



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.kp.org](http://www.kp.org) or by calling 1-800-278-3296.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <b>deductibles</b> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. <b>\$1,500</b> person / <b>\$3,000</b> family	The <b>out-of-pocket</b> limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you to plan for your health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Premiums, balance-billed charges, and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <b>network</b> of <b>providers</b> ?	Yes. See <a href="http://www.kp.org">www.kp.org</a> or call 1-800-278-3296 for a list of participating providers.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a <b>specialist</b> ?	Yes, but you may self-refer to certain specialists.	This plan will pay some or all of the costs to see a <b>specialist</b> for covered services but only if you have the plan's permission before you see the <b>specialist</b> .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5 See your policy or plan document for additional information about <b>excluded services</b> .

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 co-pay /visit	Not covered	-----none-----
	Specialist visit	\$25 co-pay / visit	Not covered	Services related to Infertility covered at 50% coinsurance /visit
	Other practitioner office visit	\$15 co-pay for chiropractor, \$25 per visit for acupuncture services.	Not covered	Chiropractic – up to 30 visits/calendar year; Physician referred acupuncture.
	Preventive care/screening/immunization	Covered in full.	Not covered	Mammograms – one per year
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	Covered in full.	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	Covered in full.	Not covered	-----none-----
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> .	Generic drugs	20% co-insurance	Not covered	Covers up to a 30 day supply (retail prescription); Covers up to a 90 day supply (mail order prescription) Retail min \$12/Retail Max \$120 Mail order min \$24/Mail order max \$240
	Preferred brand drugs	20% co-insurance	Not covered	
	Non-preferred brand drugs	20% co-insurance	Not covered	
	Specialty drugs	20% co-insurance	Not covered	

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$25 co-pay	Not covered	-----none-----
	Physician/surgeon fees	\$0 co-pay	Not covered	-----none-----
<b>If you need immediate medical attention</b>	Emergency room services	\$75 co-pay /visit	\$75 co-pay /visit	Per visit co-pay waived if admitted
	Emergency medical transportation	\$50 co-pay per trip	\$50 co-pay per trip	-----none-----
	Urgent care	\$25 co-pay /visit	\$25 co-pay /visit	-----none-----
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$200 co-pay per admission	Not covered	-----none-----
	Physician/surgeon fee	Covered in full.	Not covered	-----none-----
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$25 co-pay/visit Individual, \$12 copay/visit Group	Not covered	-----none-----
	Mental/Behavioral health inpatient services	\$200 co-pay per admission	Not covered	-----none-----
	Substance use disorder outpatient services	\$25 co-pay/visit Individual, \$12 copay/visit Group	Not covered	-----none-----
	Substance use disorder inpatient services	\$200 co-pay per admission	Not covered	-----none-----
<b>If you are pregnant</b>	Prenatal and postnatal care	Covered in full.	Not covered	-----none-----
	Delivery and all inpatient services	\$200 co-pay per admission	Not covered	-----none-----

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
<b>If you need help recovering or have other special health needs</b>	Home health care	Covered in full.	Not covered	Up to 2 hours max/visit; Up to 3 visits max /day; up to 100 visits max per calendar year
	Rehabilitation services	Inpatient: \$200 copay/admission; Outpatient: \$25 co-pay/day	Not covered	-----none-----
	Habilitation services	\$25 copay/day	Not covered	Limited to services to maintain /improve skills or functioning at risk due to medical deficits.
	Skilled nursing care	Covered in full.	Not covered	Up to 100 days per calendar year
	Durable medical equipment	20% co-insurance/item	Not covered	Must be in accordance with KP DME formulary guidelines.
	Hospice service	Covered in full.	Not covered	Limited to diagnoses of a terminal illness with a life expectancy of twelve months or less
<b>If your child needs dental or eye care</b>	Eye exam	\$0 copay/visit	Not covered	-----none-----
	Glasses	Not covered	Not covered	-----none-----
	Dental check-up	Not covered	Not covered	-----none-----

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## Excluded Services & Other Covered Services:

### **Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other **excluded services**.)

- Cosmetic Surgery
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private duty nursing
- Routine Dental Services (adult)
- Weight loss programs
- Routine Foot Care (unless medically necessary)

### **Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture with limits
- Bariatric Surgery
- Chiropractic care
- Hearing Aids
- Infertility Treatment
- Routine Eye Exam (Adult)

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## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-278-3296. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).”

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Kaiser Permanente at 1-800-278-3296 or online at [www.kp.org/memberservices](http://www.kp.org/memberservices) or the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), and the California Department of Insurance at 1-800-927-HELP (4357) or <http://www.insurance.ca.gov>.

Additionally, a consumer assistance program can help you file your appeal.

Department of Managed Health Care Help Center

(888) 466-2219

980 9<sup>th</sup> Street, Suite 500

<http://www.healthhelp.ca.gov>

Sacramento, CA 95814

[helpline@dmhc.ca.gov](mailto:helpline@dmhc.ca.gov)

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is  
not a cost  
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers:** 7,540
- **Plan pays** \$7,180
- **Patient pays** \$360

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$0
Co-pays	\$200
Co-insurance	\$10
Limits or exclusions	\$150
<b>Total</b>	<b>\$360</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$4,250
- **Patient pays** \$1,150

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0
Co-pays	\$250
Co-insurance	\$820
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,150</b>

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# Questions and answers about the Coverage Examples:

## What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

## What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

## Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

## Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

## Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

## Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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