

# CVT HMO Health Plans with Kaiser Permanente

## Amador COE - MANAGEMENT

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

BENEFIT	Kaiser 1		Kaiser 2		Kaiser Wellness	
<b>Calendar Year Deductible</b>	\$0		\$0		\$0	
<b>Coinsurance</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*	
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,500 Family: \$3,000		Individual: \$1,500 Family: \$3,000		Individual: \$1,500 Family: \$3,000	
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay		<b>Primary Care Physician</b> - \$15 Copay <b>Specialty Physician</b> - \$15 Copay		<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	
<b>Preventive Care / Immunizations</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*	
<b>Outpatient Laboratory</b>	Paid at 100%*		Paid at 100%*		\$10 Copay	
<b>Outpatient Radiology</b>	Radiation Therapy:Paid at 100%* Chemotherapy:\$10 Copay		Radiation Therapy:Paid at 100%* Chemotherapy:\$15 Copay		Radiation Therapy:Paid at 100%* Chemotherapy:\$40 Copay	
<b>Durable Medical Equipment</b>	Paid at 100%*		Paid at 100%*		Paid at 100%*	
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary		Paid at 100%* If Medically Necessary		\$100 Copay If Medically Necessary	
<b>Physical Therapy</b>	\$10 Copay		\$15 Copay		\$20 Copay	
<b>Chiropractic</b>	Not Covered		Not Covered		Not Covered	
<b>Acupuncture</b>	\$10 Copay Referral by Plan Physician		\$15 Copay Referral by Plan Physician		\$40 Copay Referral by Plan Physician	
<b>Outpatient Surgery</b>	\$10 Copay		\$15 Copay		\$500 Per Procedure	
<b>Hospital Inpatient</b>	Paid at 100%*		Paid at 100%*		\$500 Copay Per Admission Unlimited days, semi-private room	
<b>Hospital Emergency Room</b>	\$100 Copay Copay waived if admitted as in-patient		\$100 Copay Copay waived if admitted as in-patient		\$100 Copay (Copay waived if admitted as in-patient)	
<b>Urgent Care</b>	\$10 Copay		\$15 Copay		\$20 Copay	
<b>Home Health Care</b>	Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)	
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>		For after-hours advice, call <b>1-888-576-6225</b>	
<b>Medical Decision Support</b>	N/A		N/A		N/A	
<b>Employee Assistance Program (EAP) through Beacon Health Options</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>		Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit <sup>(3)</sup>	
<b>Prescription Drugs</b>	<b>Retail</b> \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$5 Generic \$10 Brand (Up to 30 Day Supply) \$10 Generic \$20 Brand (31-60 Day Supply) \$15 Generic \$30 Brand (61-100 Day Supply)	<b>Mail Order</b> \$5 Generic \$10 Brand (30 Day Supply) \$10 Generic \$20 Brand (31-100 Day Supply)	<b>Retail</b> \$10 Generic \$25 Brand (30-day supply)\$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	<b>Mail Order</b> \$10 Generic \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)

**Kaiser Permanente Plans:**

**\* For Covered Expenses Only**

(2) The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in Medicare

NOTES: Copays for Infertility: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - 50% Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plans 6-8 & Wellness - 50% Copay.

Copays for Allergy Injections: Plans 1-5 - No Charge; Plans 6-7 & Wellness - \$5 Per Visit; Plan 8 - No Charge.

Plan 6 - \$175 allowance for lenses, frames & contacts every 24 months

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

**This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits at [www.cvtrust.org/plan-documents](http://www.cvtrust.org/plan-documents).