CVT HMO Health Plans with Kaiser Permanente

Emery Unified SD - CLASSIFIED

October 1, 2026 - September 30, 2027

BENEFIT	Kaiser 1	Kaiser 3	Kaiser 5	Kaiser 7	Kaiser Wellness
Calendar Year Deductible	$0	$0	$0	$0	$0
Coinsurance	Paid at 100%*	Paid at 100%*	Paid at 100%*	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: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000	Individual: $1,500 Family: $3,000
Doctor Visits	**Primary Care Physician** - $10 Copay **Specialist Physician** - $10 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $20 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $35 Copay	**Primary Care Physician** - $35 Copay **Specialist Physician** - $35 Copay	**Primary Care Physician** - $20 Copay **Specialist Physician** - $40 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	Most tests paid at 100%*	$10 Copay
Outpatient Radiology	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	Most services paid at 100%*	$10 copay*
Durable Medical Equipment	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 80%*	Paid at 100%*
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	Paid at 100%* If Medically Necessary	$100 Per Trip If Medically Necessary	$100 Copay If Medically Necessary
Physical Therapy	$10 Copay	$20 Copay	$35 Copay	$35 Copay	$20 Copay
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Acupuncture	$10 Copay Referral by Plan Physician	$20 Copay Referral by Plan Physician	$35 Copay Referral by Plan Physician	$35 Copay Referral by Plan Physician	$40 Copay Referral by Plan Physician
Outpatient Surgery	$10 Copay	$20 Copay	$35 Copay	$250 Copay	$500 Per Procedure
Hospital Inpatient	Paid at 100%*	Paid at 100%*	Paid at 100%*	$250 Copay	$500 Copay Per Admission Unlimited days, semi-private room
Hospital Emergency Room	$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	$100 Copay Copay waived if admitted as in-patient	$100 Copay (Copay waived if admitted as in-patient)
Urgent Care	$10 Copay	$20 Copay	$35 Copay	$35 Copay	$20 Copay
Home Health Care	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)	Paid at 100%* (Limits)
Telehealth	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.	Approved telephone and virtual visits are paid at 100%. Contact your provider or call 1-888-576-6225 for after-hours advice.
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[3]

BENEFIT	Kaiser 1		Kaiser 3		Kaiser 5		Kaiser 7		Kaiser Wellness	
Prescription Drugs	**Retail** $5 Generic $10 Brand (Up to 30 Day Supply) $10 Generic $20 Brand (31-60 Day Supply) $15 Generic $30 Brand (61-100 Day Supply)	**Mail Order** $5 Generic $10 Brand (30 Day Supply) $10 Generic $20 Brand (31-100 Day Supply)	**Retail** $10 Generic $20 Brand (Up to 30 Day Supply) $20 Generic $40 Brand (31-60 Day Supply) $30 Generic $60 Brand (61-100 Day Supply)	**Mail Order** $10 Generic $20 Brand (30 Day Supply) $20 Generic $40 Brand (31-100 Day Supply)	**Retail** $10 Generic $20 Brand (Up to 30 Day Supply) $20 Generic $40 Brand (31-60 Day Supply) $30 Generic $60 Brand (61-100 Day Supply)	**Mail Order** $10 Generic $20 Brand (30 Day Supply) $20 Generic $40 Brand (31-100 Day Supply)	**Retail** $10 Generic $30 Brand (Up to 30 Day Supply) $20 Generic $60 Brand (31-60 Day Supply) $30 Generic $90 Brand (61-100 Day Supply)	**Mail Order** $10 Generic $30 Brand (30 Day Supply) $20 Generic $60 Brand (31-100 Day Supply)	**Retail** $10 Generic $25 Brand (30-day supply)$20 Generic $50 Brand (31-60 day supply) $30 Generic $75 Brand (61-100 day supply)	**Mail Order** $10 Generic $25 Brand (up to 30 day supply) $20 Generic $50 Brand (31 - 100 day supply)
Employee Monthly Cost 2026-2027										
Employee Only	$378.00		$330.00		$283.20		$231.60		$32.40	
Employee + One	$645.00		$567.60		$481.20		$400.80		$55.20	
Employee + Family	$817.00		$715.20		$609.60		$504.00		$70.80	

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.