Platinum 90 HMO 0/10* + Child Dental ALT†

Copay HMO Plan

For effective dates January 1–December 1, 2024

FEATURES	MEMBER PAYS
PLAN DEDUCTIBLE (Embedded)	$0
OUT-OF-POCKET MAXIMUM (Embedded)	Individual $3,000[1,2] / Family $6,000[1,2]
IN THE MEDICAL OFFICE Primary care visits	$10
Urgent care visits	$10
Specialty office visits	$20
Preventive services (for example: screening exams, prenatal and postpartum visits, and immunizations)	$0[3,4]
Well-child preventive care visits	$0 through age 23 months
Allergy injections	$5 per visit
Fertility services	Not covered[5]
Physical, occupational, and speech therapy	$10
Most laboratory tests	$20[6]
Most X-rays and diagnostic testing	$40[6]
Most MRI / CT / PET scans	$150[6]
Outpatient surgery (per procedure)	$300
EMERGENCY SERVICES Emergency department visits (waived if admitted directly to hospital)	$200
Ambulance	$150
PRESCRIPTIONS (up to a 30-day supply) Generic (Tier 1) Brand-name (Tier 2) Specialty drugs (Tier 4)	 $5[7,8] $15[7,8] 10% per prescription up to $250 maximum[7,8]
HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	$500 per admission
Skilled nursing facility care (up to 100 days per benefit period)	$250 per admission
MENTAL HEALTH SERVICES Outpatient (in the medical office)	$10
Inpatient (in the hospital)	$500 per admission
SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office)	$10
Inpatient (in the hospital) – detoxification only	$500 per admission
OTHER Virtual care	$0
Chiropractic and acupuncture	$15 per visit (self-referral; 20 combined visits per year)
Certain durable medical equipment (DME) (supplemental and base)	10%[9]
Certain prosthetic and orthotic devices	$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year[10]
Pediatric vision exam	$0
Adult optical (eyewear)	$175 allowance[11]
Adult vision exam (for eye refraction)	$0
Home health care (up to 100 visits per year)	$0
Hospice care	$0

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For effective dates January 1–December 1, 2024

(continued)

*This plan is also offered at Covered California for Small Business and CaliforniaChoice®.

†The abbreviation "ALT," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business.

1. This plan has an embedded out-of-pocket maximum. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met **2.** Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. **3.** Preventive lab tests, X-rays, and immunizations are covered as part of the preventive exam. **4.** Scheduled prenatal visits and postpartum visits. **5.** Fertility benefits may be added to this plan for an additional cost. For more information, contact your broker or Kaiser Permanente representative. **6.** Laboratory and diagnostic test, X-rays and MRI/CT/PET scans related to preventive services are no charge. **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 copays. For information on our formulary, including the drugs on the specialty tier, go to kp.org/formulary or call our Member Service Contact Center. **8.** Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. **9.** Both base and supplemental DME are covered. Supplemental DME is limited to a combined maximum benefit of $2,000 per year for services. Refer to the *Evidence of Coverage* for information on what's included in your DME benefit. **10.** Under age 19. One pair of eyeglasses from a limited selection. **11.** Allowance toward the cost of eyeglass lenses, frames, and contact lenses fitting and dispensing every 24 months.

This is a summary of benefits only and is subject to change. The KFHP *Evidence of Coverage* and the KPIC *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided isn't intended to describe all the benefits included in each plan, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.