

CALIFORNIA'S VALUED TRUST
PPO HIGH DEDUCTIBLE HEALTH PLANS (HDHP)
October 1, 2016 – September 30, 2017

BENEFIT	HDHP 1	HDHP 2	HDHP 3
Calendar Year Deductible	Individual: \$1,300 Family: \$3,000 (No individual limit applies to family)	Individual: \$2,000 Family: \$6,000 (No individual limit applies to family)	Individual: \$1,300 Family: \$5,000 (No individual limit applies to family)
Coinsurance	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical & pharmacy copays) †	Individual: \$4,250 Family: \$10,100 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$5,250 Family: \$10,050 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850.	Individual: \$6,250 Family: \$12,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850.
Doctor Visits (Primary Care Physician)	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Doctor Visits (Specialty Physician)	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Tests / Imaging	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Durable Medical Equipment	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Ambulance – Ground / Air	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Physical Therapy **	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met

<i>Page 2</i>	HDHP 1	HDHP 2	HDHP 3
Chiropractic**	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Acupuncture	Paid at 80%* after deductible is met Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met Maximum of 12 visits per calendar year	Paid at 60%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Hospital Inpatient (RBB price cap) ‡	Paid at 80%* after deductible is met; Unlimited days, semi-private room	Paid at 80%* after deductible is met; Unlimited days, semi-private room	Paid at 60%* after deductible is met; Unlimited days, semi-private room
Hospital Emergency Room	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Urgent Care	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met
Home Health Care	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 60%* after deductible is met Limited to 100 visits per calendar year
Telemedicine	MDLIVE – Paid at 80%* after deductible is met Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE – Paid at 80%* after deductible is met Call 1-888-632-2738 or visit www.mdlive.com/CVT for non-emergency medical conditions	MDLIVE – Paid at 60%* after deductible is met Call 1-888-632-2738 or visit www.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	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	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met	Paid at 60%* after deductible is met

*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