

CVT HMO Health Plans with Kaiser Permanente

Lawndale Elementary SD - CERTIFICATED, CLASSIFIED, MANAGEMENT, TRUSTEES

October 1, 2026 - September 30, 2027

BENEFIT	Kaiser 3 w/Chiro		Kaiser 8 w/Chiro	
Calendar Year Deductible	\$0		Individual: \$1,000 Family: \$2,000	
Coinsurance	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: \$3,000 Family: \$6,000	
Doctor Visits	Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay		Primary Care Physician - \$20 Copay Specialist Physician - \$20 Copay No Deductible	
Preventive Care / Immunizations	Paid at 100%*		Paid at 100%* No Deductible	
Outpatient Laboratory	Most tests paid at 100%*		\$10 Copay, No Deductible	
Outpatient Radiology	Most services paid at 100%*		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	
Durable Medical Equipment	Paid at 100%*		Paid at 80%*, No deductible	
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary		Paid at 80%*, No deductible. Not to exceed \$150 per trip.	
Physical Therapy	\$20 Copay		\$20 Copay No Deductible	
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.	
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.	
Outpatient Surgery	\$20 Copay		Paid at 80%* after deductible is met	
Hospital Inpatient	Paid at 100%*		Paid at 80%* after deductible is met	
Hospital Emergency Room	\$100 Copay Copay waived if admitted as in-patient		Paid at 80%* after deductible is met	
Urgent Care	\$20 Copay		\$20 Copay	
Home Health Care	Paid at 100%* (Limits)		Paid at 100%* No Deductible (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.	
Virtual Physical Therapy	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⁾	
Prescription Drugs	Up to 30-Day Supply Plan Pharmacy Tier 1 \$10 Tiers 2 & 4 \$20	Up to 100-Day Supply Mail Order Tier 1 \$20 Tier 2 \$40	Up to 30-Day Supply Plan Pharmacy Tier 1 \$10 Tiers 2 & 4 \$30	Up to 100-Day Supply Mail Order Tier 1 \$20 Tier 2 \$60

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 Office Visits: Plans 1 - \$10 Copay; Plan 2 - \$15 Copay; Plan 3 - \$20 Copay; Plan 4 - \$30 Copay; Plan 5 - \$35 Copay; Plan 6 - \$25 Copay; Plan 7 - \$35 Copay; Plan 8 - \$20 Copay; Plan 9 Wellness - \$40 Copay; Plan 10 Bronze - 60%* after deductible is met; Plan 11 HSA - \$30 copay after deductible is met; All services: cost share you would pay if the services were to treat any other condition.

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.