

**CALIFORNIA'S VALUED TRUST**  
**PPO WELLNESS PLAN**  
**October 1, 2016 – September 30, 2017**

BENEFIT	PPO WELLNESS PLAN	
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	
<b>Coinsurance</b>	Paid at 90%* after deductible is met	
<b>Calendar Year Out of Pocket Maximum</b> (includes deductible, coinsurance, medical & pharmacy copays) †	Individual: \$1,750 Family: \$5,250	
<b>Doctor Visits (Primary Care Physician)</b>	\$20 Copay	
<b>Doctor Visits (Specialty Physician)</b>	\$40 Copay	
<b>Preventive Care / Immunizations</b>	Paid at 100%*	
<b>Outpatient Diagnostic Tests / Imaging</b>	Paid at 90%* after deductible is met	
<b>Radiation Therapy, Chemotherapy</b>	Paid at 90%* after deductible is met	
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	
<b>Ambulance – Ground / Air</b>	Paid at 90%* after deductible is met	
<b>Physical Therapy**</b>	Paid at 90%* after deductible is met (Copay, if applicable)	
<b>Chiropractic**</b>	Paid at 90%* after deductible is met (Copay, if applicable)	
<b>Acupuncture</b>	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	
<b>Outpatient Surgery</b>	Paid at 90%* after deductible is met	
<b>Hospital Inpatient</b> (RBB price cap) ‡	Paid at 90%* after deductible is met Unlimited days, semi-private room	
<b>Hospital Emergency Room</b>	\$100 Copay (Copay waived if admitted as in-patient) Paid at 90%* after deductible is met	
<b>Urgent Care</b>	\$20 Copay	
<b>Home Health Care</b>	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	
<b>Telemedicine</b>	MDLIVE - \$5 copay Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a> for non-emergency medical conditions	
<b>Employee Assistance Program (EAP) through Beacon Health Options~</b>	Paid at 100%* - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit	
<b>Prescription Drugs</b>	<b>Retail</b> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<b>Mail Order</b> \$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).

‡ Reference Based Benefit (RBB) is a regional price cap for inpatient Hip Replacement, Hysterectomy, Knee Replacement and Laminectomy for Anthem Blue Cross PPO Plans.

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