

CALIFORNIA'S VALUED TRUST

EPO HEALTH PLAN with Sutter Health/Aetna and CVS/caremark

October 1, 2019 – September 30, 2020

| CVT PARTNER | BENEFIT | EPO 100 PLAN | EPO 90 PLAN | EPO 80 PLAN | EPO 70 PLAN | EPO HSA PLAN |
|--|---|--|---|---|---|--|
| Sutter Health/Aetna Network, utilization management and medical claims administration | Calendar Year Deductible | Individual: \$300 Family: \$600 | Individual: \$750 Family: \$1,500 | Individual: \$1,500 Family: \$3,000 | Individual: \$5,000 Family: \$10,000 | Individual: \$1,350 Family: \$2,700 (No individual limit applies to family) |
| | Coinsurance | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met | Paid at 80% after deductible is met |
| | Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) | Individual: \$1,250 Family: \$2,500 | Individual: \$2,000 Family: \$4,000 | Individual: \$3,000 Family: \$6,000 | Individual: \$6,350 Family: \$12,700 | Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850. |
| | Doctor Visits | Primary Care – \$20 copay per visit; deductible waived Specialty – \$40 copay per visit; deductible waived | Primary Care – \$20 copay per visit; deductible waived Specialty – \$40 copay per visit; deductible waived | Primary Care – \$30 copay per visit; deductible waived Specialty – \$50 copay per visit; deductible waived | Primary Care – \$60 copay - 1 st 3 visits per year; deductible waived Paid at 70% - 4 th and all subsequent visits; after deductible Specialty – \$75 copay per visit; after deductible | Primary Care – Paid at 80% after deductible is met Specialty – Paid at 80% after deductible is met |
| | Preventive Care/Immunizations | Paid at 100% | Paid at 100% | Paid at 100% | Paid at 100% | Paid at 100% |
| | Outpatient Laboratory | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met | Paid at 80% after deductible is met |
| | Outpatient Radiology | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met | Paid at 80% after deductible is met |
| | Durable Medical Equipment | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met | Paid at 80% after deductible is met |
| | Ambulance – Ground/Air | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met | Paid at 80% after deductible is met |
| | Outpatient Surgery | Non-Hospital - Paid at 100% after deductible is met Hospital - \$250 Copay, then paid at 100% after deductible is met | Non-Hospital - Paid at 90% after deductible is met Hospital - Paid at 90% after \$250 Copay, then paid at 100% after deductible is met | Non-Hospital - Paid at 80% after deductible is met Hospital - Paid at 80% after \$250 Copay, then paid at 100% after deductible is met | Non-Hospital - Paid at 70% after deductible is met Hospital - Paid at 70% after \$250 Copay, then paid at 100% after deductible is met | Non-Hospital - Paid at 80% after deductible is met Hospital - Paid at 80% after deductible is met |
| Hospital Inpatient | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 80% after deductible is met | Paid at 70% after deductible is met | Paid at 80% after deductible is met | |

| Page 2 | | EPO 100 PLAN | EPO 90 PLAN | EPO 80 PLAN | EPO 70 PLAN | EPO HSA PLAN |
|--|--------------------------------------|---|---|---|---|---|
| Sutter Health/Aetna Network, utilization management and medical claims administration | Hospital Emergency Room | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100% after deductible is met | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90% after deductible is met | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80% after deductible is met | \$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 70% after deductible is met | Paid at 80% after deductible is met |
| | Urgent Care | \$20 copay per visit; deductible waived | \$20 copay per visit; deductible waived | \$30 copay per visit; deductible waived | \$60 copay - 1 st 3 visits per year; deductible waived Paid at 70% - 4 th and all subsequent visits; after deductible | Paid at 80% after deductible is met |
| | Home Health Care | Paid at 100% after deductible is met Limited to 100 visits per calendar year | 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 70% 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 |
| | Physical Therapy | \$20 copay per visit; deductible waived | \$20 copay per visit; deductible waived | \$30 copay per visit; deductible waived | \$75 copay per visit; deductible waived | Paid at 80% after deductible is met |
| | Chiropractic | \$10 copay per visit; deductible waived Limited to 30 visits per calendar year | \$10 copay per visit; deductible waived Limited to 30 visits per calendar year | \$10 copay per visit; deductible waived Limited to 30 visits per calendar year | \$75 copay per visit; deductible waived Limited to 30 visits per calendar year | Paid at 80% after deductible is met Limited to 30 visits per calendar year |
| | Acupuncture | \$20 copay per visit; deductible waived | \$20 copay per visit; deductible waived | \$30 copay per visit; deductible waived | \$75 copay per visit; deductible waived | Paid at 80% after deductible is met |
| Value Added Benefits | Telehealth by MDLIVE | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions; \$40 copay for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions; \$40 copay for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions; \$50 copay for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE - \$5 copay for non-emergency medical and dermatology conditions; \$75 copay after deductible is met for Behavioral Health. Call 1-888-632-2738 or visit www.mdlive.com/CVT | MDLIVE – 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. |
| | Consumer Medical – Your Medical Ally | Consumer Medical offers expert medical guidance 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 | Consumer Medical offers expert medical guidance 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 | Consumer Medical offers expert medical guidance 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 | Consumer Medical offers expert medical guidance 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 | Consumer Medical offers expert medical guidance 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 |

For Covered Expenses Only using In-Network Providers Only: If you receive care from an out-of-network provider your care may not be covered at all. To find an in-network provider, visit www.sutterhealthaetna.com, click Find a Doctor, and then select Open Access EPO after entering your location.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits www.cvtrust.org/plan-documents