

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

BENEFIT	KAISER WELLNESS	
Calendar Year Deductible	\$0	
Coinsurance	Paid at 100%	
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) †	Individual: \$1,500 Family: \$3,000	
Doctor Visits (Primary Care Physician)	\$20 Copay	
Doctor Visits (Specialty Physician)	\$40 Copay	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Diagnostic Tests / Imaging	\$10 Copay	
Radiation Therapy, Chemotherapy	Radiation Therapy: Paid at 100%* Chemotherapy: \$40 Copay	
Durable Medical Equipment	Paid at 100%*	
Ambulance – Ground / Air	\$100 Copay, If Medically Necessary	
Physical Therapy	\$20 Copay	
Chiropractic	Not covered	
Acupuncture	\$40 Copay, Referral by Plan Physician	
Outpatient Surgery	\$500 Per Procedure	
Hospital Inpatient	\$500 Copay Per Admission; Unlimited days, semi-private room	
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as in-patient)	
Urgent Care	\$20 Copay	
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 <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call 1-877-397-1032 to access benefit	
Prescription Drugs	<b>Retail</b> \$10 Generic \$25 Brand <b>(30-day supply)</b> \$20 Generic \$50 Brand <b>(31-60 day supply)</b> \$30 Generic \$75 Brand <b>(61-100 day supply)</b>	<b>Mail Order</b> \$10 Generic \$25 Brand <b>(Up to 30-day supply)</b> \$20 Generic \$50 Brand <b>(31-100 day supply)</b>

\* For Covered Expenses Only

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

Notes: Copays for Infertility: 50% Copay; Copays for Allergy Injections: \$5 Per Visit

~ 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)