

CALIFORNIA'S VALUED TRUST

PPO HIGH DEDUCTIBLE HEALTH PLANS (HDHP) with HealthComp, Blue Shield of California, PhysMetrics and CVS/caremark

October 1, 2020 – September 30, 2021

CVT PARTNER	BENEFIT	HDHP 1	HDHP 2	HDHP 3
HealthComp Medical claims administration	Calendar Year Deductible	Individual: \$1,400 Family: \$2,800 (No individual limit applies to family)	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)	Individual: \$1,500 Family: \$3,000 (No individual limit applies to family)
	Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.	Individual: \$5,250 Family: \$10,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.	Individual: \$6,250 Family: \$12,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.
Blue Shield of California Network and utilization management	Doctor Visits	Primary Care - Paid at 90%* after deductible is met Specialty - Paid at 90%* after deductible is met	Primary Care - Paid at 80%* after deductible is met Specialty - Paid at 80%* after deductible is met	Primary Care - Paid at 60%* after deductible is met Specialty - Paid at 60%* after deductible is met
	Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
	Outpatient Laboratory	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Outpatient Radiology	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Ambulance – Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Outpatient Surgery	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, semi-private room	Paid at 80%* after deductible is met; Unlimited days, semi-private room	Paid at 60%* after deductible is met; Unlimited days, semi-private room

Page 2		HDHP 1	HDHP 2	HDHP 3
Blue Shield of California Network and utilization management	Hospital Emergency Room	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Urgent Care	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Home Health Care	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 60%* after deductible is met Limited to 100 visits per calendar year
PhysMetrics Network and utilization management	Physical Therapy **	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Chiropractic**	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
	Acupuncture	Paid at 90%* after deductible is met Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met Maximum of 12 visits per calendar year	Paid at 60%* after deductible is met Maximum of 12 visits per calendar year
Value Added Benefits	Telehealth by MDLIVE	Paid at 90%* after deductible is met. Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical and dermatology conditions and Behavioral Health.	Paid at 80%* after deductible is met. Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical and dermatology conditions and Behavioral Health.	Paid at 60%* after deductible is met. Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical and dermatology conditions and Behavioral Health.
	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	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	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	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met

*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