



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

PPO BRONZE PLAN

October 1, 2014 - September 30, 2015

BENEFIT	PPO BRONZE PLAN
Calendar Year Deductible	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical & pharmacy copays)	Individual: \$6,350 Family: \$12,700 / Affordable Care Act (ACA) mandated Out of Pocket Maximum
Doctor Visits	Primary Care Physician – First 3 visits covered in full after \$60 copay per visit; Remaining visits – Paid at 70%* after deductible is met Specialty Physician – Subject to deductible, then \$70 copay
Immunizations	Paid at 100%*
Preventive Care for Children	Paid at 100%*
Preventive Care for Adults	Paid at 100%*
Telehealth	MDLIVE - \$5 copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.
Outpatient X-ray and Lab	Paid at 70%* after deductible is met
Radiation Therapy, Chemotherapy	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 70%* after deductible is met
Ambulance –Ground/Air	Paid at 70%* after deductible is met

PAGE 2 - BENEFIT	PPO BRONZE PLAN	
Physical Therapy **	Paid at 70%* after deductible is met	
Chiropractic **	Paid at 70%* after deductible is met	
Acupuncture	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year	
Hospital Inpatient	Paid at 70%* after deductible is met Unlimited days, semi-private room	
Hospital Emergency Room Urgent Care	Subject to deductible, then \$250 copay Subject to deductible, then \$120 copay	
Home Health Care	Paid at 70%* after deductible is met Limited to 100 visits per calendar year	
Hospice	Paid at 100%*	
Prescription Drugs	<u>Retail</u> Subject to deductible, then \$25 copay generic \$50 copay brand (30 day supply)	<u>Mail Order</u> Subject to deductible, then \$50 copay generic \$100 copay brand (90 day supply)

***Explanation of Covered Expense:**

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following:
PPO Providers - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount. **Non-PPO Providers** - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers. **Other Health Care Providers** (includes those not represented in the PPO provider network) - The customary & reasonable charge for professional services or the reasonable charge for institutional services. **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.