

Benefit Summary

SYNOPSIS AND NAMED SUBSIDIARIES

Northern CA Customer #33572 & Southern CA Customer #230924

Traditional HMO

Principal Benefits for

Kaiser Permanente Traditional HMO Plan (1/1/20—12/31/20)

Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits.....	\$30 per visit
Most Physician Specialist Visits.....	\$40 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months).....	No charge
Family planning counseling and consultations.....	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$30 per visit
Most physical, occupational, and speech therapy.....	\$30 per visit

Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures.....	\$40 per procedure
Allergy injections (including allergy serum)	\$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests.....	No charge

Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	\$400 per admission

Emergency Health Coverage

	You Pay
Emergency Department visits.....	\$125 per visit
Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).	

Ambulance Services

	You Pay
Ambulance Services.....	\$50 per trip

Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy	\$10 for up to a 30-day supply
Most generic refills through our mail-order service.....	\$20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy	\$30 for up to a 30-day supply
Most brand-name refills through our mail-order service.....	\$60 for up to a 100-day supply
Most specialty items at a Plan Pharmacy.....	\$30 for up to a 30-day supply

Durable Medical Equipment (DME)

	You Pay
DME items as described in the EOC.....	20% Coinsurance

Mental Health Services

	You Pay
Inpatient psychiatric hospitalization.....	\$400 per admission

Benefit Summary*(continued)*

Mental Health Services	You Pay
Individual outpatient mental health evaluation and treatment	\$30 per visit
Group outpatient mental health treatment	\$15 per visit
Substance Use Disorder Treatment	You Pay
Inpatient detoxification	\$400 per admission
Individual outpatient substance use disorder evaluation and treatment	\$30 per visit
Group outpatient substance use disorder treatment	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge
Chiropractic Coverage	You Pay
Up to 20 visits per year with ASHP Provider – no referral required.....	\$15 per visit
Kaiser Permanente contracts with American Specialty Health Plans of California, Inc. (ASH Plans) for chiropractic services. You can obtain services from any participating ASH Plan Chiropractor without a referral from your Kaiser Plan Physician. Your ASH Chiropractor coordinates authorization of all services and claims with ASH Plans directly; you simply pay your copayment at each visit. You can obtain a listing of Participating Chiropractors by calling the ASH Plans Member Services Department at 1-800-678-9133. You may also find a Participating Chiropractor by logging onto the ASH Plans Web site at www.ashlink.com/ash/kp	
Other	You Pay
Hearing aid(s) every 36 months	Amount in excess of \$1,000 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	see <i>EOC</i> for Cost Share
Assisted reproductive technology ("ART") Services.....	Not covered
Hospice care	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

Monday to Friday – 7:00AM to 7:00PM
Saturday & Sunday – 7:00AM to 3:00PM

English – 800.464.4000
Spanish – 800.788.0616
Chinese dialects – 800.757.7585

Senior Advantage and Medicare members – 800.443.0815

You may also visit us at www.kp.org