

Plan Facts

Kaiser Northern California HMO	
Web site	kaiserpermanente.org
Member services	1-800-464-4000
Find a network provider	Find a Doctor or Hospital
Binding arbitration	Yes

Cost

Kaiser Northern California HMO	
Health Reimbursement Arrangement	
Eligible expenses for reimbursement	Not applicable
General Medical Expenses	
Deductible: Individual/Family	\$0 Individual; \$0 Family
Primary doctor office visit	\$10 copay
Specialist office visit	\$10 copay
Out-of-pocket maximum: Individual/Family	\$1,500 Individual; \$3,000 Family
Lifetime coverage limit	Limit does not apply
Inpatient Hospital Care	
Hospital copay	100% covered; preauthorization required
Hospital semi-private room	100% covered; preauthorization required
Inpatient lab and X-ray	100% covered; preauthorization required
Inpatient physician and surgeon services	100% covered; preauthorization required
Outpatient Care	
Outpatient surgery	\$10 copay
Outpatient laboratory services	100% covered
Outpatient X-ray	100% covered
Emergency room (not followed by admission)	\$50 copay
Urgent care clinic visit	\$10 copay
Prescription Drug Expenses	
Prescription drug vendor	Same as medical plan
Prescription drug Web site	Same as medical plan
Prescription drug member services	Same as medical plan
Annual prescription deductible	Not applicable
Retail generic	\$5 copay; up to 100 day supply; Kaiser pharmacies only
Retail formulary brand	\$15 copay; up to 100 day supply; Kaiser pharmacies only
Retail nonformulary brand	\$15 copay; up to 100 day supply; must be medically necessary and prescribed by Plan physician; Kaiser pharmacies only; includes inhaled insulin
Mail order generic	\$5 copay; up to 100 day supply; Kaiser pharmacies only
Mail order formulary brand	\$15 copay; up to 100 day supply; Kaiser pharmacies only

Mail order nonformulary brand	\$15 copay; up to 100 day supply; must be medically necessary and prescribed by Plan physician; Kaiser mail order only; includes inhaled insulin
Oral contraceptives	Retail and mail order available; applicable prescription drug copay applies

Coverage

Kaiser Northern California HMO	
Adult Preventive Care	
Physical exam	\$10 copay
Well-woman exam (includes pap)	\$10 copay
Mammogram	100% covered
Cancer screenings	100% covered
Cardiovascular screenings	100% covered
Family Planning	
Fertility drugs	Applicable prescription drug copay applies; check with Plan for details
Fertility services	100% covered; inpatient; \$10 copay; outpatient; preauthorization required for inpatient admission for treatment of infertility
Artificial insemination	\$10 copay; limited to intrauterine insemination only
In vitro fertilization	Not covered
Male vasectomy	100% covered; inpatient; \$10 copay outpatient; after appropriate counseling
Maternity Care	
Office visit: Pre/postnatal	\$10 copay
In-hospital delivery services	100% covered; preauthorization required
Newborn nursery services	100% covered
Prenatal care management	Yes
Well-Baby/Well-Child Preventive Care	
Well-child exams	\$10 copay
Immunizations (child)	100% covered
Mental Health Care	
Mental Health: Combined with substance abuse	No
Mental Health: Outpatient coverage	\$5 copay; group visit; \$10 copay individual visit; limited to 20 visits per calendar year
Mental Health: Inpatient coverage	100% covered; limited to 45 days per calendar year; no day limit for serious mental illness
Substance Abuse Care	
Detox: Outpatient coverage	\$5 copay; group visit; \$10 copay individual visit
Detox: Inpatient coverage	100% covered

Rehab: Outpatient coverage	\$5 copay; group visit; \$10 copay individual visit
Rehab: Inpatient coverage	\$100 copay; non-medical setting; limited to 60 days per calendar year; limited to 120 days in a five year period

Dental Care

Dental implants	Not covered
Accidental injury to teeth	Applicable copays apply; must be medically necessary; check with Plan for details
Surgical removal of tumors, cysts, and impacted teeth	100% covered; inpatient; \$10 copay outpatient; must be medically necessary; removal of impacted teeth not covered

Vision Care

Routine vision exams	\$10 copay; PCP screening or eye refraction exam; limited to one exam per benefit plan year
Regular lenses and frames	Not covered
Contact lenses	Not covered

Other Services

Ambulance services	\$50 copay
Allergy tests and treatments	100% covered; injections; \$10 copay testing
Durable medical equipment	80% covered; DME formulary applies

Hearing Care

Hearing evaluations	\$10 copay
Hearing aids	Not covered

Medical Therapy

Acupuncture	\$10 copay; limitations apply; check with Plan for details
Chiropractic	Not covered
Outpatient physical therapy	\$10 copay; must be medically necessary; preauthorization required
Outpatient speech therapy	\$10 copay; must be medically necessary; preauthorization required
Outpatient occupational therapy	\$10 copay; limitations apply; check with Plan for details

Care at Alternate Sites

Noncustodial home health care	100% covered; limited to three visits per day and 100 visits per year in-area; preauthorization required
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 100 days per benefit plan year at designated facilities
Hospice care	100% covered

Access

Kaiser Northern California HMO	
Out-of-area dependent coverage	Yes; check with Plan for details
Out-of-area participant coverage	Yes; check with Plan for details

Ease of Use

	Kaiser Northern California HMO
Need to file claims	No; except for non-routine, out-of-network, or emergency care
Number of PCP changes allowed/year	Not available
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	Yes; limitations apply; check with Plan for details

Care Management: Education and Assistance

	Kaiser Northern California HMO
Asthma care management	Yes
Cancer care management	Yes
Diabetes care management	Yes
Heart disease care management	Yes
Hypertension care management	Yes
Smoking cessation program	Yes
Weight control program	Yes

