

CVT HMO Health Plans with Kaiser Permanente
Madera Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES
October 1, 2018 - September 30, 2019

BENEFIT	Kaiser 1	Kaiser 3	Kaiser 6	Kaiser 8	Kaiser Wellness
Calendar Year Deductible	\$0	\$0	\$0	Individual: \$1,000 Family: \$2,000	\$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)	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾	Individual: \$3,000 ⁽²⁾ Family: \$6,000 ⁽²⁾	Individual: \$1,500 ⁽²⁾ Family: \$3,000 ⁽²⁾
Doctor Visits (Primary Care Physician)	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay No deductible	\$20 Copay
Doctor Visits (Specialty Physician)	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay No Deductible	\$40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*
Outpatient Diagnostic Test / Imaging	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$10 Copay No Deductible	\$10 Copay
Radiation Therapy, Chemotherapy	Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$20 Copay	Radiation Therapy: Paid at 100%* Chemotherapy: \$25 Copay	Radiation Therapy: Paid at 100%*, after deductible is met Chemotherapy: Paid at 100%*, No deductible	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$50 Per Trip If Medically Necessary	\$150 Per Trip If Medically Necessary No deductible	\$100 Copay If Medically Necessary
Physical Therapy	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay No Deductible	\$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$20 Copay, No Deductible Referral by Plan Physician	\$40 Copay Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$20 Copay	\$25 Copay	Paid at 80%* after deductible is met	\$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	Paid at 80%* after deductible is met	\$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	Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	\$10 Copay	\$20 Copay	\$25 Copay	\$20 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (Limits)	Paid at 100%* (Limits)

BENEFIT	Kaiser 1		Kaiser 3		Kaiser 6		Kaiser 8		Kaiser Wellness	
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⁾	
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 \$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)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$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)	Mail Order \$10 Generic \$20 Brand (30 Day Supply) \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply) \$20 Generic \$60 Brand (31-60 Day Supply) \$30 Generic \$90 Brand (61-100 Day Supply)	Mail Order \$10 Generic \$30 Brand (30 Day Supply) \$20 Generic \$60 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.