KAISER PERMANENTE $50 COPAYMENT PLAN

FEATURES	MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE	$0
PHARMACY CALENDAR-YEAR DEDUCTIBLE	$250 for brand prescriptions
ANNUAL OUT-OF-POCKET MAXIMUM[1]	
Self-only enrollment/Family enrollment	$3,500/$7,000
IN THE MEDICAL OFFICE	
Office visits	$50
Preventive exams	$50
Maternity/Prenatal care[2]	$15
Well-child preventive care visits[3]	$15
Vaccines (immunizations)	$0
Allergy injections	$5
Infertility services	Not covered
Occupational, physical, and speech therapy	$50
Most labs and imaging	$10
MRI/CT/PET	$50
Outpatient surgery	$250 per procedure
EMERGENCY SERVICES	
Emergency Department visits (waived if admitted directly to hospital)	$150
Ambulance	$300
PRESCRIPTIONS[4]	(up to a 100-day supply)
Generic	$10[5]
Brand-name	$35 (after pharmacy deductible)
HOSPITAL CARE	
Physicians' services, room and board, tests, medications, supplies, therapies	$500 per day
Skilled nursing facility care (up to 100 days per benefit period)	$0
MENTAL HEALTH SERVICES[6]	
In the medical office (up to 20 visits per calendar year)	$50 individual $25 group
In the hospital (up to 30 days per calendar year)	$500 per day
CHEMICAL DEPENDENCY SERVICES	
In the medical office	$50 individual
In the hospital (detoxification only)	$500 per day
OTHER	
Certain durable medical equipment (DME)	Not covered[7]
Optical (eyewear)	Not covered[8]
Vision exam	$50
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.

[1]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*).

[2]Scheduled prenatal visits and the first postpartum visit

[3]23 months or younger

[4]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.

[5]This service is not subject to a deductible.

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

[7]Please refer to the *Evidence of Coverage* for more information; most DME is not covered.

[8]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 for Kaiser Permanente optical locations.