

CVT HMO Health Plans with Kaiser Permanente

Amador Unified SD - CLASSIFIED

October 1, 2021 - September 30, 2022

BENEFIT	Kaiser 1	Kaiser 2	Kaiser 5	Kaiser 7	Kaiser Wellness
Calendar Year Deductible	\$0	\$0	\$0	\$0	\$0
Coinsurance	Paid at 100%*	Paid at 100%*	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	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 - \$35 Copay Specialty Physician - \$35 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Paid at 100%*	Paid at 100%*	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:\$35 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$35 Copay	Radiation Therapy:Paid at 100%* Chemotherapy:\$40 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$100 Per Trip If Medically Necessary	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$15 Copay	\$35 Copay	\$35 Copay	\$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$15 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$35 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$15 Copay	\$35 Copay	\$250 Copay	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$250 Copay	\$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	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$15 Copay	\$35 Copay	\$35 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	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	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	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⁾	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⁾

BENEFIT	Kaiser 1		Kaiser 2		Kaiser 5		Kaiser 7		Kaiser Wellness	
Prescription Drugs	Retail		Retail		Retail		Retail		Retail	
	\$5 Generic		\$5 Generic		\$10 Generic		\$10 Generic		\$10 Generic	
	\$10 Brand (Up to 30 Day Supply)	Mail Order	\$10 Brand (Up to 30 Day Supply)	Mail Order	\$20 Brand (Up to 30 Day Supply)	Mail Order	\$30 Brand (Up to 30 Day Supply)	Mail Order	\$25 Brand (30-day supply)	Mail Order
	\$10 Generic	\$5 Generic	\$10 Generic	\$5 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic
	\$20 Brand (31-60 Day Supply)	\$10 Brand (30 Day Supply)	\$20 Brand (31-60 Day Supply)	\$10 Brand (30 Day Supply)	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$40 Brand (31-60 Day Supply)	\$30 Brand (30 Day Supply)	\$50 Brand (31-60 day supply)	\$25 Brand (up to 30 day supply)
	\$15 Generic (31-100 Day Supply)	\$10 Generic (31-100 Day Supply)	\$15 Generic (31-100 Day Supply)	\$10 Generic (31-100 Day Supply)	\$30 Generic (61-100 Day Supply)	\$20 Generic (31-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$20 Generic (31-100 Day Supply)	\$60 Brand (31-60 day supply)	\$20 Generic (31 - 100 day supply)
	\$30 Brand (61-100 Day Supply)	\$20 Brand (31-100 Day Supply)	\$30 Brand (61-100 Day Supply)	\$20 Brand (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$30 Generic (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$60 Brand (31-100 Day Supply)	\$30 Generic (61-100 day supply)	\$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.