

**CALIFORNIA'S VALUED TRUST**

**EPO HEALTH PLAN with Sutter Health/Aetna and CVS/caremark**

**October 1, 2020 – September 30, 2021**

CVT PARTNER	BENEFIT	EPO 100 PLAN	EPO 90 PLAN	EPO 80 PLAN	EPO 70 PLAN	EPO HSA PLAN
<b>Sutter Health/Aetna</b> Network, utilization management and medical claims administration	<b>Calendar Year Deductible</b>	Individual: \$300 Family: \$600	Individual: \$750 Family: \$1,500	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$10,000	Individual: \$1,400 Family: \$2,800 (No individual limit applies to family)
	<b>Coinsurance</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
	<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,250 Family: \$2,500	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,350 Family: \$12,700	Individual: \$4,250 Family: \$8,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,850.
	<b>Doctor Visits</b>	<b>Primary Care</b> – \$20 copay per visit; deductible waived <b>Specialty</b> – \$40 copay per visit; deductible waived	<b>Primary Care</b> – \$20 copay per visit; deductible waived <b>Specialty</b> – \$40 copay per visit; deductible waived	<b>Primary Care</b> – \$30 copay per visit; deductible waived <b>Specialty</b> – \$50 copay per visit; deductible waived	<b>Primary Care</b> – \$60 copay - 1 <sup>st</sup> 3 visits per year; deductible waived Paid at 70% - 4 <sup>th</sup> and all subsequent visits; after deductible <b>Specialty</b> – \$75 copay per visit; after deductible	<b>Primary Care</b> – Paid at 80% after deductible is met <b>Specialty</b> – Paid at 80% after deductible is met
	<b>Preventive Care/Immunizations</b>	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
	<b>Outpatient Laboratory</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
	<b>Outpatient Radiology</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
	<b>Durable Medical Equipment</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
	<b>Ambulance – Ground/Air</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met
	<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100% after deductible is met <b>Hospital</b> - \$250 Copay, then paid at 100% after deductible is met	<b>Non-Hospital</b> - Paid at 90% after deductible is met <b>Hospital</b> - Paid at 90% after \$250 Copay, then paid at 100% after deductible is met	<b>Non-Hospital</b> - Paid at 80% after deductible is met <b>Hospital</b> - Paid at 80% after \$250 Copay, then paid at 100% after deductible is met	<b>Non-Hospital</b> - Paid at 70% after deductible is met <b>Hospital</b> - Paid at 70% after \$250 Copay, then paid at 100% after deductible is met	<b>Non-Hospital</b> - Paid at 80% after deductible is met <b>Hospital</b> - Paid at 80% after deductible is met
<b>Hospital Inpatient</b>	Paid at 100% after deductible is met	Paid at 90% after deductible is met	Paid at 80% after deductible is met	Paid at 70% after deductible is met	Paid at 80% after deductible is met	

Page 2		EPO 100 PLAN	EPO 90 PLAN	EPO 80 PLAN	EPO 70 PLAN	EPO HSA PLAN
Sutter Health/Aetna Network, utilization management and medical claims administration	Hospital Emergency Room	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 100% after deductible is met	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 90% after deductible is met	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 80% after deductible is met	\$150 Emergent Copay; \$250 Non-Emergent Copay (Copay waived if admitted as in-patient) After copay, paid at 70% after deductible is met	Paid at 80% after deductible is met
	Urgent Care	\$20 copay per visit; deductible waived	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$60 copay - 1 <sup>st</sup> 3 visits per year; deductible waived Paid at 70% - 4 <sup>th</sup> and all subsequent visits; after deductible	Paid at 80% after deductible is met
	Home Health Care	Paid at 100% after deductible is met Limited to 100 visits per calendar year	Paid at 90% 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 70% 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
	Physical Therapy	\$20 copay per visit; deductible waived	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$75 copay per visit; deductible waived	Paid at 80% after deductible is met
	Chiropractic	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$10 copay per visit; deductible waived Limited to 30 visits per calendar year	\$75 copay per visit; deductible waived Limited to 30 visits per calendar year	Paid at 80% after deductible is met Limited to 30 visits per calendar year
	Acupuncture	\$20 copay per visit; deductible waived	\$20 copay per visit; deductible waived	\$30 copay per visit; deductible waived	\$75 copay per visit; deductible waived	Paid at 80% after deductible is met
Value Added Benefits	Telehealth by MDLIVE	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	Paid at 100% for non-emergency medical, dermatology and behavioral health conditions. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	Paid at 80% after deductible is met. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a> for non-emergency medical and dermatology conditions and Behavioral Health.
	Consumer Medical – Your Medical Ally	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>	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>	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>	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>	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>

**For Covered Expenses Only using In-Network Providers Only:** If you receive care from an out-of-network provider your care may not be covered at all. To find an in-network provider, visit [www.sutterhealthaetna.com](http://www.sutterhealthaetna.com), click Find a Doctor, and then select Open Access EPO after entering your location.

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)