



2023-2024	Kaiser	Kaiser
	Trad HMO \$15	Trad HMO \$30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,500/\$3,000	\$1,500/\$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$15	\$30
Urgent Care co-pay	\$15	\$30
Specialists/Consultants co-pay	\$15	\$30
Prenatal, postnatal office visit co-pay	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	\$0
Diagnostic X-ray & Laboratory Procedures	\$0	\$0
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	\$100	\$100
Inpatient Hospital (preauthorization required) - limits may apply	\$0	\$0
Outpatient Hospital	\$15	\$30
Surgery, Outpatient (performed in Surgery Center)	\$15	\$30
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$15	\$30

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	\$15	\$30

OTHER SERVICES

Ambulance (Ground or Air)	\$50	\$50
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu
Durable Medical Equipment (DME)	no charge	no charge
Physical and Occupational Therapy - Limits apply	\$15	\$30
Hearing Aids	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months

PHARMACY BENEFITS

Plan	Trad HMO \$15	Trad HMO \$30
Pharmacy Benefit Manager	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$15 up to 100 day supply	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$15 up to 100 day supply	\$30 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$15 up to 30 day supply	\$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$15-\$15/up to 100 day supply	\$10-\$30/up to 100 day supply
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

*Coverage stages apply, see benefit summary for details