CVT HMO Health Plans with Kaiser Permanente

Buckeye Union SD - CERTIFICATED

October 1, 2026 - September 30, 2027

BENEFIT	Kaiser 1	Kaiser 4	Kaiser 8	Kaiser Wellness	Kaiser Bronze
Calendar Year Deductible	$0	$0	Individual: $1,000 Family: $2,000	$0	Individual: $4,500 Family: $9,000
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 60%*
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: $3,000 Family: $6,000	Individual: $1,500 Family: $3,000	Individual: $6,000 Family: $12,000
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $30 Copay **Specialist Physician** - $30 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay No Deductible	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay	**Primary Care Physician** - Paid at 60%* after deductible is met **Specialist Physician** - Paid at 60%* after deductible is met
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%* No Deductible	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	$10 Copay, No Deductible	$10 Copay	Most tests paid at 60%* after deductible is met
Outpatient Radiology	Most services paid at 100%*	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	$10 copay*	Most services paid at 60%*, after deductible is met
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 80%*, No deductible	Paid at 100%*	Paid at 60%*, deductible does not apply (Most DME is not covered)
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 80%*, No deductible. Not to exceed $150 per trip.	$100 Copay If Medically Necessary	Paid at 60%* after deductible is met
Physical Therapy	$10 Copay	$30 Copay	$20 Copay No Deductible	$20 Copay	Paid at 60%* after deductible is met
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	$10 Copay Referral by Plan Physician	$30 Copay Referral by Plan Physician	$20 Copay, No Deductible Referral by Plan Physician	$20 Copay Referral by Plan Physician	Paid at 60%* after deductible is met Referral by plan physician
Outpatient Surgery	$10 Copay	$30 Copay	Paid at 80%* after deductible is met	$500 Per Procedure	Paid at 60%* after deductible is met
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 80%* after deductible is met	$500 Copay Per Admission Unlimited days, semi-private room	Paid at 60%* 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	Paid at 80%* after deductible is met	$100 Copay (Copay waived if admitted as in-patient)	Paid at 60%* after deductible is met
Urgent Care	$10 Copay	$30 Copay	$20 Copay	$20 Copay	Paid at 60%* after deductible is met
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* No Deductible (Limits)	Paid at 100%* (Limits)	Paid at 100%*, deductible does not apply (Limits)

BENEFIT	Kaiser 1		Kaiser 4		Kaiser 8		Kaiser Wellness		Kaiser Bronze
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%. 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%. 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.		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)		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 $5 Tiers 2 & 4 $10	**Up to 100-Day Supply** Mail Order Tier 1 $10 Tier 2 $20	**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	**Up to 30-Day Supply** Plan Pharmacy Tier 1 $10 Tiers 2 & 4 $25	**Up to 100-Day Supply** Mail Order Tier 1 $20 Tier 2 $50	**Up to 100-Day Supply** **$250 Deductible** Plan Pharmacy or Mail Order Tier 1 30% coinsurance, not to exceed $50 Tier 2 After drug deductible, 40% coinsurance, not to exceed $100 Tier 4 After drug deductible, 40% coinsurance, not to exceed $100 (30-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 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.