

CVT HMO Health Plans with Kaiser Permanente

Cotati-Rohnert Park Unified SD - SEIU

October 1, 2021 - September 30, 2022

| BENEFIT | Kaiser 2 | Kaiser 3 | Kaiser 3 W / CHIRO | Kaiser 4 | 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 - \$15 Copay Specialty Physician - \$15 Copay | Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay | Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay | Primary Care Physician - \$30 Copay Specialty Physician - \$30 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:\$15 Copay | Radiation Therapy:Paid at 100%* Chemotherapy:\$20 Copay | Radiation Therapy:Paid at 100%* Chemotherapy:\$20 Copay | Radiation Therapy:Paid at 100%* Chemotherapy:\$30 Copay | Radiation Therapy:Paid at 100%* Chemotherapy:\$40 Copay |
| Durable Medical Equipment | Paid at 100%* | 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 | \$100 Copay If Medically Necessary |
| Physical Therapy | \$15 Copay | \$20 Copay | \$20 Copay | \$30 Copay | \$20 Copay |
| Chiropractic | 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 |
| Acupuncture | \$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 |
| Outpatient Surgery | \$15 Copay | \$20 Copay | \$20 Copay | \$30 Copay | \$500 Per Procedure |
| Hospital Inpatient | Paid at 100%* | Paid at 100%* | Paid at 100%* | Paid at 100%* | \$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 | \$15 Copay | \$20 Copay | \$20 Copay | \$30 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 2 | | Kaiser 3 | | Kaiser 3 W / CHIRO | | Kaiser 4 | | Kaiser Wellness | |
|--------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| Prescription Drugs | Retail | | Retail | | Retail | | Retail | | Retail | |
| | \$5 Generic | | \$10 Generic | | \$10 Generic | | \$10 Generic | | \$10 Generic | |
| | \$10 Brand (Up to 30 Day Supply) | Mail Order | \$20 Brand (Up to 30 Day Supply) | Mail Order | \$20 Brand (Up to 30 Day Supply) | Mail Order | \$20 Brand (Up to 30 Day Supply) | Mail Order | \$25 Brand (30-day supply) | Mail Order |
| | \$10 Generic | \$5 Generic | \$20 Generic | \$10 Generic | \$20 Generic | \$10 Generic | \$20 Generic | \$10 Generic | \$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) | \$40 Brand (31-60 Day Supply) | \$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) | \$30 Generic (61-100 day supply) | \$50 Brand (31 - 100 day supply) |
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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.