

**CVT HMO Health Plans with Kaiser Permanente
Amador Unified SD - MANAGEMENT, TRUSTEES**

October 1, 2020 - September 30, 2021

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