

*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: Certificated Staff

Note the different insurances offered by the district. The benefit cap is \$840 per month.

CVT Plan 1A

		<u>Retirees</u>
Single Rate:	\$1,333	\$1,816
2 Party Rate:	\$2,293	\$3,123
Family Rate:	\$2,892	\$3,940

CVT Plan 4A

Single Rate:	\$1,182	\$1,621
2 Party Rate:	\$2,033	\$2,788
Family Rate:	\$2,565	\$3,517

Kaiser Plan 1

Single Rate:	\$1,168	\$1,593
2 Party Rate:	\$2,008	\$2,740
Family Rate:	\$2,532	\$3,454

Kaiser Plan 6

Single Rate:	\$1,131	\$1,478
2 Party Rate:	\$1,944	\$2,542
Family Rate:	\$2,452	\$3,207

HDHP-2

Single Rate:	\$ 663	\$ 855
2 Party Rate:	\$1,140	\$1,471
Family Rate:	\$1,439	\$1,855

Bronze Plan

Single Rate:	\$ 610	\$ 790
2 Party Rate:	\$1,049	\$1,358
Family Rate:	\$1,324	\$1,714

VISION SERVICE PLAN

Single Rate:	\$ 8.56	2 Party: \$16.96	Family: \$22.94
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PPO DENTAL PLAN

Single Rate:	\$ 44.56	Retiree/Single:	\$ 46.37
2 Party:	\$ 80.29	2 Party Rate:	\$ 90.67
Family:	\$126.16	Family:	\$125.60

PREMIER DENTAL PLAN

Single Rate:	\$ 55.49	Retiree/Single:	\$ 57.83
2 Party:	\$113.24	2 Party Rate:	\$124.63
Family:	\$175.32	Family:	\$167.09

CVT Plan 6A

		<u>Retirees</u>
Single Rate:	\$1,089	\$1,500
2 Party Rate:	\$1,873	\$2,580
Family Rate:	\$2,363	\$3,255

CVT Plan 8A

Single Rate:	\$ 986	\$1,366
2 Party Rate:	\$1,696	\$2,349
Family Rate:	\$2,139	\$2,964

Kaiser Plan 4

Single Rate:	\$1,117	\$1,462
2 Party Rate:	\$1,920	\$2,513
Family Rate:	\$2,421	\$3,171

Kaiser Plan 8

Single Rate:	\$ 937	\$1,261
2 Party Rate:	\$1,610	\$2,169
Family Rate:	\$2,030	\$2,734

Wellness Plan

Single Rate:	\$1,098	\$1,499
2 Party Rate:	\$1,889	\$2,578
Family Rate:	\$2,383	\$3,253

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

**Patterson Joint Unified SD - CERTIFICATED**

**October 1, 2023 - September 30, 2024**

BENEFIT	PPO 1, Rx A	PPO 4, Rx A	PPO 6, Rx A	PPO 8, Rx A
<b>Calendar Year Deductible</b>	\$0	Individual: \$100 Family: \$200	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000
<b>Coinsurance</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$1,250 <sup>(2)</sup> Family: \$2,500 <sup>(2)</sup>	Individual: \$2,000 <sup>(2)</sup> Family: \$4,000 <sup>(2)</sup>	Individual: \$3,250 <sup>(2)</sup> Family: \$6,500 <sup>(2)</sup>
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$10 Copay <b>Specialty Physician</b> - \$10 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$20 Copay	<b>Primary Care Physician</b> - \$30 Copay <b>Specialty Physician</b> - \$30 Copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$50 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 80%*
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$75 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 80%*
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 80%* after deductible is met
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Chiropractic</b>	Paid at 100%* <sup>(1)</sup> (Copay, if applicable.)	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 100%* <b>Hospital</b> - \$250 copay, then paid at 100%*	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*	<b>Non-Hospital</b> - Paid at 80%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 80%*
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After copay, paid at 100%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
<b>Urgent Care</b>	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay
<b>Home Health Care</b>	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 1, Rx A		PPO 4, Rx A		PPO 6, Rx A		PPO 8, Rx A	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. <sup>(2)</sup> Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
<b>Medical Decision Support</b>	Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Carelton</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>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (90-Day Supply)	<b>Retail<sup>(4)</sup></b> \$5 Generic \$22 Brand (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$10 Generic \$44 Brand (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](http://www.cvtrust.org/plan-documents).

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

**Patterson Joint Unified SD - CERTIFICATED**

**October 1, 2023 - September 30, 2024**

BENEFIT	PPO Wellness, Rx C	PPO HDHP 2	PPO Bronze
<b>Calendar Year Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
<b>Coinsurance</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) <sup>(2)</sup>	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
<b>Doctor Visits</b>	<b>Primary Care Physician</b> - \$20 Copay <b>Specialty Physician</b> - \$40 Copay	Paid at 80%* after deductible is met	<b>Primary Care Physician</b> - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met <b>Specialty Physician</b> - Subject to deductible then \$70 copay
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*
<b>Outpatient Laboratory</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$50 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Outpatient Radiology</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$75 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Durable Medical Equipment</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Ambulance - Ground / Air</b>	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Physical Therapy</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Chiropractic</b>	Paid at 90%* <sup>(1)</sup> after deductible is met (Copay, if applicable.)	Paid at 80%* <sup>(1)</sup> after deductible is met	Paid at 70%* <sup>(1)</sup> after deductible is met
<b>Acupuncture</b>	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
<b>Outpatient Surgery</b>	<b>Non-Hospital</b> - Paid at 90%* after deductible is met <b>Hospital</b> - After deductible is met, \$250 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
<b>Hospital Inpatient</b>	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
<b>Hospital Emergency Room</b>	<b>\$100 Emergent Copay;</b> <b>\$175 Non-Emergent Copay</b> (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)
<b>Urgent Care</b>	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
<b>Home Health Care</b>	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	
<b>Telehealth</b>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit <a href="http://www.mdlive.com/CVT">www.mdlive.com/CVT</a>	
<b>Medical Decision Support</b>	Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit <a href="http://mymedicalally.alight.com">mymedicalally.alight.com</a> for expert medical guidance	
<b>Employee Assistance Program (EAP) through Carelton</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>	
<b>Prescription Drugs</b>	<b>Retail<sup>(4)</sup></b> \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	<b>Mail Order<sup>(4)</sup></b> \$15 Generic \$60 Pref \$90 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is met	<b>Retail</b> Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	<b>Mail Order</b> Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

**PPO Plans:**

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(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](http://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
<b>Calendar Year Deductible</b>	\$0	\$0	\$0	Individual: \$1,000 Family: \$2,000
<b>Coinsurance</b>	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: \$3,000 Family: \$6,000
<b>Doctor Visits</b>	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
<b>Preventive Care / Immunizations</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible
<b>Outpatient Laboratory</b>	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	\$10 Copay, No Deductible
<b>Outpatient Radiology</b>	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
<b>Durable Medical Equipment</b>	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible
<b>Ambulance - Ground / Air</b>	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
<b>Physical Therapy</b>	\$10 Copay	\$30 Copay	\$25 Copay	\$20 Copay No Deductible
<b>Chiropractic</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Acupuncture</b>	\$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
<b>Outpatient Surgery</b>	\$10 Copay	\$30 Copay	\$25 Copay	Paid at 80%* after deductible is met
<b>Hospital Inpatient</b>	Paid at 100%*	Paid at 100%*	\$250 Copay	Paid at 80%* after deductible is met
<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	Paid at 80%* after deductible is met
<b>Urgent Care</b>	\$10 Copay	\$30 Copay	\$25 Copay	\$20 Copay
<b>Home Health Care</b>	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (Limits)
<b>Telehealth</b>	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
<b>Medical Decision Support</b>	N/A	N/A	N/A	N/A
<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>



BENEFIT	HMO 1		HMO 4		HMO 6		HMO 8	
Prescription Drugs	<b>Retail</b>		<b>Retail</b>		<b>Retail</b>		<b>Retail</b>	
	\$5 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>	\$30 Brand (Up to 30 Day Supply)	<b>Mail Order</b>
	\$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 Brand (30 Day Supply)
	\$15 Generic	\$10 Generic	\$30 Generic	\$20 Generic	\$30 Generic	\$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)	\$60 Brand (61-100 Day Supply)	\$40 Brand (31-100 Day Supply)	\$30 Generic (61-100 Day Supply)	\$60 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](http://www.cvtrust.org/plan-documents).