

CVT HMO Health Plans with Kaiser Permanente

North Monterey County USD - CLASSIFIED

October 1, 2025 - September 30, 2026

BENEFIT	Kaiser 8 w/Chiro	Kaiser Wellness w/Chiro	Kaiser HSA w/Chiro
Calendar Year Deductible	Individual: \$1,000 Family: \$2,000	\$0	Self-Only Coverage: \$2,000 (A family of one member) Family Coverage: \$3,300 (Each member in a family of two or more members) Family Coverage: \$4,000 (Entire family of two or more members)
Coinsurance	Paid at 100%*	Paid at 100%*	Not applicable
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$3,000 Family: \$6,000	Individual: \$1,500 Family: \$3,000	Self-Only Coverage: \$3,500 (A family of one member) Family Coverage: \$3,500 (Each member in a family of two or more members) Family Coverage: \$7,000 (Entire family of two or more members)
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay No Deductible	Primary Care Physician - \$20 Copay Specialist Physician - \$40 Copay	Primary Care Physician - \$30 copay after deductible is met Specialist Physician - \$30 copay after deductible is met
Preventive Care / Immunizations	Paid at 100%* No Deductible	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	\$10 Copay, No Deductible	\$10 Copay	\$10 copay after deductible is met
Outpatient Radiology	X-rays, screenings, lab tests: \$10 copay, No deductible MRI, most CT, and PET scans: Paid at 80%* up to max \$50 per procedure, No deductible	\$10 copay*	X-rays, screenings, lab tests: \$10 copay, after deductible is met MRI, most CT, and PET scans: \$50 per procedure, after deductible is met
Durable Medical Equipment	Paid at 80%*, No deductible	Paid at 100%*	Paid at 80%* after deductible is met
Ambulance - Ground / Air	\$150 Per Trip If Medically Necessary No deductible	\$100 Copay If Medically Necessary	\$100 copay after deductible is met
Physical Therapy	\$20 Copay No Deductible	\$20 Copay	\$30 copay after deductible is met
Chiropractic	Benefit through SimpleTherapy ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture.	Benefit through SimpleTherapy ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture.	Benefit through SimpleTherapy ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Acupuncture.
Acupuncture	Benefit through SimpleTherapy ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic.	Benefit through SimpleTherapy ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic.	Benefit through SimpleTherapy ; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year combined with Chiropractic.
Outpatient Surgery	Paid at 80%* after deductible is met	\$500 Per Procedure	\$150 copay per procedure, after deductible is met
Hospital Inpatient	Paid at 80%* after deductible is met	\$500 Copay Per Admission Unlimited days, semi-private room	\$250 copay per admission after deductible is met
Hospital Emergency Room	Paid at 80%* after deductible is met	\$100 Copay (Copay waived if admitted as in-patient)	\$100 copay per visit after deductible is met
Urgent Care	\$20 Copay	\$20 Copay	\$30 copay after deductible is met

BENEFIT	Kaiser 8 w/Chiro		Kaiser Wellness w/Chiro		Kaiser HSA w/Chiro	
Home Health Care	Paid at 100%* No Deductible (Limits)		Paid at 100%* (Limits)		Paid at 100%*, after deductible is met (Limits)	
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.		Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-866-454-8855 for after-hours advice.		Approved telephone and virtual visits are paid at 100%, after deductible. Contact your provider or call 1-866-454-8855 for after-hours advice.	
Virtual Physical Therapy	Contact your PCP for virtual options.		Contact your PCP for virtual options.		Contact your PCP for virtual options.	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail \$10 Generic \$30 Brand (Up to 30 Day Supply)	Mail Order \$20 Generic \$60 Brand (31-100 Day Supply)	Retail \$10 Generic \$25 Brand (Up to 30 Day Supply)	Mail Order \$20 Generic \$50 Brand (31-100 Day Supply)	Retail After Deductible is Met \$10 Generic \$30 Brand (30-day supply)	Mail Order After Deductible is Met \$20 Generic \$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 11 HSA - \$5 Per Visit after deductible is met.

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.