

**CALIFORNIA'S VALUED TRUST
KAISER PERMANENTE HSA PLAN
October 1, 2019 – September 30, 2020**

BENEFIT	KAISER PERMANENTE HSA PLAN		
Calendar Year Deductible	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)		
Coinsurance	Not Applicable		
Calendar Year Out of Pocket Maximum (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)		
Doctor Visits	Primary Care – \$30 copay after deductible is met Specialty – \$30 copay after deductible is met		
Preventive Care /Immunizations	Paid at 100%*		
Outpatient Diagnostic Tests	\$10 copay after deductible is met		
Outpatient Imaging	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	<p>After Deductible is Met</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <p>Retail</p> <p>\$10 Generic; \$30 Brand (30 day supply)</p> <p>\$20 Generic; \$60 Brand (31-60 day supply)</p> <p>\$30 Generic; \$90 Brand (61-100 day supply)</p> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <p>Mail Order</p> <p>\$10 Generic \$30 Brand (Up to 30 day supply)</p> <p>\$20 Generic \$60 Brand (31-100 day supply)</p> </td> </tr> </table>	<p>Retail</p> <p>\$10 Generic; \$30 Brand (30 day supply)</p> <p>\$20 Generic; \$60 Brand (31-60 day supply)</p> <p>\$30 Generic; \$90 Brand (61-100 day supply)</p>	<p>Mail Order</p> <p>\$10 Generic \$30 Brand (Up to 30 day supply)</p> <p>\$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