

KAISER PERMANENTE \$15 COPAYMENT PLAN

FEATURES	MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE	\$0
PHARMACY CALENDAR-YEAR DEDUCTIBLE	\$0
ANNUAL OUT-OF-POCKET MAXIMUM¹ Self-only enrollment/Family enrollment	\$2,500/\$5,000
IN THE MEDICAL OFFICE Office visits Preventive exams Maternity/Prenatal care ² Well-child preventive care visits ³ Vaccines (immunizations) Allergy injections Infertility services Occupational, physical, and speech therapy Most labs and imaging MRI/CT/PET Outpatient surgery	\$15 \$15 \$0 \$0 \$0 \$5 50% \$15 \$10 \$50 \$100 per procedure
EMERGENCY SERVICES Emergency Department visits (waived if admitted directly to hospital) Ambulance	\$100 \$75
PRESCRIPTIONS⁴ Generic Brand-name	(up to a 30-day supply) \$10 ⁵ \$25 ⁵
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies Skilled nursing facility care (up to 100 days per benefit period)	\$200 per day \$0
MENTAL HEALTH SERVICES⁶ In the medical office (up to 20 visits per calendar year) In the hospital (up to 30 days per calendar year)	\$15 individual \$7 group \$200 per day
CHEMICAL DEPENDENCY SERVICES In the medical office In the hospital (detoxification only)	\$15 individual \$200 per day
OTHER Certain durable medical equipment (DME) Optical (eyewear) Vision exam Home health care (up to 100 two-hour visits per calendar year) Hospice care	20% (\$2,000 maximum) \$150 allowance ⁷ \$15 \$0 \$0

Kaiser Permanente plans do not include a pre-existing condition clause.

¹The annual out-of-pocket maximum is the limit to the total amount that an individual or family must pay for certain services in a calendar year (as discussed in the *Evidence of Coverage*).

²Scheduled prenatal visits and the first postpartum visit

³23 months or younger

⁴Prescription drugs are covered in accord 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.

⁵This service is not subject to a deductible.

⁶Visit or day limits do not apply to serious emotional disturbances of children and severe mental illnesses as described in the *Evidence of Coverage*.

⁷Allowance toward the cost of eyeglass lenses, frames, and contact lenses fitting and dispensing every 24 months