

Plan Facts

	Kaiser Mid-Atlantic
Web site	kaiserpermanente.org
Member services	1-800-777-7902; out of service area; 1-301-468-6000 in service area
Find a network provider	Find a Doctor or Hospital
Binding arbitration	No

Cost

	Kaiser Mid-Atlantic
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; 100% covered for children to age five
Specialist office visit	\$10 copay
Out-of-pocket maximum: Individual/Family	\$3,500 Individual; \$9,400 Family
Lifetime coverage limit	Limit does not apply
Inpatient Hospital Care	
Hospital copay	100% covered
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient physician and surgeon services	100% covered
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; Kaiser pharmacy; \$11 copay at participating pharmacies; up to 60 day supply
Retail formulary brand	\$15 copay; Kaiser pharmacy; \$27 copay at participating pharmacies; up to 60 day supply; must be medically necessary
Retail nonformulary brand	\$15 copay; Kaiser pharmacy; \$27 copay at participating pharmacies; up to 60 day supply; must be medically necessary
Mail order generic	\$3 copay; up to 90 day supply at Kaiser mail order pharmacy

Mail order formulary brand	\$13 copay; up to 90 day supply at Kaiser mail order pharmacy; must be medically necessary
Mail order nonformulary brand	\$13 copay; up to 90 day supply at Kaiser mail order pharmacy; must be medically necessary
Oral contraceptives	Retail and mail order available; applicable prescription drug copay applies

Coverage

	Kaiser Mid-Atlantic
Adult Preventive Care	
Physical exam	100% covered
Well-woman exam (includes pap)	100% covered
Mammogram	100% covered
Cancer screenings	100% covered
Cardiovascular screenings	\$10 copay
Family Planning	
Fertility drugs	50% covered
Fertility services	50% covered
Artificial insemination	50% covered
In vitro fertilization	Not covered
Male vasectomy	\$10 copay
Maternity Care	
Office visit: Pre/postnatal	\$10 copay initial visit only
In-hospital delivery services	100% covered
Newborn nursery services	100% covered
Prenatal care management	Yes
Well-Baby/Well-Child Preventive Care	
Well-child exams	100% covered
Immunizations (child)	100% covered
Mental Health Care	
Mental Health: Combined with substance abuse	No
Mental Health: Outpatient coverage	\$10 copay
Mental Health: Inpatient coverage	100% covered
Substance Abuse Care	
Detox: Outpatient coverage	\$10 copay
Detox: Inpatient coverage	100% covered
Rehab: Outpatient coverage	\$10 copay
Rehab: Inpatient coverage	100% covered
Dental Care	
Dental implants	Not covered
Accidental injury to teeth	Coverage limited to \$2,000; check with Plan for details
Surgical removal of tumors, cysts, and impacted teeth	Applicable copays apply; must be medically necessary; check with Plan for details; removal of impacted teeth not covered
Vision Care	

Routine vision exams	\$10 copay; eye refraction exam
Regular lenses and frames	25% discount available; check with Plan for details
Contact lenses	15% discount on initial fitting; check with Plan for details
Other Services	
Ambulance services	100% covered
Allergy tests and treatments	\$10 copay
Durable medical equipment	100% covered
Hearing Care	
Hearing evaluations	\$10 copay
Hearing aids	Not covered
Medical Therapy	
Acupuncture	Not covered
Chiropractic	Discounts available; check with Plan for details
Outpatient physical therapy	\$10 copay; limited to 90 days per condition or injury
Outpatient speech therapy	\$10 copay; limited to 90 days per condition or injury
Outpatient occupational therapy	\$10 copay; limited to 90 days per condition or injury
Care at Alternate Sites	
Noncustodial home health care	100% covered
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 100 days per benefit plan year
Hospice care	100% covered

Access

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Out-of-area dependent coverage	Yes; emergency coverage only
Out-of-area participant coverage	No

Ease of Use

	Kaiser Mid-Atlantic
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	No

Care Management: Education and Assistance

	Kaiser Mid-Atlantic
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