

**CALIFORNIA'S VALUED TRUST  
KAISER PERMANENTE HSA PLAN  
October 1, 2018 – September 30, 2019**

BENEFIT	KAISER PERMANENTE HSA PLAN		
<b>Calendar Year Deductible</b>	Self-Only Coverage: \$2,000 ( A family of one member) Family Coverage: \$2,700 (Each member in a family of two or more members) Family Coverage: \$4,000 (Entire family of two or more members)		
<b>Coinsurance</b>	Not Applicable		
<b>Calendar Year Out of Pocket Maximum</b> (includes medical/pharmacy deductible, coinsurance, and copays) †	Self-Only Coverage: \$3,000 ( A family of one member) Family Coverage: \$3,000 (Each member in a family of two or more members) Family Coverage: \$6,000 (Entire family of two or more members)		
<b>Doctor Visits (Primary Care Physician)</b>	\$30 copay after deductible is met		
<b>Doctor Visits (Specialty Physician)</b>	\$30 copay after deductible is met		
<b>Preventive Care /Immunizations</b>	Paid at 100%*		
<b>Outpatient Diagnostic Tests / Imaging</b>	\$10 copay after deductible is met		
<b>Radiation Therapy, Chemotherapy</b>	Paid at 100% after deductible is met		
<b>Durable Medical Equipment</b>	Paid at 80%* after deductible is met		
<b>Ambulance – Ground/Air</b>	\$100 copay after deductible is met		
<b>Physical Therapy</b>	\$30 copay after deductible is met		
<b>Chiropractic</b>	Not covered		
<b>Acupuncture</b>	\$30 copay after deductible is met Referral by plan physician		
<b>Outpatient Surgery</b>	\$150 copay per admission after deductible is met		
<b>Hospital Inpatient</b>	\$250 copay per admission after deductible is met		
<b>Hospital Emergency Room</b>	\$100 copay per visit after deductible is met		
<b>Urgent Care</b>	\$30 copay after deductible is met		
<b>Home Health Care</b>	Paid at 100%* (Limits)		
<b>Telehealth</b>	For after-hours advice, call <b>1-888-576-6225</b>		
<b>Employee Assistance Program (EAP) through Beacon Health Options~</b>	Paid at 100%* - Visit <a href="http://www.achievesolutions.net/cvt">www.achievesolutions.net/cvt</a> or call <b>1-877-397-1032</b> to access benefit		
<b>Prescription Drugs</b>	<b>After Deductible is Met</b>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <b>Retail</b>                      \$10 Generic; \$30 Brand                      (30 day supply)                      \$20 Generic; \$60 Brand                      (31-60 day supply)                      \$30 Generic; \$90 Brand                      (61-100 day supply)                 </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <b>Mail Order</b>                      \$10 Generic                      \$30 Brand                      (Up to 30 day supply)                      \$20 Generic                      \$60 Brand                      (31-100 day supply)                 </td> </tr> </table>	<b>Retail</b> \$10 Generic; \$30 Brand (30 day supply) \$20 Generic; \$60 Brand (31-60 day supply) \$30 Generic; \$90 Brand (61-100 day supply)	<b>Mail Order</b> \$10 Generic \$30 Brand (Up to 30 day supply) \$20 Generic \$60 Brand (31-100 day supply)
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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](http://www.cvtrust.org/plan-documents)