

BENEFIT HIGHLIGHTS

Health plan benefits and coverage comparison chart for the Kaiser Permanente HIPAA Copayment 25 and the HIPAA Deductible 30/1500 plans

To assist you in choosing your health coverage, we've provided an overview of benefits and copayments for both the HIPAA Copayment 25 and the HIPAA Deductible 30/1500 plans. This overview is intended to help you compare coverage benefits and is a summary only.

Please refer to the *Membership Agreements* for a detailed description of copayments and coinsurance.

	COPAYMENT 25	DEDUCTIBLE 30/1500
Features		
Annual deductible	None	\$1,500
Annual out-of-pocket maximum	\$2,500	\$3,500
Benefits Services not subject to deductible unless otherwise indicated		
Preventive care		
Immunizations		No charge
Routine physical exam		No charge
Well-child visit (0–23 months)		No charge
Well-woman visit		No charge
Mammogram (screening)		No charge
Outpatient services (per visit or procedure)		
Primary care/Specialty office visit	\$25 copay	\$30 copay
Most X-rays and lab tests	\$10 copay	\$10 copay (after deductible)
MRI, CT, and PET	\$50 copay	\$50 copay (after deductible)
Outpatient surgery	\$100 copay	\$250 copay (after deductible)
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	\$200 copay per day	\$500 copay per day (after deductible)
Maternity Coverage varies. Please consult the plan's <i>Membership Agreement</i>.		
Maternity care	Covered	Covered (after deductible)
Emergency and urgent care		
Emergency Department visit (waived if admitted)	\$100 copay	\$150 copay (after deductible)
Urgent care visit	\$25 copay	\$30 copay
Ambulance service	\$100 copay	\$150 copay (after deductible)
Prescription drugs		
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay	
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay	

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