

Plan Facts

Kaiser Sr Adv Northern CA HMO	
Web site	kaiserpermanente.org
Member services	1-800-443-0815
Find a network provider	Find a Doctor or Hospital
Binding arbitration	Yes

Cost

Kaiser Sr Adv Northern CA HMO	
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Health Reimbursement Arrangement--Account Information

Eligible expenses for reimbursement	Not applicable
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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 Sr Adv Northern CA 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 and 190 days per lifetime; 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 per admission; 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	\$150 allowance every 24 months towards purchase of covered lenses and frames
Contact lenses	100% covered; must be medically necessary; \$150 allowance every 24 months towards cosmetic contact lenses in place of lenses and frames
Other Services	
Ambulance services	\$50 copay
Allergy tests and treatments	100% covered; injections; \$10 copay testing
Durable medical equipment	80% covered; DME formulary applies; covered per Medicare guidelines
Hearing Care	
Hearing evaluations	\$10 copay
Hearing aids	Not covered
Medical Therapy	
Acupuncture	\$10 copay; limitations apply; check with Plan for details
Chiropractic	\$10 copay; limited to manual manipulation of the spine to correct subluxation; PCP referral required
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 part-time/intermittent care 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 Sr Adv Northern CA 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 Sr Adv Northern CA 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 Sr Adv Northern CA 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