

## Plan Facts

Kaiser Southern California HMO	
Web site	<a href="http://kaiserpermanente.org">kaiserpermanente.org</a>
Member services	1-800-464-4000
Find a network provider	<a href="#">Find a Doctor or Hospital</a>
Binding arbitration	Yes

## Cost

Kaiser Southern California HMO	
<b>Health Reimbursement Arrangement</b>	
Eligible expenses for reimbursement	Not applicable
<b>General Medical Expenses</b>	
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
<b>Inpatient Hospital Care</b>	
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
<b>Outpatient Care</b>	
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
<b>Prescription Drug Expenses</b>	
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 Southern California HMO	
<b>Adult Preventive Care</b>	
Physical exam	\$10 copay
Well-woman exam (includes pap)	\$10 copay
Mammogram	100% covered
Cancer screenings	100% covered
Cardiovascular screenings	100% covered
<b>Family Planning</b>	
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
<b>Maternity Care</b>	
Office visit: Pre/postnatal	\$10 copay
In-hospital delivery services	100% covered; preauthorization required
Newborn nursery services	100% covered
Prenatal care management	Yes
<b>Well-Baby/Well-Child Preventive Care</b>	
Well-child exams	\$10 copay
Immunizations (child)	100% covered
<b>Mental Health Care</b>	
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
<b>Substance Abuse Care</b>	
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
<b>Dental Care</b>	
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
<b>Vision Care</b>	
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
<b>Other Services</b>	
Ambulance services	\$50 copay
Allergy tests and treatments	100% covered; injections; \$10 copay testing
Durable medical equipment	80% covered; DME formulary applies
<b>Hearing Care</b>	
Hearing evaluations	\$10 copay
Hearing aids	Not covered
<b>Medical Therapy</b>	
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
<b>Care at Alternate Sites</b>	
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

<b>Kaiser Southern California HMO</b>	
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

	<b>Kaiser Southern California HMO</b>
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

	<b>Kaiser Southern California HMO</b>
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





