

**CVT HMO Health Plans with Kaiser Permanente**  
**Windsor Unified SD - CERTIFICATED, MANAGEMENT**

**October 1, 2018 - September 30, 2019**

BENEFIT	Kaiser 3	Kaiser Wellness	Kaiser Bronze
<b>Calendar Year Deductible</b>	\$0	\$0	Individual: \$4,500 Family: \$9,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 60%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$1,500 <sup>(2)</sup> Family: \$3,000 <sup>(2)</sup>	Individual: \$1,500 <sup>(2)</sup> Family: \$3,000 <sup>(2)</sup>	Individual: \$6,000 <sup>(2)</sup> Family: \$12,000 <sup>(2)</sup>
<b>Doctor Visits</b> (Primary Care Physician)	\$20 Copay	\$20 Copay	Paid at 60%* after deductible is met
<b>Doctor Visits</b> (Specialty Physician)	\$20 Copay	\$40 Copay	Paid at 60%* after deductible is met
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Diagnostic Test / Imaging</b>	Paid at 100%*	\$10 Copay	Paid at 60%* after deductible is met
<b>Radiation Therapy, Chemotherapy</b>	Radiation Therapy: Paid at 100%* Chemotherapy: \$20 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay	Paid at 100% after deductible is met
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 60%*, deductible does not apply (Most DME is not covered)
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary	\$100 Copay If Medically Necessary	Paid at 60%* after deductible is met
<b>Physical Therapy</b>	\$20 Copay	\$20 Copay	Paid at 60%* after deductible is met
<b>Chiropractic</b>	Not Covered	Not Covered	Not Covered
<b>Acupuncture</b>	\$20 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician	Paid at 60%* after deductible is met Referral by plan physician
<b>Outpatient Surgery</b>	\$20 Copay	\$500 Per Procedure	Paid at 60%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 100%*	\$500 Copay Per Admission Unlimited days, semi-private room	Paid at 60%* after deductible is met
<b>Hospital Emergency Room</b>	\$100 Copay Copay waived if admitted as in-patient	\$100 Copay (Copay waived if admitted as in-patient)	Paid at 60%* after deductible is met
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	Paid at 60%* after deductible is met
<b>Home Health Care</b>	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%*, deductible does not apply (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>

BENEFIT	Kaiser 3		Kaiser Wellness		Kaiser Bronze
<b>Prescription Drugs</b>	<b>Retail</b> \$10 Generic \$20 Brand (Up to 30 Day Supply) \$20 Generic \$40 Brand (31-60 Day Supply) \$30 Generic \$60 Brand (61-100 Day Supply)	<b>Mail Order</b> \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 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 (up to 30 day supply) \$25 Brand (up to 30 day supply) \$20 Generic \$50 Brand (31 - 100 day supply)	<b>Generic</b> Paid at 70%* (Not to exceed \$50) 100-day supply Deductible does not apply <b>Brand**</b> Paid at 60%* (Not to exceed \$100) 100-day Supply Deductible does not apply **Certain brand name drugs have a \$250 deductible

**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).