

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

BENEFIT	TRIO HMO PLAN 1 [∞]	TRIO HMO PLAN 2 [∞]	TRIO 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	Primary Care – \$10 Copay Specialty – \$10 Copay with PCP referral \$30 Copay Trio+ Specialist option ^Δ	Primary Care – \$15 Copay Specialty – \$15 Copay with PCP referral \$30 Copay Trio+ Specialist option ^Δ	Primary Care – \$25 Copay Specialty – \$25 Copay with PCP referral \$40 Copay Trio+ Specialist option ^Δ
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Radiology	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%* Inpatient facility services - paid at 100%* Skilled Nursing - paid at 100%* Semi private room	Physician paid at 100%* Inpatient facility services - \$250 Copay per admission Skilled Nursing - \$50 per day copay Semi private room	Physician paid at 100%* Inpatient facility services - \$750 per day copay for up to 3 days, per admission Skilled Nursing - \$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 Teladoc 24/7 at 1-800-Teladoc(835-2362) - \$5 Copay	For non-emergency care, call Teladoc 24/7 at 1-800-Teladoc(835-2362) - \$5 Copay	For non-emergency care, call Teladoc 24/7 at 1-800-Teladoc(835-2362) - \$5 Copay
Employee Assistance Program (EAP) through Beacon Health Options ~	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit
Prescription Drugs	Retail \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 Mail Order \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 Tier 4 Paid at 80%* (Up to \$100 Copayment maximum per prescription) 30-Day Supply	Retail \$10 Tier 1 \$20 Tier 2 \$35 Tier 3 Mail Order \$20 Tier 1 \$40 Tier 2 \$70 Tier 3 Tier 4 Paid at 80%* (Up to \$100 Copayment maximum per prescription) 30-Day Supply	Retail \$15 Tier 1 \$30 Tier 2 \$45 Tier 3 Mail Order \$30 Tier 1 \$60 Tier 2 \$90 Tier 3 Tier 4 Paid at 80%* (Up to \$100 Copayment maximum per prescription) 30-Day Supply

* For Covered Expenses Only

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

*** Chiropractic benefits are offered through ASH.

∞ This plan is available only in certain California counties and cities "Service Area" as described in the Evidence of Coverage. You must live and/or work in this select Service Area in order to enroll in this plan. This HMO plan also utilizes an Accountable Care Organization (ACO) for its provider network. Except for Emergency Services, Urgent Services when the Member is out of the Service Area, or when prior authorized, all services must be obtained through the Member's Personal Physician and within the ACO provider network to be covered. This health plan uses the ACO HMO provider network.

~ 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