CALIFORNIA'S VALUED TRUST
PPO BRONZE PLAN with Anthem Blue Cross and CVS/caremark
October 1, 2025 – September 30, 2026

CVT PARTNER	BENEFIT	PPO BRONZE	
Anthem Blue Cross Network, utilization management and medical claims administration	**Calendar Year Deductible**	Individual: $5,000 Family: $10,000	
	Coinsurance	Paid at 70%* after deductible is met	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: $7,000 Family: $14,000	
	Doctor Visits	Primary Care – First 3 visits covered in full after $60 copay per visit; Remaining visits paid at 70%* after deductible is met Specialist - Subject to deductible, then $70 copay per visit	
	Preventive Care / Immunizations	Paid at 100%*	
	Outpatient Laboratory	Paid at 70%* after deductible is met	
	Outpatient Radiology	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	
	Outpatient Surgery	Paid at 70%* after deductible is met	
	Hospital Inpatient	Paid at 70%* after deductible is met; Unlimited days, semi-private room	
	Hospital Emergency Room	Subject to deductible, then $250 copay (copay waived if admitted as in-patient)	
	Urgent Care	Subject to deductible, then $120 copay	
	Home Health Care	Paid at 70%* after deductible is met Limited to 100 visits per calendar year	
	Physical Therapy**	Paid at 70%* after deductible is met (Copay, if applicable)	
	Chiropractic**	Paid at 70%* after deductible is met (Copay, if applicable)	
	Acupuncture	Paid at 70%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	
Value Added Benefits	**Telehealth by MDLIVE**	Paid at 100%* for non-emergency medical, dermatology, behavioral health and primary care visits. Call **1-888-632-2738** or visit **www.mdlive.com/CVT**	
	Virtual Physical Therapy by SimpleTherapy	Paid at 100%* Call **1-800-644-2478** for virtual musculoskeletal (MSK) benefits	
CVS/caremark Network and utilization management	**Prescription Drugs‡**	**Retail** Subject to deductible, then $25 Generic Copay $50 Brand Copay (30- day supply)	**Mail Order** Subject to deductible, then $50 Generic Copay $100 Brand Copay (90- day supply)
		If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be $0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.	

***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.**

‡For GLP-1 information, visit www.cvtrust.org/glp1

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits www.cvtrust.org/plan-documents

California's Valued Trust

2025/2026 District Rate Sheet

For Buckeye Union SD

ACA BENEFIT ELIGIBLE Active	Emp	Emp +
Health Two tier Rates	Only	Child(ren)
Anthem PPO Bronze	$771.00	$1,133.00