

# Kaiser Permanente

Description of Benefits	** Services Require Prior Authorization	Traditional HMO Plan Member Pays
<b>PLAN PROVISIONS</b>		
Annual Deductible		None
Annual Out-of-Pocket (Deductible, Copayment and Coinsurance)		\$1,500 Per Person \$3,000 Per Family
Lifetime Maximum		None
<b>PHYSICIAN SERVICES</b>		
Physician Office Visits (including Specialist)		\$25 co-pay
Other Physician Services performed in the office or a Facility (Including Maternity)		\$25 co-pay
Urgent Care		\$25 co-pay
Immunizations		No charge
<b>PREVENTIVE CARE</b>		
Well Child Care Office Visits - Immunizations - Lab Tests		No co-pay
Physical Exam - Screenings - Counseling		No co-pay
Well Woman Exams - Pap Smears - Mammography		No co-pay
<b>HOSPITAL/FACILITY SERVICES</b>		
Inpatient Room & Care (Semi-private room rate)	**	\$100 per Admission
Outpatient / Ambulatory Surgery Services & Birthing Centers	**	\$25 co-pay
Other Outpatient Hospital Services (such as Cardiac, Pulmonary, PT/OT/ST)	** if at a hospital	\$25 co-pay
Emergency Room Services		\$100 per Admission
<b>DIAGNOSTIC SERVICES</b>		
<b>Laboratory - Radiology - Scans (CT/MRI/PET)</b>		
Non Hospital Based		No charge
Hospital Based	**	\$100 per Admission
<b>MENTAL HEALTH/BEHAVIORAL HEALTH/SUBSTANCE ABUSE DISORDER</b>		
<b>INPATIENT</b>		
Hospital & Facility Services; semi-private room rate	**	\$100 per Admission
<b>OUTPATIENT</b>		
Psychiatrist & Psychologist Services		\$25 co-pay
Psychological Testing	**	\$25 co-pay
<b>OTHER SERVICES</b>		

Ambulance & Air Ambulance	** (Non-emergent)	\$50 co-pay
Home Health Services (Maximum of 120 visits per year)	**	No charge
Hospice Services	**	No charge
Physical/Occupational/Speech Therapy (Non Hospital Based)	**	\$25 co-pay
<b>PHARMACY BENEFITS</b>		
<b>Prescription Drugs</b> <b>Pharmacy Retail</b>		Generic - \$15 co-pay Preferred Brand - \$30 co-pay