California's Valued Trust
Healthcare Benefits for the Education Community

CALIFORNIA'S VALUED TRUST
KAISER PERMANENTE ESSENTIAL PLAN
October 1, 2020 – September 30, 2021

BENEFIT	KAISER PERMANENTE ESSENTIAL PLAN	
Calendar Year Deductible (only applies to Inpatient Services, Outpatient Services & Hospital Emergency Room)	$0	
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance, & medical copays)	Individual: $1,500	
Doctor Visits	$30 Copay	
Immunizations	Paid at 100%*	
Preventive Care for Adults	Paid at 100%*	
Outpatient Laboratory	Paid at 100%*	
Outpatient Radiology	Radiation Therapy: Paid at 100%* Chemotherapy: $30 Copay	
Durable Medical Equipment	Paid at 80%* in accord with DME Formulary	
Ambulance – Ground / Air	$100 Copay per Trip	
Physical Therapy	$30 Copay	
Chiropractic	Not Covered	
Acupuncture	$30 Copay (Referral by Plan Physician	
Hospital Inpatient	$500 per Admission	
Outpatient Surgery	$30 Copay	
Hospital Emergency Room	$100 Copay (Copay waived if admitted as in-patient)	
Home Health Care	Paid at 100%* (Limits)	
Hospice	Paid at 100%*	
Vision Exam and Optical Benefit	$30 Vision Exam No Optical	
Prescription Drugs	<u>Retail</u> $15 Generic $30 Brand (Up to 30 Day Supply)	<u>Mail Order</u> $15 Generic $30 Brand (30 Day Supply) $30 Generic $60 Brand (31-100 Day Supply)

* For Covered Expenses Only. **This summary is for comparison purposes only. Please refer to the Evidence of Coverage for complete benefits.**