

# KAISER PERMANENTE \$20 COPAYMENT PLAN

FEATURES	MEMBER PAYS
<b>CALENDAR-YEAR DEDUCTIBLE</b>	\$0
<b>PHARMACY CALENDAR-YEAR DEDUCTIBLE</b>	\$0
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>1</sup></b> Self-only enrollment/Family enrollment	\$2,500/\$5,000
<b>IN THE MEDICAL OFFICE</b> Office visits Preventive exams Maternity/Prenatal care <sup>2</sup> Well-child preventive care visits <sup>3</sup> Vaccines (immunizations) Allergy injections Infertility services Occupational, physical, and speech therapy Most labs and imaging MRI/CT/PET Outpatient surgery	\$20 \$20 \$0 \$0 \$0 \$5 Not covered \$20 \$10 \$50 \$150 per procedure
<b>EMERGENCY SERVICES</b> Emergency Department visits (waived if admitted directly to hospital) Ambulance	\$100 \$75
<b>PRESCRIPTIONS<sup>4</sup></b> Generic Brand-name	(up to a 30-day supply) \$10 <sup>5</sup> \$30 <sup>5</sup>
<b>HOSPITAL CARE</b> Physicians' services, room and board, tests, medications, supplies, therapies Skilled nursing facility care (up to 100 days per benefit period)	\$300 per day \$0
<b>MENTAL HEALTH SERVICES<sup>6</sup></b> In the medical office (up to 20 visits per calendar year) In the hospital (up to 30 days per calendar year)	\$20 individual \$10 group \$300 per day
<b>CHEMICAL DEPENDENCY SERVICES</b> In the medical office In the hospital (detoxification only)	\$20 individual \$300 per day
<b>OTHER</b> 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) Not covered <sup>7</sup> \$20 \$0 \$0

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

<sup>1</sup>The 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*).

<sup>2</sup>Scheduled prenatal visits and the first postpartum visit

<sup>3</sup>23 months or younger

<sup>4</sup>Prescription 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.

<sup>5</sup>This service is not subject to a deductible.

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

<sup>7</sup>Kaiser 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 coordinated with any other Health Plan vision benefit. The discounts will not apply to any sale, promotional, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit [kp.org/2020](http://kp.org/2020) for Kaiser Permanente optical locations.