$10 Copay limited up to 30 visits per calendar year (Prior authorization not required)	\$10 Copay limited up to 30 visits per calendar year (Prior authorization not required)
Acupuncture	Not Covered	Not Covered	Not Covered
Outpatient Surgery	Paid at 100%*	\$100 for Ambulatory Surgical Center \$150 for Out-Patient Hospital	\$250 for Ambulatory Surgical Center \$500 for Out-Patient Hospital
Hospital Inpatient	Physician paid at 100%* <b>Inpatient facility services</b> - paid at 100%* <b>Skilled Nursing</b> - paid at 100%* Semi private room	Physician paid at 100%* <b>Inpatient facility services</b> - \$250 Copay per admission <b>Skilled Nursing</b> - \$50 per day copay Semi private room	Physician paid at 100%* <b>Inpatient facility services</b> - \$750 per day copay for up to 3 days, per admission <b>Skilled Nursing</b> - \$150 per day copay Semi private room
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient)	\$100 Copay (Copay waived if admitted as in-patient)	\$150 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$15 Copay	\$25 Copay
Home Health Care	\$10 Per Visit (limited to 100 visits per calendar year)	\$15 Per Visit (limited to 100 visits per calendar year)	\$25 Per Visit (limited to 100 visits per calendar year)
Telehealth	For non-emergency care, call <b>Teladoc</b> 24/7 at <b>1-800-Teladoc(835-2362)</b> - \$5 Copay	For non-emergency care, call <b>Teladoc</b> 24/7 at <b>1-800-Teladoc(835-2362)</b> - \$5 Copay	For non-emergency care, call <b>Teladoc</b> 24/7 at <b>1-800-Teladoc(835-2362)</b> - \$5 Copay
Employee Assistance Program (EAP) through Beacon Health Options ~	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	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	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
Prescription Drugs	<b>Retail</b> \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 <b>Mail Order</b> \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 <b>Tier 4</b> Paid at 80%* (Up to \$100 Copayment maximum per prescription) 30-Day Supply	<b>Retail</b> \$10 Tier 1 \$20 Tier 2 \$35 Tier 3 <b>Mail Order</b> \$20 Tier 1 \$40 Tier 2 \$70 Tier 3 <b>Tier 4</b> Paid at 80%* (Up to \$100 Copayment maximum per prescription) 30-Day Supply	<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) 30-Day Supply

\* For Covered Expenses Only

Δ To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

\*\*\* Chiropractic 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)