

**CALIFORNIA'S VALUED TRUST**  
**HMO HEALTH PLANS with Blue Shield of California and CVS/caremark**  
**October 1, 2021 – September 30, 2022**

CVT PARTNER	BENEFIT	HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
<b>Blue Shield of California</b> Network and utilization management	<b>Calendar Year Deductible</b>	\$0	\$0	\$0
	<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
	<b>Calendar Year Out of Pocket Maximum</b> (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
	<b>Doctor Visits</b>	<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
	<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
	<b>Outpatient Laboratory</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
	<b>Outpatient Radiology</b>	Doctor Visit - \$10 Copay Outpatient – Paid In full	Doctor Visit - \$15 Copay Outpatient – Paid In full	Doctor Visit - \$25 Copay Outpatient – Paid In full
	<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
	<b>Ambulance – Ground / Air</b>	\$100 Copay	\$100 Copay	\$100 Copay
	<b>Outpatient Surgery</b>	Paid at 100%*	\$100 for Ambulatory Surgical Center \$150 for Out-Patient Hospital	\$250 for Ambulatory Surgical Center \$500 for Out-Patient Hospital
<b>Hospital Inpatient</b>	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	

Page 2		HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
<b>Blue Shield of California</b> Network and utilization management	<b>Hospital Emergency Room</b>	\$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)
	<b>Urgent Care</b>	\$10 Copay	\$15 Copay	\$25 Copay
	<b>Home Health Care</b>	\$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)
	<b>Physical Therapy</b>	\$10 Per Visit	\$15 Per Visit	\$25 Per Visit
	<b>Chiropractic**</b>	\$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)
	<b>Acupuncture</b>	Not Covered	Not Covered	Not Covered
	<b>Telehealth</b>	Paid at 100% - 24/7 non-emergency access to doctors, call <b>Teladoc</b> at <b>1-800-Teladoc (835-2362)</b>	Paid at 100% - 24/7 non-emergency access to doctors, call <b>Teladoc</b> at <b>1-800-Teladoc (835-2362)</b>	Paid at 100% - 24/7 non-emergency access to doctors, call <b>Teladoc</b> at <b>1-800-Teladoc (835-2362)</b>
<b>Value Added Benefits</b>	<b>Employee Assistance Program (EAP) through Beacon Health Options ~</b> 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	<b>Employee Assistance Program (EAP) through Beacon Health Options ~</b> 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	<b>Employee Assistance Program (EAP) through Beacon Health Options ~</b> 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	

\* For Covered Expenses Only

\*\* Chiropractic and Acupuncture (outside the Medical Group) 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)