

CALIFORNIA'S VALUED TRUST

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

October 1, 2021 – September 30, 2022

CVT PARTNER	BENEFIT	EPO PREMIER PLAN	EPO PRIME PLAN	EPO SAVER PLAN	EPO VALUE PLAN
<p align="center">Sutter Health/Aetna Network, utilization management and medical claims administration</p>	Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
	Coinsurance	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% 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: \$3,250 Family: \$6,500	Individual: \$6,350 Family: \$12,700
	Doctor Visits	Primary Care – \$20 copay per visit; deductible waived Specialty – \$20 copay per visit; deductible waived	Primary Care – \$10 copay per visit; deductible waived Specialty – \$10 copay per visit; deductible waived	Primary Care – \$30 copay per visit; deductible waived Specialty – \$30 copay per visit; deductible waived	Primary Care – \$45 copay per visit; deductible waived Specialty – \$45 copay per visit; deductible waived
	Preventive Care/Immunizations	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 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 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 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 80% after deductible is met
	Outpatient Surgery	Non-Hospital - Paid at 100% after deductible is met Hospital - After deductible is met, \$250 Copay, then paid at 100%	Non-Hospital - Paid at 90% after deductible is met Hospital - After deductible is met, \$250 Copay, then paid at 90%	Non-Hospital - Paid at 80% after deductible is met Hospital - After deductible is met, \$250 Copay, then paid at 80%	Non-Hospital - Paid at 80% after deductible is met Hospital - After deductible is met, \$250 Copay, then paid at 80%
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 80% after deductible is met	

Page 2		EPO PREMIER PLAN	EPO PRIME PLAN	EPO SAVER PLAN	EPO VALUE 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 deductible is met, Copay, then paid at 100%	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay, then paid at 90%	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay, then paid at 80%	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After deductible is met, Copay, then paid at 80%
	Urgent Care	\$20 copay per visit; deductible waived	\$10 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$45 copay per visit; deductible waived
	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 80% after deductible is met Limited to 100 visits per calendar year
	Physical Therapy	\$20 copay per visit; deductible waived	\$10 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$45 copay per visit; deductible waived
	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	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year
	Acupuncture	\$20 copay per visit; deductible waived	\$10 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$45 copay per visit; deductible waived
Value Added Benefits	Telehealth by MDLIVE	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit www.mdlive.com/CVT	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit www.mdlive.com/CVT
	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	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

For Covered Expenses Only using In-Network Providers Only: As a member of the EPO network, you cannot go outside the network for care. There are no out of network benefits except for urgent and emergency care. 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