



**California's
Valued Trust**

Healthcare Benefits for the Education Community

**MEDICARE PLANS FOR CSEA RETIREE
ANTHEM PPO HEALTH PLANS WITH SILVERSCRIPT RX
October 1, 2020 – September 30, 2021**

BENEFIT	MEDICARE ADVANTAGE PPO PLAN RX-UV	MEDICARE ADVANTAGE PPO PLAN RX-C	PPO PLAN 1C
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) ²	Individual: \$1,250 ²	Individual: \$1,250 ²	Individual: \$1,250 ² Family: \$2,500 ²
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay
Preventive Care/ Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*
Outpatient Radiology	Paid at 100%*	Paid at 100%*	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance – Ground / Air	\$50 Copay per one-way trip	\$50 Copay per one-way trip	Paid at 100%* of covered charges
Physical Therapy	\$10 Copay	\$10 Copay	Paid at 100%* ¹ (Copay, if applicable.)
Chiropractic	\$10 Copay for Medicare-covered Chiropractic visit	\$10 Copay for Medicare-covered Chiropractic visit	Paid at 100%* ¹ (Copay, if applicable.)
Acupuncture	Not Covered	Not Covered	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 100%*	Paid at 100%*	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%	\$100 Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100%	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*

BENEFIT	MEDICARE ADVANTAGE PPO PLAN RX-UV	MEDICARE ADVANTAGE PPO PLAN RX-C		PPO PLAN 1C	
Urgent Care	\$10 Copay	\$10 Copay		\$10 Copay	
Home Health Care	Paid at 100%*	Paid at 100%*		Paid at 100%* Limited to 100 visits per calendar year	
Telehealth	MDLIVE - Paid at 100% for non-emergency medical and dermatology. ² Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100% for non-emergency medical and dermatology. ² Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100% for non-emergency medical, dermatology and behavioral conditions. ² Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Not Covered	Not Covered		Consumer Medical - Your Medical Ally Call 1-888-361-3944 or visit myconsumermedical.com for expert medical guidance ²	
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 ³	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ³		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ³	
Prescription Drugs	See attached Ultra ValuRx Prescription benefit details	Retail ⁴ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁴ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Retail ⁴ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order ⁴ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)
2020-2021 Rates					
Retiree Only	\$223.00	\$395.00		\$506.00	
Retiree + One	\$446.00	\$790.00		\$974.00	

***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.**

1 Non-Par Providers limited to a combined maximum of 13 visits per year.

2 Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Consumer Medical visits are excluded (2) Pharmacy copayments will not apply to out of pocket maximums (3) CVT plans pay according to non-duplication of Medicare benefits therefore this plan design is inclusive of Medicare's payment.

3 EAP – Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes / courses of treatment).

4 Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

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