

CALIFORNIA'S VALUED TRUST
ANTHEM BLUE CROSS BRONZE HMO PLAN
October 1, 2017 – September 30, 2018

BENEFIT	ANTHEM BLUE CROSS BRONZE HMO PLAN	
Calendar Year Deductible	Individual: \$ 2,000	
Coinsurance	Paid at 100%*	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$5,000 Family: \$10,000	
Doctor Visits (Primary Care Physician)	\$45 Copay	
Doctor Visits (Specialty Physician)	\$50 Copay	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Diagnostic Tests / Imaging	Paid at 100%* (Xray & laboratory tests) Advanced Imaging \$100/test	
Radiation Therapy, Chemotherapy	Paid at 100%*	
Durable Medical Equipment	Paid at 50%*	
Ambulance – Ground / Air	\$150 Copay	
Physical Therapy	\$45 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)	
Acupuncture	\$10 Copay ** limited up to 30 combined visits per calendar year	
Outpatient Surgery	Paid at 70%* after Facility Deductible is met for Ambulatory Surgical Center and Out-Patient Hospital	
Hospital Inpatient	Physician paid at 100%* Inpatient facility services- Paid at 70% Skilled Nursing- Paid at 70%; limited to 100 visits per calendar year, Semi-private room	
Hospital Emergency Room	\$250 Copay (Copay waived if admitted as in-patient)	
Urgent Care	\$50 Copay	
Home Health Care	\$45 Per Visit (limited to 100 visits per calendar year)	
Telehealth	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	
Prescription Drugs	Retail \$15 Tier 1 \$30 Tier 2 \$45 Tier 3	Mail Order \$30 Tier 1 \$60 Tier 2 \$90 Tier 3
	Tier 4 Paid at 80%* (Up to \$100 copayment maximum per prescription)	

* 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