KAISER PERMANENTE $30/$1,500 DEDUCTIBLE HMO PLAN WITH HRA

FEATURES	MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE[1] Individual/Family	$1,500/$3,000
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A
ANNUAL OUT-OF-POCKET MAXIMUM[1,2] Individual/Family	$3,500/$7,000
IN THE MEDICAL OFFICE Office visits Preventive exams[3] Maternity/Prenatal care[3,4] Well-child preventive care visits[3,5] Vaccines (immunizations)[3] Allergy injections Infertility services Occupational, physical, and speech therapy Most labs and imaging MRI/CT/PET Outpatient surgery	 $30 (after deductible) $0 $0 $0 $0 $0 (after deductible) Not covered[6] $30 (after deductible) $10 (after deductible) $50 (after deductible) 20% (after deductible)
EMERGENCY SERVICES Emergency Department visits (waived if admitted directly to hospital) Ambulance	 20% (after deductible) $150 (after deductible)
PRESCRIPTIONS[3,7] Generic Brand-name	(up to a 30-day supply) $10 $30

HOSPITAL CARE
Physicians' services, room and board,
  tests, medications, supplies, therapies
Skilled nursing facility care
	
	20% per admission (after deductible)
	
	20% per admission (after deductible)
	  (up to 100 days per benefit period)

MENTAL HEALTH SERVICES In the medical office In the hospital	 $30 (after deductible for individual therapy) $15 (after deductible for group therapy) 20% per admission (after deductible)
CHEMICAL DEPENDENCY SERVICES In the medical office In the hospital (detoxification only)	 $30 (after deductible for individual therapy) 20% per admission (after deductible)
OTHER Certain durable medical equipment (DME)[8] Certain prosthetic and orthotic devices Optical (eyewear)[9] Vision exam[3] Home health care[3] (up to 100 two-hour visits per calendar year) Hospice care[3]	 30% $0 Not covered $0 $0 $0

Kaiser Permanente plans do not include a pre-existing condition clause.

Preventive services on this plan are available at no cost share. For a complete list of preventive services, please refer to the *Evidence of Coverage* or businessnet.kp.org.

Employer is required to establish and fund an HRA account. However, there is no minimum funding requirement.

[1] This is an embedded plan. For a family of two or more, an individual deductible is part of the family deductible. Each family member becomes eligible for copayments or coinsurance either after meeting his or her individual deductible or after the family collectively meets the family deductible. The same methodology applies to the out-of-pocket maximum.

[2] Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a calendar year.

[3] The deductible does not apply to this service.

[4] Scheduled prenatal visits and the first postpartum visit

[5] Well-child visits through age 23 months

[6] Infertility benefits can be added to this plan for an additional cost. For more information, contact your broker or Kaiser Permanente representative.

[7] Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the *Evidence of Coverage* for detailed information about prescription drug copayments.

[8] Please refer to the *Evidence of Coverage* for information on what is included in your DME benefit. Coverage is limited.

[9] Kaiser Permanente members are entitled to a 20 percent discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts may not be combined with any other Health Plan vision benefit. The discounts will not apply to any sale, promotion, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp2020.org for Kaiser Permanente optical locations.

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