

KAISER PERMANENTE DEDUCTIBLE HMO PLANS PLAN HIGHLIGHTS

EFFECTIVE 7/1/10-12/1/10

FEATURES	MOST POPULAR DEDUCTIBLE PLAN		
	\$40/\$2,000 PLAN MEMBER PAYS	\$30/\$1,500 PLAN MEMBER PAYS	\$30/\$1,000 PLAN MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE¹ Individual/Family	\$2,000/\$4,000	\$1,500/\$3,000	\$1,000/\$2,000
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A	N/A	N/A
ANNUAL OUT-OF-POCKET MAXIMUM^{1,2} Individual/Family	\$4,500/\$9,000	\$3,500/\$7,000	\$3,500/\$7,000
IN THE MEDICAL OFFICE			
Office visits ³	\$40	\$30	\$30
Preventive exams ³	\$40	\$30	\$30
Maternity/Prenatal care ^{3,4}	\$0	\$0	\$0
Well-child preventive care visits ^{3,5}	\$0	\$0	\$0
Vaccines (immunizations) ³	\$0	\$0	\$0
Allergy injections	\$5 (after deductible)	\$5 (after deductible)	\$5 (after deductible)
Infertility services	Not covered	Not covered	Not covered
Occupational, physical, and speech therapy	\$40 (after deductible)	\$30 (after deductible)	\$30 (after deductible)
Most labs and imaging	\$10 (after deductible)	\$10 (after deductible)	\$10 (after deductible)
MRI/CT/PET	\$50 (after deductible)	\$50 (after deductible)	\$50 (after deductible)
Outpatient surgery	30% (after deductible)	\$250 (after deductible)	\$250 (after deductible)
EMERGENCY SERVICES			
Emergency Department visits (waived if admitted directly to hospital)	30% (after deductible)	\$100 (after deductible)	\$100 (after deductible)
Ambulance	\$100 (after deductible)	\$75 (after deductible)	\$75 (after deductible)
PRESCRIPTIONS^{3,6}	(up to a 30-day supply)	(up to a 30-day supply)	(up to a 30-day supply)
Generic	\$10	\$10	\$10
Brand-name	\$35	\$30	\$30
HOSPITAL CARE			
Physicians' services, room and board, tests, medications, supplies, therapies	30% per admission (after deductible)	\$500 per day (after deductible)	\$500 per day (after deductible)
Skilled nursing facility care (up to 60 days per benefit period)	30% per admission (after deductible)	\$50 per day (after deductible)	\$50 per day (after deductible)
MENTAL HEALTH SERVICES			
In the medical office ³	\$40 (for individual therapy) \$20 (for group therapy)	\$30 (for individual therapy) \$15 (for group therapy)	\$30 (for individual therapy) \$15 (for group therapy)
In the hospital	30% per admission (after deductible)	\$500 per day (after deductible)	\$500 per day (after deductible)
CHEMICAL DEPENDENCY SERVICES			
In the medical office ³	\$40 (for individual therapy)	\$30 (for individual therapy)	\$30 (for individual therapy)
In the hospital (detoxification only)	30% per admission (after deductible)	\$500 per day (after deductible)	\$500 per day (after deductible)
OTHER			
Certain durable medical equipment (DME) ⁷	Not covered	Not covered	Not covered
Optical (eyewear) ⁸	Not covered	Not covered	Not covered
Vision exam ³	\$40	\$30	\$30
Home health care ³ (up to 100 two-hour visits per calendar year)	\$0	\$0	\$0
Hospice care ³	\$0	\$0	\$0

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

¹This plan carries an embedded deductible. Each family member becomes eligible for copayments or coinsurance after meeting the individual deductible, or when the family deductible is satisfied. A family member can meet the individual annual out-of-pocket maximum before the family out-of-pocket maximum is satisfied.

²The annual out-of-pocket maximum is the limit to the total amount that an individual or family must pay for certain services in a calendar year (as discussed in the *Evidence of Coverage*).

³This service is not subject to a deductible.

⁴Scheduled prenatal visits and the first postpartum visit

⁵Well-child visits through age 23 months

⁶Prescription drugs are covered in accord 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.

⁷Please refer to the *Evidence of Coverage* for more information; most DME is not covered.

⁸Kaiser 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 coordinated with any other Health Plan vision benefit. The discounts will not apply to any sale, promotional, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp.org/2020 for Kaiser Permanente optical locations.