

Kaiser Permanente Summary of Benefits 2020

Services Offered	RCUH Plan B	RCUH Plan A
Annual Deductible	None	None
Annual Out-of-Pocket Maximum	\$2,500 individual/\$7,500 family	\$3,000 individual/\$9,000 family
Primary Office Visits	\$15 copay for adults 18+; \$0 copay for children through age 17	\$25 copay
Specialist Office Visits	\$15 per visit	Same as Primary Office Visit
Inpatient Hospital	10% for inpatient services; \$0 for routine maternity care and newborn delivery	\$150 for inpatient services, \$0 routine maternity care
Outpatient Surgery	\$15 copay; 10% coinsurance in Ambulatory Surgery Center	Same as Primary OVC
Emergency Room Visits	\$100 copay per visit, anywhere in the world	20% coinsurance per visit, anywhere in the world
Lab / Xray (Basic)	\$15 per day	20% coinsurance
Lab/Imaging (Complex)	20% coinsurance	20% coinsurance
Diagnostic Testing	20% coinsurance	20% coinsurance
Radiation Therapy	20% coinsurance	20% coinsurance
Skilled Admin Rx	20% coinsurance	20% coinsurance
Dialysis	20% coinsurance	20% coinsurance
Fit Rewards	You can earn a free gym membership at certain gyms or enjoy discounted rates at newly added participating fitness centers. Earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards	You can earn a free gym membership at certain gyms or enjoy discounted rates at newly added participating fitness centers. Earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards
Outpatient Prescription Drugs	\$3 maintenance/\$10 generic/\$45 brand/\$200 specialty	\$3 maintenance/\$10 generic/\$45 brand/\$200 specialty
Optical	You pay amounts over \$150 allowance per calendar year for eyeglasses or contact lenses	You pay amounts over \$150 allowance per calendar year for eyeglasses or contact lenses
Dental	Not covered	Not covered
Complementary Alternative Medicine	Chiropractic Services 20 visits per calendar year at \$20 per visit	Chiropractic Services 20 visits per calendar year at \$20 per visit