

Kaiser Permanente Multi-State HSA \$4000/30% Plan

Kaiser Permanente HSA-Qualified High Deductible Health Plan ("HDHP") is a health benefit plan that meets the requirements of Section 223(c)(2) of the Internal Revenue Code. For a complete explanation, please refer to the *Evidence of Coverage*.

Out-of-Pocket Maximum(s) and Deductible(s)

For covered services that apply to the Plan out-of-pocket maximum, you may not pay any more copays, coinsurance, or deductibles for the rest of the year once you have reached the amounts listed below.

For services that are subject to the Plan deductible, you must pay for covered services you receive during the year until you reach the deductible amounts listed below. All payments you make toward your deductible(s) apply to the Plan out-of-pocket maximum amounts listed below.

Amounts Per Year (<i>Embedded Accumulation</i>)	Self-Only Coverage (Individual)	Family Coverage Entire family of 2 or more members
Plan deductible	\$4,000	\$8,000
Plan out-of-pocket maximum	\$6,500	\$13,000

Professional Services	You Pay
Primary care office visit	30% after plan deductible
Specialty care office visit	30% after plan deductible
Telemedicine / Virtual care (phone/video)	No charge after plan deductible
Routine prenatal care exams ¹	\$0 (CA, MAS, NW, WA); 30% after plan deductible (CO, GA)
Outpatient rehabilitation services (visit limits vary by region) ^{1,2}	30% after plan deductible
Preventive Services	You Pay
Preventive examinations (including immunizations, well-child, women's health care)	No charge
Outpatient Services	You Pay
Outpatient surgery in a hospital or ambulatory surgical facility	30% after plan deductible
Laboratory services	30% after plan deductible
Diagnostic X-rays ¹	30% after plan deductible
Specialty imaging (MRI, CT, and PET scans)	30% after plan deductible
Hospital Inpatient Services	You Pay
Inpatient hospital service	30% after plan deductible per admission
Delivery and inpatient maternity care	30% after plan deductible per admission
Emergency Health Coverage	You Pay
Urgent care	30% after plan deductible
Emergency Department visits	30% after plan deductible
Ambulance services	30% after plan deductible
Prescription Drug Coverage	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Prescription drugs: Generic	\$15 copay after plan deductible for up to a 30-day supply
Prescription drugs: Preferred brand	\$35 copay after plan deductible for up to a 30-day supply
Prescription drugs: Non-preferred brand ³	\$70 copay after plan deductible for up to a 30-day supply
Prescription drugs: Specialty	30% after plan deductible (not to exceed \$250) (CA, CO, GA, NW, WA); 30% after plan deductible (not to exceed \$150) (MAS) for up to a 30-day supply

Prescription Drug Coverage	You Pay
Mail order ^{3,4}	\$30 copay after plan deductible generic / \$70 copay after plan deductible preferred brand / \$140 copay after plan deductible non-preferred brand for a 90-day supply
Durable Medical Equipment	You Pay
Durable medical equipment ¹	30% after plan deductible
Mental Health & Substance Use Services	You Pay
Inpatient hospital and residential services	30% after plan deductible per admission
Individual outpatient services	30% after plan deductible
Group outpatient services	30% after plan deductible (CA, CO, GA, MAS, NW); No charge after plan deductible (WA)
Home Health Services	You Pay
Home health care (visit limits vary by region) ⁵	No charge after plan deductible
Vision Service	You Pay
Adult routine eye exam (age 19 or older)	30% after plan deductible (CO, GA, MAS, NW, WA); 30% (CA)
Pediatric routine eye exam (under age 19)	30% after plan deductible (CO, GA, MAS, NW, WA); 30% (CA)
Other	You Pay
Skilled nursing facility care (100-day limit)	30% after plan deductible per admission
Hospice care	No charge after plan deductible
Bariatric surgery	30% after plan deductible
Infertility: Covered services diagnosis & treatment ^{1,6}	50% after plan deductible (CA, GA, MAS, NW, WA); 30% after plan deductible (CO)
Infertility drugs	50% after plan deductible (CA, GA, MAS, NW, WA); Applicable Rx Cost Share (CO)
Chiropractic care ¹	Benefit coverage varies by region
Acupuncture ¹	Benefit coverage varies by region
Adult hearing aid(s)	\$1,000 allowance after deductible per aid per year every 36 months (CO, MAS, NW, WA); \$1,000 allowance per aid per ear every 36 months (GA); Not available in CA
Pediatric hearing aid(s) ⁷	Benefit coverage varies by region

This is a summary of the most frequently asked about benefits. This chart does not explain benefits, copays, coinsurance, deductibles, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and copay, coinsurance, or deductible amounts. For a complete explanation, please refer to the *Evidence of Coverage*.

1. For a complete explanation, please refer to the *Evidence of Coverage*.

2. Includes physical, occupational & speech therapy; CA: unlimited visits; CO: 30 visits per therapy per year; GA: Unlimited visits with no benefit maximum for ABA members through age 20 and 30 visits/therapy for non-ABA members; MAS: 30 visits per injury, incident, or condition per year; NW: 20 visits per therapy per year; WA: Unlimited visits for ABA members and 90 combined visits for non-ABA members.

3. In California, nonformulary drugs are subject to a formulary exception process. Members pay the same cost share as for formulary drugs, when approved through the formulary exception process.

4. CA: 100-day supply for mail order.

5. CA, CO, GA, MAS: 120 visits per year; NW: 130 visits per year; WA: unlimited visits.

6. CO: IVF is covered at the outpatient surgery cost share. MAS: IVF is covered at 50% coinsurance. For a complete coverage explanation, please refer to the *Evidence of Coverage*.

7. CO: Plan coinsurance after deductible for children up to age 18 with no limit on allowance; every 5 years as medically necessary. GA: Plan coinsurance, deductible waived for children up to age 19; \$3,000 per aid per ear every 48 months. MAS(MD): No charge after deductible for children until end of month they turn 19; One aid per ear every 36 months. NW(OR): Plan coinsurance after deductible for dependents up to the end of the month in which dependent turns 26; One aid per ear every 36 months

Note: This Kaiser Permanente Multi-State plan design is not available in the Kaiser Foundation Health Plan, Inc. Hawaii Market.

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