

CALIFORNIA'S VALUED TRUST
KAISER PERMANENTE WELLNESS PLAN
October 1, 2024 – September 30, 2025

BENEFIT	KAISER WELLNESS W/ CHIRO	
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 – \$20 Copay Specialist – \$40 Copay	
Preventive Care / Immunizations	Paid at 100%*	
Outpatient Laboratory	\$10 Copay	
Outpatient Radiology	\$10 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	Approved telephone and virtual visits are paid at 100% Contact your provider or call 1-888-576-6225 for after-hours advice	
Employee Assistance Program (EAP) through Caelon~	Paid at 100%* - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit	
Prescription Drugs	Retail \$10 Generic \$25 Brand (30-day supply) \$20 Generic \$50 Brand (31-60 day supply) \$30 Generic \$75 Brand (61-100 day supply)	Mail Order \$10 Generic \$25 Brand (Up to 30-day supply) \$20 Generic \$50 Brand (31-100 day supply)

* For Covered Expenses Only

† The pharmacy copayments will not apply to out of pocket maximums for re0rees 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