

CVT HMO Health Plans with Kaiser Permanente
Cotati-Rohnert Park Unified SD - CERTIFICATED
October 1, 2025 - September 30, 2026

BENEFIT	Kaiser 1		Kaiser 2		Kaiser 3		Kaiser 4	
Calendar Year Deductible	\$0		\$0		\$0		\$0	
Coinsurance	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	
Doctor Visits	Primary Care Physician - \$10 Copay Specialist Physician - \$10 Copay		Primary Care Physician - \$15 Copay Specialist Physician - \$15 Copay		Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay		Primary Care Physician - \$30 Copay Specialist Physician - \$30 Copay	
Preventive Care / Immunizations	Paid at 100%*		Paid at 100%*		Paid at 100%*		Paid at 100%*	
Outpatient Laboratory	Most tests paid at 100%*		Most tests paid at 100%*		Most tests paid at 100%*		Most tests paid at 100%*	
Outpatient Radiology	Most services paid at 100%*		Most services paid at 100%*		Most services paid at 100%*		Most services paid at 100%*	
Durable Medical Equipment	Paid at 100%*		Paid at 100%*		Paid at 100%*		Paid at 100%*	
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary		Paid at 100%* If Medically Necessary		Paid at 100%* If Medically Necessary		Paid at 100%* If Medically Necessary	
Physical Therapy	\$10 Copay		\$15 Copay		\$20 Copay		\$30 Copay	
Chiropractic	Not Covered		Not Covered		Not Covered		Not Covered	
Acupuncture	\$10 Copay Referral by Plan Physician		\$15 Copay Referral by Plan Physician		\$20 Copay Referral by Plan Physician		\$30 Copay Referral by Plan Physician	
Outpatient Surgery	\$10 Copay		\$15 Copay		\$20 Copay		\$30 Copay	
Hospital Inpatient	Paid at 100%*		Paid at 100%*		Paid at 100%*		Paid at 100%*	
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	
Urgent Care	\$10 Copay		\$15 Copay		\$20 Copay		\$30 Copay	
Home Health Care	Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)		Paid at 100%* (Limits)	
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.		Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.		Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.		Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.	
Virtual Physical Therapy	Contact your PCP for virtual options.		Contact your PCP for virtual options.		Contact your PCP for virtual options.		Contact your PCP for virtual options.	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply)	Mail Order \$10 Generic \$20 Brand (31-100 Day Supply)	Retail \$5 Generic \$10 Brand (Up to 30 Day Supply)	Mail Order \$10 Generic \$20 Brand (31-100 Day Supply)	Retail \$10 Generic \$20 Brand (Up to 30 Day Supply)	Mail Order \$20 Generic \$40 Brand (31-100 Day Supply)	Retail \$10 Generic \$20 Brand (Up to 30 Day Supply)	Mail Order \$20 Generic \$40 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 11 HSA - \$5 Per Visit after deductible is met.

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.