Salinas City Elementary School District

Kaiser HMO

CVT Proposal Effective: January 1, 2026

Medical Plan Benefits	CVT Kaiser Plan 8 Option	CVT Kaiser Wellness Plan Option
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Calendar Year Deductible Individual / Family	$1,000 / $2,000	None
Annual Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000	$1,500 / $3,000
Coinsurance	20%	0%
Physician Office Visit	$20	$20 Copay
Specialist Visit	$20	$40 Copay
Preventive Care	No Charge	No Charge
Lab- Freestanding Facility / OP Hospital	$10	$10
X-Rays- Freestanding Facility / OP Hospital	$10	$10
Advanced Imaging- CT, MRI, PET scans	20%	$10
Urgent Care Services	$20	$20
Emergency Room	20% (copay waived if admitted)	$100 (copay waived if admitted)
Ambulatory Surgical Center	20%	$500
Outpatient Surgery	20%	$500
Inpatient Hospitalization	20%	$500
PRESCRIPTION DRUGS		
Prescription Deductible	None	None
Prescription Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Pharmacy Tier Structure	Generic / Brand / Non-Preferred Brand	Generic / Brand
Retail Cost	$10 / $30	$10 / $25
Supply Limit	*30 days*	*30 days*
Mail Order Cost	$20 / $60	$20 / $50
Supply Limit	*100 days*	*100 days*
Specialty Medication Cost	$30	$25

MONTHLY RATES - Actives	CVT Kaiser Plan 8	CVT Kaiser Wellness Plan
EE Only	$1,304.16	$1,449.16
EE + 1	$2,244.31	$2,494.31
EE + Family	$2,832.84	$3,148.84

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.