KAISER PERMANENTE $15 COPAYMENT HMO PLAN

FEATURES	MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE	$0
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A
ANNUAL OUT-OF-POCKET MAXIMUM[1]	
Individual/Family	$2,500/$5,000
IN THE MEDICAL OFFICE	
Office visits	$15
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	$15
Most labs and imaging	$10
MRI/CT/PET	$50
Outpatient surgery	$100 per procedure
EMERGENCY SERVICES	
Emergency Department visits (waived if admitted directly to hospital)	$100
Ambulance	$75
PRESCRIPTIONS[4]	(up to a 30-day supply)
Generic[5]	$10
Brand-name[5]	$25
HOSPITAL CARE	
Physicians' services, room and board, tests, medications, supplies, therapies	$200 per day
Skilled nursing facility care (up to 100 days per benefit period)	$0
MENTAL HEALTH SERVICES	
In the medical office	$15 individual $7 group
In the hospital	$200 per day
CHEMICAL DEPENDENCY SERVICES	
In the medical office	$15 individual
In the hospital (detoxification only)	$200 per day
OTHER	
Certain durable medical equipment (DME)[6]	20%
Certain prosthetic and orthotic devices	$0
Optical (eyewear)[7]	$150 allowance
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]The maximum allowable amount for DME is $2,000.
[7]Allowance toward the cost of eyeglass lenses, frames, and contact lenses fitting and dispensing every 24 months

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