

CALIFORNIA'S VALUED TRUST
PPO HEALTH PLAN 4 – Rx C with Anthem Blue Cross and CVS/caremark
October 1, 2026 – September 30, 2027

CVT PARTNER	BENEFIT	PLAN 4 – Rx C	
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	Individual: \$150 Family: \$300	
	Coinsurance	Paid at 90%* after deductible is met	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)†	Individual: \$2,500 Family: \$5,000	
	Doctor Visits	Primary Care - \$20 Copay Specialist - \$40 Copay	
	Preventive Care/ Immunizations	Paid at 100%*	
	Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital – After deductible is met, \$50 Copay then paid at 90%*	
	Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 Copay then paid at 90%*	
	Durable Medical Equipment	Paid at 90%* after deductible is met	
	Ambulance – Ground/Air	Paid at 90%* after deductible is met	
	Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital (Required BDC+ excluded) – After deductible is met, \$250 Copay then paid at 90%*	
	Hospital Inpatient	Paid at 90%* after deductible is met Unlimited days, Semi-private room	
	Hospital Emergency Room	\$200 Copay (Copay waived if admitted as in-patient) After deductible is met, Copay then paid at 90%*	
	Urgent Care	\$20 Copay	
	Home Health Care	Paid at 90%* after deductible is met Limited to 100 visits per calendar year	
	Physical Therapy**	Paid at 90%* after deductible is met (Copay, if applicable)	
	Chiropractic**	Paid at 90%* after deductible is met (Copay, if applicable)	
	Acupuncture	Paid at 90%* 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‡	30-Day Supply Generic: \$7 Copay Preferred Brand: \$25 Copay Non-Preferred Brand: \$40 Copay Specialty: Paid at 70% reduced to \$0 when enrolled in PrudentRx	90-Day Supply Generic: \$15 Copay Preferred Brand: \$60 Copay Non-Preferred Brand: \$90 Copay Specialty: N/A

*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.

† Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health visits are excluded (2) Pharmacy cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment

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

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