

2022-2023	Kaiser	Kaiser	Kaiser
KAISER	Trad HMO \$20	Trad HMO \$30	HSA-A Single
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$0	\$0	\$1,500*
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*
			*Includes Rx
<b>PROFESSIONAL SERVICES</b>			
Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$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 (Refer to Plan Document)	Co-pay applies	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	\$0	0% Ded Waived
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>			
Emergency Room visit (copay 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%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>			
<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	\$0	10%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	\$20	\$30	10%
<b>OTHER SERVICES</b>			
Ambulance (Ground or Air)	\$50	\$50	10%
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	no coverage
Durable Medical Equipment (DME)	no charge	no charge	10%
Physical and Occupational Therapy - Limits apply	\$20	\$30	10%
Hearing Aids	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	no coverage
<b>PHARMACY BENEFITS PLAN</b>	<b>Trad HMO \$20</b>	<b>Trad HMO \$30</b>	<b>HSA A</b>
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