

**KAISER PERMANENTE BRONZE DHMO PLAN**  
**October 1, 2017 – September 30, 2018**

BENEFIT	BRONZE DHMO PLAN	
Calendar Year Deductible	Individual: \$4,500 Family: \$9,000	
Coinsurance	Paid at 60%*	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) †	Individual: \$6,000 Family: \$12,000	
Doctor Visits (Primary Care Physician)	Paid at 60%* after deductible is met	
Doctor Visits (Specialty Physician)	Paid at 60%* after deductible is met	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Diagnostic Tests / Imaging	Paid at 60%* after deductible is met	
Radiation Therapy, Chemotherapy	Paid at 100%* after deductible is met	
Durable Medical Equipment	Paid at 60%*, deductible does not apply (most DME is not covered)	
Ambulance – Ground / Air	Paid at 60%* after deductible is met	
Physical Therapy	Paid at 60%* after deductible is met	
Chiropractic	Not covered	
Acupuncture	Paid at 60%* after deductible is met Referral by plan physician	
Outpatient Surgery	Paid at 60%* after deductible is met	
Hospital Inpatient	Paid at 60%* after deductible is met	
Hospital Emergency Room	Paid at 60%* after deductible is met	
Urgent Care	Paid at 60%* after deductible is met	
Home Health Care	Paid at 100%*, deductible does not apply (Limits)	
Telehealth	For after-hours advice, call 1-888-576-6225	
Employee Assistance Program (EAP) through Beacon Health Options ~	Paid at 100%* - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit	
Prescription Drugs	<b>Generic</b> Paid at 70%* (not to exceed \$50) 100-day supply Deductible does not apply	<b>Brand</b> Paid at 60%* (not to exceed \$100) 100-day supply Deductible does not apply **Certain brand names drugs have a \$250 deductible

\* For Covered Expenses Only

† The pharmacy copayments will not apply to out of pocket maximums for retirees enrolled in a Medicare Senior Advantage Plan.

~ 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](http://www.cvtrust.org/plan-documents)