

**CALIFORNIA'S VALUED TRUST**  
**PPO BRONZE PLAN with Anthem Blue Cross and CVS/caremark**  
**October 1, 2020 – September 30, 2021**

CVT PARTNER	BENEFIT	PPO BRONZE PLAN	
<b>Anthem Blue Cross</b> Network, utilization management and medical claims administration	<b>Calendar Year Deductible</b>	Individual: \$5,000 Family: \$10,000	
	<b>Coinsurance</b>	Paid at 70%* after deductible is met	
	<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$6,350 Family: \$12,700	
	<b>Doctor Visits</b>	Primary Care – First 3 visits covered in full after \$60 copay per visit; Remaining visits paid at 70%* after deductible is met Specialty - Subject to deductible, then \$70 copay	
	<b>Preventive Care / Immunizations</b>	Paid at 100%*	
	<b>Outpatient Laboratory</b>	Paid at 70%* after deductible is met	
	<b>Outpatient Radiology</b>	Paid at 70%* after deductible is met	
	<b>Durable Medical Equipment</b>	Paid at 70%* after deductible is met	
	<b>Ambulance – Ground / Air</b>	Paid at 70%* after deductible is met	
	<b>Outpatient Surgery</b>	Paid at 70%* after deductible is met	
	<b>Hospital Inpatient</b>	Paid at 70%* after deductible is met; Unlimited days, semi-private room	
	<b>Hospital Emergency Room</b>	Subject to deductible, then \$250 copay (copay waived if admitted as in-patient)	
	<b>Urgent Care</b>	Subject to deductible, then \$120 copay	
	<b>Home Health Care</b>	Paid at 70%* after deductible is met Limited to 100 visits per calendar year	
	<b>Physical Therapy**</b>	Paid at 70%* after deductible is met	
<b>Chiropractic**</b>	Paid at 70%* after deductible is met		
<b>Acupuncture</b>	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year		
<b>Value Added Benefits</b>	<b>Telehealth by MDLIVE</b>	Paid at 100% for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
	<b>Consumer Medical – Your Medical Ally</b>	Expert medical guidance offered at no cost, for any condition, with support from our team of nurses, physicians and other healthcare professionals. Call 1-888-361-3944 or visit <a href="http://www.myconsumermedical.com">www.myconsumermedical.com</a>	
<b>CVS/caremark</b> Network and utilization management	<b>Prescription Drugs</b>	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30- day supply)	<b>Mail Order</b> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90- day supply)

\*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.

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)