CVT Kaiser Health Plans

Silver Valley Unified SD - CLASSIFIED, MANAGEMENT

October 1, 2016 - September 30, 2017

BENEFIT	Kaiser 2 W/CHIRO	
Calendar Year Deductible	$0	
Coinsurance	Paid at 100%*	
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, medical and pharmacy copays)	Individual: $1,500[2] Family: $3,000[2]	
Doctor Visits (Primary Care Physician)	$15 Copay	
Doctor Visits (Specialty Physician)	$15 Copay	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Diagnostic Test / Imaging	Paid at 100%*	
Radiation Therapy, Chemotherapy	Radiation Therapy: Paid at 100%* Chemotherapy:$15 Copay	
Durable Medical Equipment	Paid at 100%*	
Ambulance - Ground / Air	Paid at 100%* If Medically Necessary	
Physical Therapy	$15 Copay	
Chiropractic	Benefit through ChiroMetrics; $10 office visit copay; $15 daily max for out of network; Up to 40 visits per year - After 12th visit must be pre-certified	
Acupuncture	$15 Copay Referral by Plan Physician	
Outpatient Surgery	$15 Copay	
Hospital Inpatient	Paid at 100%*	
Hospital Emergency Room	$100 Copay Copay waived if admitted as in-patient	
Urgent Care	$15 Copay	
Home Health Care	Paid at 100%* (Limits)	
Telemedicine	For after-hours advice, call **1-888-576-6225**	
Employee Assistance Program (EAP) through Beacon Health Options	Paid at 100% - Visit **www.achievesolutions.net/cvt** or call **1-877-397-1032** to access benefit[4]	
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)

Kaiser Permanente Plans:

NOTE: 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