

**CALIFORNIA'S VALUED TRUST
KAISER PERMANENTE HSA PLAN
October 1, 2017 – September 30, 2018**

BENEFIT	KAISER PERMANENTE HSA PLAN		
Calendar Year Deductible	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)		
Coinsurance	Not Applicable		
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) †	Individual: \$3,000 Family: \$6,000 Family = Employee with 1 or more covered dependents		
Doctor Visits (Primary Care Physician)	\$30 copay after deductible is met		
Doctor Visits (Specialty Physician)	\$30 copay after deductible is met		
Preventive Care /Immunizations	Paid at 100%*		
Outpatient Diagnostic Tests / Imaging	\$10 copay after deductible is met		
Radiation Therapy, Chemotherapy	Paid at 100% after deductible is met		
Durable Medical Equipment	Paid at 80%* after deductible is met		
Ambulance – Ground/Air	\$100 copay after deductible is met		
Physical Therapy	\$30 copay after deductible is met		
Chiropractic	Not covered		
Acupuncture	\$30 copay after deductible is met Referral by plan physician		
Outpatient Surgery	\$150 copay per admission after deductible is met		
Hospital Inpatient	\$250 copay per admission after deductible is met		
Hospital Emergency Room	\$100 copay per visit after deductible is met		
Urgent Care	\$30 copay after deductible is met		
Home Health Care	Paid at 100%* (Limits)		
Telehealth	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		
Prescription Drugs	After Deductible is Met		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;">Retail</p> <p style="text-align: center;">\$10 Generic; \$30 Brand (30 day supply)</p> <p style="text-align: center;">\$20 Generic; \$60 Brand (31-60 day supply)</p> <p style="text-align: center;">\$30 Generic; \$90 Brand (61-100 day supply)</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;">Mail Order</p> <p style="text-align: center;">\$10 Generic \$30 Brand (Up to 30 day supply)</p> <p style="text-align: center;">\$20 Generic \$60 Brand (31-100 day supply)</p> </td> </tr> </table>	<p style="text-align: center;">Retail</p> <p style="text-align: center;">\$10 Generic; \$30 Brand (30 day supply)</p> <p style="text-align: center;">\$20 Generic; \$60 Brand (31-60 day supply)</p> <p style="text-align: center;">\$30 Generic; \$90 Brand (61-100 day supply)</p>	<p style="text-align: center;">Mail Order</p> <p style="text-align: center;">\$10 Generic \$30 Brand (Up to 30 day supply)</p> <p style="text-align: center;">\$20 Generic \$60 Brand (31-100 day supply)</p>
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* 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