KAISER PERMANENTE®

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# Plan Comparison[1]

2022–2023

| | 2022 | 2023 |
|---|---|---|
| | **Platinum 90 HMO 0/20* + Child Dental** | **Platinum 90 HMO 0/20* + Child Dental** |
| **FEATURES** | **Copay HMO Plan** | **Copay HMO Plan** |
| **PLAN DEDUCTIBLE**<br>Embedded | $0 | $0 |
| **OUT-OF-POCKET MAXIMUM**<br>Embedded | $4,500/$9,000 | $4,500/$9,000 |
| **IN THE MEDICAL OFFICE**<br>Primary care visits | $20 | $20 |
| Urgent care visits | $20 | $20 |
| Specialty office visits | $30 | $30 |
| Preventive exams, vaccines (immunizations) | $0 | $0 |
| Prenatal care | $0 | $0 |
| Postpartum care | $0 | $0 |
| Well-child preventive care visits | $0 | $0 |
| Allergy injections | $5 per visit | $5 per visit |
| Fertility services | Not covered | Not covered |
| Physical, occupational, and speech therapy | $20 | $20 |
| Most laboratory tests | $20 | $20 |
| Most X-rays and diagnostic testing | $30 | $30 |
| Most MRI/CT/PET scans | $100 | $100 |
| Outpatient surgery (per procedure) | $125 | $125 |
| **EMERGENCY SERVICES**<br>Emergency department visits (waived if admitted directly to hospital) | $150 | $150 |
| Ambulance | $150 | $150 |
| **PRESCRIPTIONS**<br>Generic drugs (up to a 30-day supply) | $5 | $5 |
| Brand-name drugs (up to a 30-day supply) | $20 | $20 |
| Specialty drugs (up to a 30-day supply) | 10% per prescription up to $250 maximum | 10% per prescription up to $250 maximum |
| **HOSPITAL INPATIENT CARE**<br>Physicians' services, room and board, tests, medications, supplies, therapies, birth services | $250 per day up to 5 days per admission | $250 per day up to 5 days per admission |
| Skilled nursing facility care (up to 100 days per benefit period) | $150 per day up to 5 days per admission | $150 per day up to 5 days per admission |
| **MENTAL HEALTH SERVICES**<br>Outpatient (in the medical office) | $20 | $20 |
| Inpatient (in the hospital) | $250 per day up to 5 days per admission | $250 per day up to 5 days per admission |
| **SUBSTANCE USE DISORDER SERVICES**<br>Outpatient (in the medical office) | $20 | $20 |
| Inpatient (in the hospital) - detoxification only | $250 per day up to 5 days per admission | $250 per day up to 5 days per admission |
| **OTHER**<br>Televisits | $0 | $0 |
| Acupuncture | $20 per visit for physician-referred acupuncture | $20 per visit for physician-referred acupuncture |
| Certain durable medical equipment (DME) (supplemental and base) | 10% | 10% |
| Certain prosthetic and orthotic devices | $0 | $0 |
| Pediatric optical (eyewear) | 1 pair of eyeglasses or contact lenses per year | 1 pair of eyeglasses or contact lenses per year |
| Pediatric vision exam | $0 | $0 |
| Adult optical (eyewear) | Not covered | Not covered |
| Adult vision exam (for eye refraction) | $0 | $0 |
| Home health care (up to 100 visits per year) | $20 per visit | $20 per visit |
| Hospice care | $0 | $0 |

[1]This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your *EOC*.