

Patterson Joint Unified School District
510 Keystone Boulevard
Patterson, CA 95363
Tel 209.895.7700 - Fax 209.892.5803

*"Ensure excellence in education and
cultivate healthy, contributing citizens!"*



TO: Classified Staff

Note the different insurances offered by the district. The benefit cap is \$840 per month. Cost is pro-rated based on number of hours worked. Refer to CSEA contract for calculation example.

<u>CVT PLAN 2B</u>			<u>Retirees</u>		<u>CVT Plan 6B</u>	
<u>Retirees</u>						
Single Rate:	\$1,263	\$1,721	Single Rate:	\$1,083	\$1,488	
2 Party Rate:	\$2,173	\$2,961	2 Party Rate:	\$1,863	\$2,560	
Family Rate:	\$2,741	\$3,734	Family Rate:	\$2,350	\$3,229	
<u>CVT Plan 4B</u>			<u>CVT Plan 9D</u>			
Single Rate:	\$1,176	\$1,609	Single Rate:	\$ 827	\$1,129	
2 Party Rate:	\$2,023	\$2,768	2 Party Rate:	\$1,423	\$1,942	
Family Rate:	\$2,552	\$3,491	Family Rate:	\$1,794	\$2,450	
<u>Kaiser Plan 1</u>			<u>Kaiser Plan 4</u>			
Single Rate:	\$1,168	\$1,593	Single Rate:	\$1,117	\$1,462	
2 Party Rate:	\$2,008	\$2,740	2 Party Rate:	\$1,920	\$2,513	
Family Rate:	\$2,532	\$3,454	Family Rate:	\$2,421	\$3,171	
<u>Kaiser Plan 6</u>			<u>Kaiser Plan 8</u>			
Single Rate:	\$1,131	\$1,478	Single Rate:	\$ 937	\$1,261	
2 Party Rate:	\$1,944	\$2,542	2 Party Rate:	\$1,610	\$2,169	
Family Rate:	\$2,452	\$3,207	Family Rate:	\$2,030	\$2,734	
<u>HDHP-2</u>			<u>Wellness Plan</u>			
Single Rate:	\$ 663	\$ 855	Single Rate:	\$1,098	\$1,499	
2 Party Rate:	\$1,140	\$1,471	2 Party Rate:	\$1,889	\$2,578	
Family Rate:	\$1,439	\$1,855	Family Rate:	\$2,383	\$3,253	
<u>Bronze Plan</u>						
Single Rate:	\$ 610	\$ 790				
2 Party Rate:	\$1,049	\$1,358				
Family Rate:	\$1,324	\$1,714				
<u>VISION SERVICE PLAN</u>			(EMPLOYEE RESPONSIBLE FOR DEPENDENT PREMIUM)			
Single Rate:	\$ 8.56	2 Party: \$16.96	Family: \$22.94			
<u>PPO DENTAL PLAN</u>			(EMPLOYEE RESPONSIBLE FOR DEPENDENT PREMIUM)			
Single Rate:	\$ 44.56	Retiree/Single: \$ 46.37				
2 Party:	\$ 80.29	2 Party Rate: \$ 90.67				
Family:	\$126.16	Family: \$125.60				
<u>PREMIER DENTAL PLAN</u>			(EMPLOYEE RESPONSIBLE FOR DEPENDENT PREMIUM)			
Single Rate:	\$ 55.49	Retiree/Single: \$ 57.83				
2 Party:	\$113.24	2 Party Rate: \$124.63				
Family:	\$175.32	Family: \$167.09				

NEW RATE EFFECTIVE: 10/01/23

CVI PPO Health Plans with Anthem Blue Cross and CVS/caremark

Patterson Joint Unified SD - CLASSIFIED

October 1, 2023 - September 30, 2024

BENEFIT	PPO 2, Rx B	PPO 4, Rx B	PPO 6, Rx B	PPO 9, Rx D
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$1,000 Family: \$2,000
Coinsurance	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$2,000 ⁽²⁾ Family: \$4,000 ⁽²⁾	Individual: \$5,000 ⁽²⁾ Family: \$10,000 ⁽²⁾
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$35 Copay Specialty Physician - \$35 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100%* ⁽¹⁾ (Copay, if applicable.)	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$20 Copay	\$20 Copay	\$20 Copay	\$35 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO 2, Rx B		PPO 4, Rx B		PPO 6, Rx B		PPO 9, Rx D	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Caelon	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 ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$7 Generic \$15 Preferred \$30 Non-Preferred (30-Day Supply)	Mail Order ⁽⁴⁾ \$15 Generic \$35 Preferred \$70 Non-Preferred (90-Day Supply)	Retail ⁽⁴⁾ \$10 Generic \$40 Pref \$100 Non-Pref (30-Day Supply) (\$150 Brand Deductible)	Mail Order ⁽⁴⁾ \$25 Generic \$100 Pref \$250 Non-Pref (90-Day Supply) (\$150 Brand Deductible)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Alight visits are excluded (2) Pharmacy copayments cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVI PPO Health Plans with Anthem Blue Cross and CVS/caremark

Patterson Joint Unified SD - CLASSIFIED

October 1, 2023 - September 30, 2024

BENEFIT	PPO Wellness, Rx C	PPO HDHP 2	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,750 Family: \$3,500	Individual: \$5,250 Family: \$10,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Paid at 80%* after deductible is met	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	Paid at 80%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO Wellness, Rx C		PPO HDHP 2	PPO Bronze	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	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⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is met	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Alight visits are excluded (2) Pharmacy copayments cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVI HMO Health Plans with Kaiser Permanente
Patterson Joint Unified SD - CERTIFICATED, CLASSIFIED, MANAGEMENT

October 1, 2023 - September 30, 2024

BENEFIT	HMO 1	HMO 4	HMO 6	HMO 8
Calendar Year Deductible	\$0	\$0	\$0	Individual: \$1,000 Family: \$2,000
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: \$3,000 Family: \$6,000
Doctor Visits	Primary Care Physician - \$10 Copay Specialty Physician - \$10 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay	Primary Care Physician - \$25 Copay Specialty Physician - \$25 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay No Deductible
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay, No Deductible
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Preventive X-rays, screenings, lab tests: Paid at 100%*, No deductible MRI, most CT, and PET scans: Paid at 80%* up to max \$50 per procedure, No Deductible
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible
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
Physical Therapy	\$10 Copay	\$30 Copay	\$25 Copay	\$20 Copay No Deductible
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	\$10 Copay Referral by Plan Physician	\$30 Copay Referral by Plan Physician	\$25 Copay Referral by Plan Physician	\$20 Copay, No Deductible Referral by Plan Physician
Outpatient Surgery	\$10 Copay	\$30 Copay	\$25 Copay	Paid at 80%* after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	\$250 Copay	Paid at 80%* after deductible is met
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
Urgent Care	\$10 Copay	\$30 Copay	\$25 Copay	\$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (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
Medical Decision Support	N/A	N/A	N/A	N/A
Employee Assistance Program (EAP) through Carelon	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	HMO 1		HMO 4		HMO 6		HMO 8	
Prescription Drugs	Retail		Retail		Retail		Retail	
	\$5 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	\$30 Brand (Up to 30 Day Supply)	Mail Order
	\$10 Generic	\$5 Generic	\$20 Generic	\$10 Generic	\$20 Generic	\$10 Generic	\$10 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)	\$20 Generic (30 Day Supply)	\$30 Brand (30 Day Supply)
	\$15 Generic	\$10 Generic	\$30 Generic	\$20 Generic	\$40 Brand (31-100 Day Supply)	\$20 Generic	\$60 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)	\$30 Generic	\$40 Brand (31-100 Day Supply)	\$30 Generic (31-100 Day Supply)	\$60 Brand (31-100 Day Supply)
					\$60 Brand (61-100 Day Supply)		\$90 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.