

**CALIFORNIA'S VALUED TRUST  
PPO HEALTH PLANS  
2013 / 2014**

BENEFIT	PPO PLAN 1	PPO PLAN 2	PPO PLAN 3	PPO PLAN 4	PPO PLAN 5	PPO PLAN 6	PPO PLAN 7	PPO PLAN 8	PPO PLAN 9	PPO PLAN 10	
<b>MAJOR MEDICAL*</b>	<b>Deductible:</b> 0 <b>Coinsurance:</b> 100%**		<b>Deductible:</b> \$100 Ind / \$300 Family <b>Coinsurance:</b> 100%** <b>Out-of-Pocket Max:</b> Deductible	<b>Deductible:</b> \$100 Ind / \$300 Family <b>Coinsurance:</b> 90/10 <b>Out-of-Pocket Max:</b> \$300 per person + deduct.		<b>Deductible:</b> \$250 Ind / \$750 Family <b>Coinsurance:</b> 80/20 <b>Out-of-Pocket Max:</b> \$1,000 per person + deduct		<b>Deductible:</b> \$500 Ind / \$1,500 Family <b>Coinsurance:</b> 80/20 <b>Out-of-Pocket Max:</b> \$2,000 per person + deduct	<b>Deductible:</b> \$1,000 Ind / \$3,000 Family <b>Coinsurance:</b> 80/20 <b>Out-of-Pocket Max:</b> \$3,000 per person + deduct	<b>Deductible:</b> \$2,000 Ind / \$6,000 Family <b>Coinsurance:</b> 80/20 <b>Out-of-Pocket Max:</b> \$4,000 per person + deduct	
<b>CALENDAR YEAR MAXIMUM PER PERSON</b>	\$5,000,000										
<b>DOCTOR VISITS</b>	\$10 Copay	\$20 Copay	\$20 Copay (Copay not applied to deduct.)	\$20 Copay (Copay not applied to deduct. or out-of-pocket max)	\$30 Copay (Copay not applied to deduct. or out-of-pocket max)	\$20 Copay (Copay not applied to deduct. or out-of-pocket max)	\$30 Copay (Copay not applied to deduct. or out-of-pocket max)	\$30 Copay (Copay not applied to deduct. or out-of-pocket max)	\$35 Copay (Copay not applied to deduct. or out-of-pocket max)	Major Medical*	
<b>IMMUNIZATIONS</b>	Paid at 100%**										
<b>PREVENTIVE CARE FOR CHILDREN</b>	Paid at 100%** Covered, as long as eligible.										
<b>PREVENTIVE CARE FOR ADULTS</b>	Paid at 100%**										
<b>TELEMEDICINE</b>	MDLIVE - \$5Copay Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.										
<b>OUTPATIENT X-RAY &amp; LAB</b>	Paid at 100%**		Major Medical*								
<b>RADIATION / CHEMO</b>	Paid at 100%**		Major Medical*								
<b>DURABLE MEDICAL EQUIPMENT</b>	Paid at 100%**		Major Medical*								
<b>AMBULANCE-GROUND/AIR</b>	100%** of covered charges		Major Medical*								
<b>PHYSICAL THERAPY</b>	Paid at 100%** Par Rate to Preferred Providers. (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year.							Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year.	

<i>Page 2</i>	<b>PPO PLAN 1</b>	<b>PPO PLAN 2</b>	<b>PPO PLAN 3</b>	<b>PPO PLAN 4</b>	<b>PPO PLAN 5</b>	<b>PPO PLAN 6</b>	<b>PPO PLAN 7</b>	<b>PPO PLAN 8</b>	<b>PPO PLAN 9</b>	<b>PPO PLAN 10</b>		
<b>CHIROPRACTIC</b>	Paid at 100%** Par Rate to Preferred Providers (Copay, if applicable) Non-Par Providers limited to a combined maximum of 13 visits per year.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year.							Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year.		
<b>ACUPUNCTURE</b>	Paid at 100%** Par Rate to Preferred Providers (Copay, if applicable) Maximum of 12 visits per calendar year		Major Medical* (Copay, if applicable) Maximum of 12 visits per calendar year							Major Medical* Maximum of 12 visits per calendar year		
<b>HOSPITAL INPATIENT</b>	Paid at 100%** Unlimited days; Semi private room		Major Medical* Unlimited days, semi-private room									
<b>HOSPITAL EMERGENCY ROOM</b>	\$75 Copay (Copay waived if admitted as in-patient)		\$75 Copay Major Medical* (Copay not applied to deductible and waived if admitted as in-patient)	\$75 Copay Major Medical* (Copay not applied to deductible or out-of-pocket maximum and waived if admitted as in-patient)								
<b>HOME HEALTH CARE</b>	Paid at 100%** Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year									
<b>HOSPICE</b>	100%** of Covered Expense											

\* **Major Medical** - Deductible and coinsurance apply.

**\*\*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.

**This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits.**