

# CVT HMO Health Plans with Kaiser Permanente

## Cotati-Rohnert Park Unified SD - SEIU

**October 1, 2024 - September 30, 2025**

BENEFIT	Kaiser 2	Kaiser 3	Kaiser 3 w/Chiro	Kaiser 4	Kaiser Wellness
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	\$0	\$0
<b>Coinsurance</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	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
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$15 Copay <b>Specialist Physician</b> - \$15 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialist Physician</b> - \$30 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialist Physician</b> - \$40 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay
<b>Outpatient Radiology</b>	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	\$10 copay*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Ambulance - Ground / Air</b>	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	\$100 Copay If Medically Necessary
<b>Physical Therapy</b>	\$15 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay
<b>Chiropractic</b>	Not Covered	Not Covered	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture	Not Covered	Not Covered
<b>Acupuncture</b>	\$15 Copay Referral by Plan Physician	\$20 Copay Referral by Plan Physician	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic	\$30 Copay Referral by Plan Physician	\$40 Copay Referral by Plan Physician
<b>Outpatient Surgery</b>	\$15 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$500 Per Procedure
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	\$500 Copay Per Admission Unlimited days, semi-private room
<b>Hospital Emergency Room</b>	\$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)
<b>Urgent Care</b>	\$15 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay
<b>Home Health Care</b>	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
<b>Telehealth</b>	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.
<b>Employee Assistance Program (EAP) through Carelon</b>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>	Paid at 100% - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit <sup>(3)</sup>

BENEFIT	Kaiser 2		Kaiser 3		Kaiser 3 w/Chiro		Kaiser 4		Kaiser Wellness	
Prescription Drugs	<b>Retail</b>		<b>Retail</b>		<b>Retail</b>		<b>Retail</b>		<b>Retail</b>	
	\$5 Generic		\$10 Generic		\$10 Generic		\$10 Generic		\$10 Generic	
	\$10 Brand (Up to 30 Day Supply)	<b>Mail Order</b>	\$20 Brand (Up to 30 Day Supply)	<b>Mail Order</b>	\$20 Brand (Up to 30 Day Supply)	<b>Mail Order</b>	\$20 Brand (Up to 30 Day Supply)	<b>Mail Order</b>	\$25 Brand (30-day supply)\$20 Generic	<b>Mail Order</b>
	\$10 Generic	\$5 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic	\$25 Brand (30-day supply)\$20 Generic	\$10 Generic
	\$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)	\$20 Brand (30 Day Supply)	\$40 Brand (31-60 Day Supply)	\$20 Brand (30 Day Supply)	\$25 Brand (30-day supply)\$20 Generic	\$25 Brand (up to 30 day supply)
	\$15 Generic	\$10 Generic	\$30 Generic	\$20 Generic	\$30 Generic	\$20 Generic	\$30 Generic	\$20 Generic	\$50 Brand (31-60 day supply)	\$20 Generic
	\$30 Brand (61-100 Day Supply)	\$20 Brand (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$50 Brand (31-60 day supply)	\$50 Brand (31 - 100 day supply)
									\$30 Generic	
									\$75 Brand (61-100 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](http://www.cvtrust.org/plan-documents).