

2019-2020	Kaiser	Kaiser	Kaiser
KAISER	Trad HMO \$20	Trad HMO \$30	HSA-A Single
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0	\$1,500/\$3,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000*
*Includes Rx			
PROFESSIONAL SERVICES			
Office Visit (OV) co-pay	\$20	\$30	Deductible, then 10%
Urgent Care co-pay	\$20	\$30	10%
Specialists/Consultants co-pay	\$20	\$30	10%
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	10%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	10%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	OV copay or hospitalization copay apply	OV copay or hospitalization copay apply	OV copay or hospitalization copay apply
Preventive Care (includes physical exams & screenings)	\$0	\$0	0% Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES			
Emergency Room visit (waived if admitted)	\$100	\$100	10%
Inpatient Hospital (preauthorization required) - limits may apply	\$0	\$0	10%
Outpatient Hospital	\$20	\$30	10%
Surgery, Outpatient (performed in Surgery Center)	\$20	\$30	10%
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$20	\$30	10%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT			
INPATIENT: Facility Based Care (preauth required)	\$0	\$0	10%
OUTPATIENT: Facility Based Care (preauth required)	\$20	\$30	10%
OTHER SERVICES			
Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	Limited coverage if authorized
Ambulance (Ground or Air)	\$50	\$50	10%
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	Not covered
Durable Medical Equipment (DME)	no charge	no charge	10%
Physical and Occupational Therapy - Limits apply	\$20	\$30	10%
PHARMACY BENEFITS			
Plan	Trad HMO \$20	Trad HMO \$30	HSA A
Pharmacy Benefit Manager	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$10 up to 100 day supply	deductible, then \$10
Brand co-pay/30 days supply	\$20 up to 100 day supply	\$30 up to 100 day supply	deductible, then \$30
Specialty co-pay/up to 30 days supply	\$20 up to 30 day supply	\$30 up to 30 day supply	deductible, then \$30
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$20/up to 100 day supply	\$10-\$30/up to 100 day supply	\$20-\$60/up to 100 day supply
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy