

# Kaiser Permanente plan comparison chart

If you live in a Kaiser Permanente service area in CA, CO, DC, GA, MD, OR, VA or WA, you may be able to elect a Kaiser Permanente HMO or HSA medical plan. Partners enrolled in a Kaiser HMO plan must receive all care from Kaiser providers (except in the case of an emergency in which you are outside of a Kaiser service area). You will select a primary care physician (PCP) who is responsible for managing and coordinating your health care. If you need to see a specialist, your PCP will provide a referral. Note that benefits in **RED** are for California residents only.

Kaiser Permanente plan comparison chart			
Plan Feature	Enhanced PPO Plan	HSA Plan	Value PPO Plan
<b>Plan Year Deductible</b> • Employee • Family	\$750 \$1,500	\$2,000 \$4,000 <sup>1</sup> ( <b>\$2,800<sup>1</sup> CA</b> )	\$3,750 \$7,500
<b>Petco Contribution to HSA</b> • Employee • Family	N/A N/A	\$350 \$700	N/A N/A
<b>Plan Year Out-of-Pocket Max</b> • Employee • Family	\$5,000 \$10,000	\$4,000 \$8,000 <sup>5</sup>	\$5,000 \$10,000
	In-Network YOU PAY	In-Network YOU PAY	In-Network YOU PAY
<b>Preventative Care</b>	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>Telemedicine Virtual Doctor Visits</b>	\$0 <sup>3</sup>	20% <sup>2</sup>	\$0 <sup>3</sup>
<b>Office Visit</b> • PCP • Specialist	\$25 copay \$50 copay	20% <sup>2</sup> 20% <sup>2</sup>	\$40 copay \$80 copay ( <b>\$50 copay CA</b> )
<b>Urgent Care</b>	\$100 copay ( <b>\$25 copay CA</b> )	20% <sup>2</sup>	\$100 copay ( <b>\$40 copay CA</b> )
<b>Emergency Room</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Diagnostic Testing</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Outpatient X-Ray and Lab</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Hospitalization</b> • Inpatient Semi-Private Room • Inpatient Physician	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	30% <sup>2</sup> 30% <sup>2</sup>
<b>Outpatient Treatment (PT, OT, ST)</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Fertility Benefit</b>	Varies by state, refer to plan Summary of Benefits and Coverage (SBC)	Varies by state, refer to plan Summary of Benefits and Coverage (SBC)	Varies by state, refer to plan Summary of Benefits and Coverage (SBC)
<b>Mental Health/Substance Abuse</b> • Inpatient • Outpatient	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	30% <sup>2</sup> 30% <sup>2</sup>
<b>Pharmacy Retail</b> • Specified Preventative Drugs <sup>4</sup> • Generic • Brand Formulary • Brand Non-Formulary	<b>30-day supply</b> 100% covered <sup>3,4</sup> \$10 copay 20% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> ( <b>20%<sup>3</sup> \$100 max CA</b> )	<b>30-day supply</b> 100% covered <sup>3</sup> 20% <sup>2</sup> ( <b>\$50 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> )	<b>30-day supply</b> 100% covered <sup>3,4</sup> \$10 copay 30% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> ( <b>\$100 max CA</b> )
<b>Pharmacy Mail Service</b> • Specified Preventative Drugs <sup>4</sup> • Generic • Brand Formulary • Brand Non-Formulary	<b>90-day supply</b> 100% covered <sup>3,4</sup> \$20 copay 20% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> ( <b>20%<sup>3</sup> \$100 max CA</b> )	<b>90-day supply</b> 100% covered <sup>3</sup> 20% <sup>2</sup> ( <b>\$50 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> )	<b>90-day supply</b> 100% covered <sup>3,4</sup> \$20 copay 30% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> ( <b>\$100 max CA</b> )

1)The family deductible must be met before any person receives benefits. 2)Coinsurance or copay after you meet the plan year deductible unless otherwise noted. 3)Plan year deductible waived. 4)As specified in essential drug list. 5)The family out-of-pocket max must be met before benefits are paid at 100% for any family member. California partners have the flexibility of meeting an individual deductible of \$2,800.