KAISER PERMANENTE \$50 COPAYMENT HMO PLAN

MEMBER PAYS
\$0
\$250 for brand prescription
\$3,500/\$7,000
\$50
\$0
\$0
\$0
\$0
\$5
Not covered ⁴
\$50
\$10
\$50
\$250 per procedure
\$150
\$300
(up to a 100-day supply)
\$10
\$35 (after pharmacy deductible)
\$500 per day
\$0 \$0
\$50 individual
\$25 group
\$500 per day
\$50 individual
\$500 per day
•
50%
\$0
Not covered
\$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.

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

²Scheduled prenatal visits and the first postpartum visit

³Well-child visits through age 23 months

⁴Infertility benefits can be added to this plan for an additional cost. For more information, contact your broker or Kaiser Permanente representative.

⁵Prescription 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.

⁶The deductible does not apply to this service.

⁷Please refer to the *Evidence of Coverage* for information on what is included in your DME benefit. Coverage is limited.

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 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.