

CVT HMO Health Plans with Kaiser Permanente
Silver Valley Unified SD - CLASSIFIED, MANAGEMENT

October 1, 2021 - September 30, 2022

BENEFIT	Kaiser 2 W / CHIRO	
Calendar Year Deductible	\$0	
Coinsurance	Paid at 100%*	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,500 Family: \$3,000	
Doctor Visits	Primary Care Physician - \$15 Copay Specialty Physician - \$15 Copay	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Laboratory	Paid at 100%*	
Outpatient Radiology	Radiation Therapy: Paid at 100%* Chemotherapy: \$15 Copay	
Durable Medical Equipment	Paid at 100%*	
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	
Physical Therapy	\$15 Copay	
Chiropractic	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture	
Acupuncture	Benefit through PhysMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic	
Outpatient Surgery	\$15 Copay	
Hospital Inpatient	Paid at 100%*	
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient	
Urgent Care	\$15 Copay	
Home Health Care	Paid at 100%* (Limits)	
Telehealth	For after-hours advice, call 1-888-576-6225	
Medical Decision Support	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⁾	
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)

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.