KAISER PERMANENTE
$30 COPAYMENT HMO PLAN + INFERTILITY

FEATURES	MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE	$0
PHARMACY CALENDAR-YEAR DEDUCTIBLE	$250 for brand prescription
ANNUAL OUT-OF-POCKET MAXIMUM[1]	
Individual/Family	$3,000/$6,000
IN THE MEDICAL OFFICE	
Office visits	$30
Preventive exams	$0
Maternity/Prenatal care[2]	$0
Well-child preventive care visits[3]	$0
Vaccines (immunizations)	$0
Allergy injections	$5
Infertility services	50%
Occupational, physical, and speech therapy	$30
Most labs and imaging	$10
MRI/CT/PET	$50
Outpatient surgery	$200 per procedure
EMERGENCY SERVICES	
Emergency Department visits (waived if admitted directly to hospital)	$100
Ambulance	$75
PRESCRIPTIONS[4]	(up to a 100-day supply)
Generic[5]	$10
Brand-name	$35 (after pharmacy deductible)
HOSPITAL CARE	
Physicians' services, room and board, tests, medications, supplies, therapies	$400 per day
Skilled nursing facility care (up to 100 days per benefit period)	$0
MENTAL HEALTH SERVICES	
In the medical office	$30 individual $15 group
In the hospital	$400 per day
CHEMICAL DEPENDENCY SERVICES	
In the medical office	$30 individual
In the hospital (detoxification only)	$400 per day
OTHER	
Certain durable medical equipment (DME)[6]	50%
Certain prosthetic and orthotic devices	$0
Optical (eyewear)[7]	Not covered
Vision exam	$0
Home health care (up to 100 two-hour visits per calendar year)	$0
Hospice care	$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.

[1]Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a calendar year.
[2]Scheduled prenatal visits and the first postpartum visit
[3]Well-child visits through age 23 months
[4]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.
[5]The deductible does not apply to this service.
[6]Please refer to the *Evidence of Coverage* for information on what is included in your DME benefit. Coverage is limited.
[7]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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