

Kaiser Permanente Summary of Benefits

Services offered	RCUH Kaiser Plan B	RCUH Kaiser Plan A
Annual out-of-pocket maximum	\$2500 Individual / \$7500 Family	\$3000 Individual / \$9000 Family
Office visits	\$20 / visit	\$25 / visit
Basic lab & imaging	\$10 / day	20% coinsurance
Specialty lab & imaging	20% coinsurance	20% coinsurance
Testing	20% coinsurance	20% coinsurance
Hospitalization/inpatient services	10% coinsurance, all inclusive	\$150 / day, all inclusive
Outpatient surgery	10% coinsurance	\$25 / visit, all inclusive
Urgent care visits	20% out of area	20% out of area
Emergency department visits	\$100 in/out, all inclusive	20% coinsurance in/out, all inclusive
Ambulance	20% coinsurance	20% coinsurance
Outpatient prescription drugs	\$3G maint/ \$10G/ \$45B/ \$200S	\$3G maint/ \$10G/ \$45B/ \$200S
Durable medical equipment	20% coinsurance; 50% coinsurance diabetes equip	20% coinsurance; 50% coinsurance diabetes equip
Vision	Optical 150	Optical 150
Fit Rewards	\$200 gym, \$10 home	\$200 gym, \$10 home
Chiropractor	20 visits per year at \$20	20 visits per year at \$20

This is a summary of some benefits and their copays and coinsurance.

This chart does not describe all benefits. Please see your *Evidence of Coverage* for information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.