KAISER PERMANENTE

Individuals and Families Plans

$50 Copayment Plan

Features	Member pays
Medical calendar year deductible (individual/family)	None
Pharmacy calendar year deductible	None
Annual out-of-pocket maximum (individual/family)	$3,500 / $7,000
Lifetime benefit maximum	None
Professional services (plan provider office visits)	
Primary and specialty care visits (includes routine and urgent care appointments)	$50 per visit
Well-child visits to age 2	$15 per visit
Family planning visits	$50 per visit
Scheduled prenatal care and first postpartum visit	$15 per visit
Eye exams	$50 per visit
Hearing tests	$50 per visit
Chiropractic office visits	Not covered
Physical, occupational, and speech therapy visits	$50 per visit
Outpatient services	
Outpatient surgery	$250 per procedure
Allergy injection visits	$5 per visit
Immunizations	No charge
X-rays and lab tests	$10 per encounter
Health education	
Individual visits	$50 per visit
Group visits	No charge
Hospitalization services	
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	$500 per day

Emergency health coverage

Emergency Department visits	$150 per visit ($150 copayment is waived if admitted directly to the hospital)

Ambulance services

Emergency ambulance services	$300 per trip

Prescription drug coverage

Most prescription drugs are not covered

Durable medical equipment (DME)

DME used in the home in accord with our DME formulary	Not covered

Mental health services

Inpatient psychiatric care

Inpatient psychiatric care	$500 per day (up to 30 days per calendar year)

Outpatient visits

Individual visits	$50 per visit (up to a total of 20 individual/group visits per calendar year)
Group therapy visits	$25 per visit (up to a total of 20 individual/group visits per calendar year) Up to 20 additional group therapy visits that meet medical group criteria in the same calendar year

Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits, Copayments, and Coinsurance" section of the *Membership Agreement*.

Chemical dependency services

Inpatient detoxification	$500 per day
Outpatient individual therapy visits	$50 per visit
Outpatient group therapy visits	$5 per visit
Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	$100 per admission

Home health services

Home health care (up to 100 two-hour visits per calendar year)	No charge

Other

Skilled Nursing Facility care	No charge (up to 100 days per benefit period)
Hospice care	No charge

Back to main benefits page

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form*. Detailed information about your plan is included in the *Membership Agreement*, which will be provided to you upon acceptance.

Please read our terms & conditions and privacy practices.