

Kaiser Permanente – PRE 65

Southern California

Plan: Traditional HMO

Web Site: <http://www.kaiserpermanente.org>

Benefit	2021
Annual Out-of-pocket limit	\$1,500 individual/\$3,000 family
Inpatient hospital Room and board Ancillary charges Special-duty nursing	\$250 copay per admission Covered in full, after inpatient hospital copay Covered in full, after inpatient hospital copay; if medically necessary and prescribed by a Plan physician
Skilled nursing facility	Covered in full up to 100 days/benefit period
Surgery Inpatient Outpatient Cosmetic	Covered in full, after inpatient hospital copay \$30 copay/procedure Not covered
Maternity care Obstetrical visits Hospitalization	Covered in full \$250 copay
Outpatient Primary and Specialty Care Visits, Exams and Treatment Preventive services X-rays and lab work Eye examinations Eyeglasses Physical therapy Chiropractor	\$30 copay/visit (Covered in full for prenatal and well-baby 23 months or younger) Covered in full Covered in full \$30 copay/visit for treatment due to disease or injury (Eye Exams for Refraction covered in full) Not covered \$30 copay/visit (benefits are limited to medically necessary therapy authorized by a Plan physician) Not covered
Alcoholism and chemical dependency Detoxification Rehabilitation	Outpatient: \$30 copay/individual visit; \$5 copay/group visit Inpatient: \$250 copay (for medical management of withdrawal symptoms) Outpatient: \$30 copay/individual visit; \$5 copay/group visit Inpatient: \$100 copay for Transitional Residential Recovery Services
Mental Health Inpatient Outpatient	\$250 copay \$30 copay/visit (\$15 copay/group therapy visit)
Other Services Ambulance Hospice care Home health care Durable medical equipment	Covered in full (for emergencies) Covered in full, within the Service Area when selected as an alternative to traditional services (authorized by physician for terminal patient with life expectancy of under 12 months) Covered in full up to 3 visits/day, up to 100 visits/year (Not covered if an unlicensed layperson could safely and effectively provide care with appropriate training) Covered in full
Emergency room In-area/contract facility In-area/noncontract facility Out-of-area/noncontract facility	\$100 copay/visit (waived if admitted); urgent care clinic \$30/visit \$100 copay/visit (waived if admitted) \$100 copay/visit (waived if admitted)
Prescription Drug Coverage (including dental prescriptions) Retail (generic; up to 30-day supply) Retail (brand; up to 30-day supply) Mail order (up to 100-day supply)	Rx applies to annual out-of-pocket limit Mandatory formulary and generic requirement. Nonformulary drug will be supplied if physician prescribes \$15 copay \$35 copay brand Infertility and impotence drugs: 50% covered (quantity limits apply) \$30 copay generic; \$70 copay brand