

CVT Kaiser Health Plans

Barstow Community College - CERTIFICATED, CLASSIFIED, MANAGEMENT

October 1, 2016 - September 30, 2017

| BENEFIT | Kaiser 1 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) | \$10 Copay | |
| Doctor Visits (Specialty Physician) | \$10 Copay | |
| Preventive Care / Immunizations | Paid at 100%* | |
| Outpatient Diagnostic Test / Imaging | Paid at 100%* | |
| Radiation Therapy, Chemotherapy | Radiation Therapy: Paid at 100%* Chemotherapy: \$10 Copay | |
| Durable Medical Equipment | Paid at 100%* | |
| Ambulance - Ground / Air | Paid at 100%* If Medically Necessary | |
| Physical Therapy | \$10 Copay | |
| Chiropractic | Benefit through ChiroMetrics; \$10 office visit copay; \$15 daily max for out of network; Up to 40 visits per year - After 12 ^(th) visit must be pre-certified | |
| Acupuncture | \$10 Copay Referral by Plan Physician | |
| Outpatient Surgery | \$10 Copay | |
| Hospital Inpatient | Paid at 100%* | |
| Hospital Emergency Room | \$100 Copay Copay waived if admitted as in-patient | |
| Urgent Care | \$10 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) |

*** 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

(4) 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 Evidence of Coverage for complete benefits at www.cvtrust.org/plan-documents