

CALIFORNIA'S VALUED TRUST
ANTHEM BLUE CROSS HMO HEALTH PLANS
October 1, 2016 – September 30, 2017

BENEFIT	HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
Calendar Year Deductible	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical & pharmacy copays)	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$3,500 Family: \$6,000
Doctor Visits (Primary Care Physician)	\$10 Copay	\$15 Copay	\$25 Copay
Doctor Visits (Specialty Physician)	\$30 Copay	\$30 Copay	\$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Tests / Imaging	Paid at 100%* (Xray & laboratory tests) Advanced Imaging \$100/test	Paid at 100%* (Xray & laboratory tests) Advanced Imaging \$100/test	Paid at 100%* (Xray & laboratory tests) Advanced Imaging \$100/test
Radiation Therapy, Chemotherapy	\$10 Copay	\$15 Copay	\$25 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*
Ambulance – Ground / Air	\$100 Copay	\$100 Copay	\$100 Copay
Physical Therapy	\$10 Per Visit (limited to a 60-day period of care)	\$15 Per Visit (limited to a 60-day period of care)	\$25 Per Visit (limited to a 60-day period of care)
Chiropractic	\$10 Copay limited up to 30 combined visits per calendar year *** (PCP prior authorization not required)	\$10 Copay limited up to 30 combined visits per calendar year *** (PCP prior authorization not required)	\$10 Copay limited up to 30 combined visits per calendar year *** (PCP prior authorization not required)

<i>Page 2</i>	HMO PLAN 1	HMO PLAN 2	HMO PLAN 3
Acupuncture	\$10 Copay (Referral by PCP within Medical Group) \$10 Copay *** limited up to 30 combined visits per calendar year	\$15 Copay (Referral by PCP within Medical Group) \$10 Copay *** limited up to 30 combined visits per calendar year	\$25 Copay (Referral by PCP within Medical Group) \$10 Copay *** limited up to 30 combined visits per calendar year
Outpatient Surgery	Paid at 100%*	\$100 for Ambulatory Surgical Center \$150 for Out-Patient Hospital	\$250 for Ambulatory Surgical Center \$500 for Out-Patient Hospital
Hospital Inpatient	Paid at 100%* Inpatient facility services - Unlimited days Skilled Nursing - limited to 100 visits per calendar year, Semi-private room	Physician paid at 100%* Inpatient facility services -\$250 Copay per admission Skilled Nursing -\$50 copay per admission; limited to 100 visits per calendar year, Semi-private room	Physician paid at 100%* Inpatient facility services -\$750 per day copay for up to 3 days, per admission Skilled Nursing -\$150 copay per admission; limited to 100 visits per calendar year, Semi- private room
Hospital Emergency Room	\$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)
Urgent Care	\$30 Copay	\$30 Copay	\$40 Copay
Home Health Care	\$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)
Telemedicine	For non-emergency care, call NurseLine 24/7 at (800) 977-0027	For non-emergency care, call NurseLine 24/7 at (800) 977-0027	For non-emergency care, call NurseLine 24/7 at (800) 977-0027
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	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit
Prescription Drugs	Retail \$5 Generic \$10 Formulary Brand \$25 Non-Formulary Brand Mail Order \$10 Generic \$20 Formulary Brand \$50 Non-Formulary Brand Specialty Drugs Paid at 80%* (Up to \$100 copay maximum per prescription) 30-Day Supply	Retail \$10 Generic \$20 Formulary Brand \$35 Non-Formulary Brand Mail Order \$20 Generic \$40 Formulary Brand \$70 Non-Formulary Brand Specialty Drugs Paid at 80%* (Up to \$100 copay maximum per prescription) 30-Day Supply	Retail \$15 Generic \$30 Formulary Brand \$45 Non-Formulary Brand Mail Order \$30 Generic \$60 Formulary Brand \$90 Non-Formulary Brand Specialty Drugs Paid at 80%* (Up to \$100 copay maximum per prescription) 30-Day Supply

* 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