

CALIFORNIA'S VALUED TRUST
PPO WELLNESS PLAN with Anthem Blue Cross and CVS/caremark
October 1, 2017 – September 30, 2018

CVT PARTNER	BENEFIT	PPO WELLNESS PLAN	
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	Individual: \$500 Family: \$1,000	
	Coinsurance	Paid at 90%* after deductible is met	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) †	Individual: \$1,750 Family: \$5,250	
	Doctor Visits (Primary Care Physician)	\$20 Copay	
	Doctor Visits (Specialty Physician)	\$40 Copay	
	Preventive Care / Immunizations	Paid at 100%*	
	Outpatient Diagnostic Tests / Imaging	Paid at 90%* after deductible is met	
	Radiation Therapy, Chemotherapy	Paid at 90%* after deductible is met	
	Durable Medical Equipment	Paid at 90%* after deductible is met	
	Ambulance – Ground / Air	Paid at 90%* after deductible is met	
	Outpatient Surgery	Paid at 90%* after deductible is met	
	Hospital Inpatient	Paid at 90%* after deductible is met Unlimited days, semi-private room	
	Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	
	Urgent Care	\$20 Copay	
	Home Health Care	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	
	Physical Therapy**	Paid at 90%* after deductible is met (Copay, if applicable)	
	Chiropractic**	Paid at 90%* after deductible is met (Copay, if applicable)	
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year		
Value Added Benefits	Telehealth by MDLIVE	On demand access to board-certified doctors 24/7. Consultation fee - \$5 Copayment Call 1-888-632-2738 or visit MDLIVE.com/cvt for non-emergency medical conditions.	
	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	
CVS/caremark Network and utilization management	Prescription Drugs	Retail \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	Mail Order \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)
		Copays for certain specialty medications may be set to the max of the above tiers, or any available manufacture-funded copay assistance.	

*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.

† The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare.

~ 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 www.cvtrust.org/plan-documents