

CALIFORNIA'S VALUED TRUST
BLUE SHIELD 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 Access+Specialist optionΔ | \$30 Copay Access+Specialist optionΔ | \$40 Copay Access+Specialist optionΔ |
| Preventive Care / Immunizations | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Outpatient Diagnostic Tests / Imaging | Paid at 100%* | Paid at 100%* | Paid at 100%* |
| Radiation Therapy, Chemotherapy | Doctor Visit - \$10 Copay Outpatient – Paid In full | Doctor Visit - \$15 Copay Outpatient – Paid In full | Doctor Visit - \$25 Copay Outpatient – Paid In full |
| 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 | \$15 Per Visit | \$25 Per Visit |
| Chiropractic*** | \$10 Copay limited up to 30 visits per calendar year (Prior authorization not required) | \$10 Copay limited up to 30 visits per calendar year (Prior authorization not required) | \$10 Copay limited up to 30 visits per calendar year (Prior authorization not required) |
| Acupuncture | Not Covered | Not Covered | Not Covered |
| 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 | Physician paid at 100%* Inpatient facility services - paid at 100%* Skilled Nursing - paid at 100%* Semi private room | Physician paid at 100%* Inpatient facility services - \$250 Copay per admission Skilled Nursing - \$50 per day copay Semi private room | Physician paid at 100%* Inpatient facility services - \$750 per day copay for up to 3 days, per admission Skilled Nursing - \$150 per day copay 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 | \$10 Copay | \$15 Copay | \$25 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 NurseHelp 24/7 at (877) 304-0504 | For non-emergency care, call NurseHelp 24/7 at (877) 304-0504 | For non-emergency care, call NurseHelp 24/7 at (877) 304-0504 |
| 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 Copayment 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 Copayment 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 Copayment maximum per prescription) 30-Day Supply |

* For Covered Expenses Only

Δ To use the Access+ Specialist option, a member must select a primary care personal physician who is affiliated with a medical group or IPA that is an Access+ provider group that offers the Access+ Specialist feature.

*** Chiropractic 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