

# KAISER PERMANENTE \$30 COPAYMENT PLAN

FEATURES	MEMBER PAYS
<b>CALENDAR-YEAR DEDUCTIBLE</b>	\$0
<b>PHARMACY CALENDAR-YEAR DEDUCTIBLE</b>	\$250 for brand prescriptions
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>1</sup></b> Self-only enrollment/Family enrollment	\$3,000/\$6,000
<b>IN THE MEDICAL OFFICE</b>	
Office visits	\$30
Preventive exams	\$0
Maternity/Prenatal care <sup>2</sup>	\$0
Well-child preventive care visits <sup>3</sup>	\$0
Vaccines (immunizations)	\$0
Allergy injections	\$5
Infertility services	Not covered
Occupational, physical, and speech therapy	\$30
Most labs and imaging	\$10
MRI/CT/PET	\$50
Outpatient surgery	\$200 per procedure
<b>EMERGENCY SERVICES</b>	
Emergency Department visits (waived if admitted directly to hospital)	\$100
Ambulance	\$75
<b>PRESCRIPTIONS<sup>4</sup></b>	(up to a 100-day supply)
Generic <sup>5</sup>	\$10
Brand-name	\$35 (after pharmacy deductible)
<b>HOSPITAL CARE</b>	
Physicians' services, room and board, tests, medications, supplies, therapies	\$400 per day
Skilled nursing facility care (up to 100 days per benefit period)	\$0
<b>MENTAL HEALTH SERVICES</b>	
In the medical office	\$30 individual \$15 group
In the hospital	\$400 per day
<b>CHEMICAL DEPENDENCY SERVICES</b>	
In the medical office	\$30 individual
In the hospital (detoxification only)	\$400 per day
<b>OTHER</b>	
Certain durable medical equipment (DME)	Not covered <sup>6</sup>
Optical (eyewear)	Not covered <sup>7</sup>
Vision exam	\$0
Home health care (up to 100 two-hour visits per calendar year)	\$0
Hospice care	\$0

Kaiser Permanente plans do not include a pre-existing condition clause. Preventive services on this plan are available at no cost share. For a complete list of preventive services please refer to your *Evidence of Coverage* (EOC) or [businessnet.kp.org](http://businessnet.kp.org).

<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>Well-child visits through age 23 months

<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>Please refer to the *Evidence of Coverage* for more information; most DME is not covered.

<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 [kp2020.org](http://kp2020.org) for Kaiser Permanente optical locations.