Kaiser Permanente - 4J
2020-21 Benefit Plan Summary
Plan 2

	Kaiser Permanente HMO Plan 2	
Plan Year Costs - Deductibles and copayments apply to the annual out- of-pocket maximum.	**In-Network Member Pays**	**Out-of-Network Member Pays**
Deductible per person	$800	NA
Maximum deductible per family	$2,400	NA
Out-of-pocket (OOP) maximum per person [3]	$4,000	NA
Out-of-pocket (OOP) maximum per family [3]	$12,000	NA
Maximum cost share per person	NA	NA
Maximum cost share per family	NA	NA
Preventive Care Services		
Wellness visit	$0[1]	NA
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	$0[1]	Not Covered
Primary care office visits	$25[1]	Not Covered
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	NA	NA
Virtual Care	$0[1]	Not Covered
Specialist office visits	$35[1]	Not Covered
Urgent care	$40[1]	See Plan Handbook
Mental Health Services		
Mental health office visits	$25[1]	Not Covered
Mental health inpatient and residential services	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	$01	Not Covered
Outpatient Services		
Outpatient surgery/facility care	20%	Not Covered
Outpatient rehabilitation (physical, occupational & speech therapy) **Kaiser Plans:** Maximum 20 visits per therapy per Plan Year **Moda Plans:** 30 sessions per plan year / 60 for spinal or head injury	$35[1] per visit	Not Covered
Tests (outpatient)		
Preventive tests	$0[1]	Not Covered
Laboratory	$25[1] per visit	Not Covered
X-ray, imaging, and special diagnostic procedures	$25[1] per visit	Not Covered
CT, MRI, PET scans	$25[1] per visit	Not Covered
Alternative Care Services[8]		
Acupuncture, chiropractic & naturopathic services	$25[1] per service	Not Covered
Maternity Care		
Outpatient maternity care	$0[1]	Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	Not Covered
Hospital Services		
Inpatient care/surgery	20%	See Plan Handbook
Skilled nursing facility care (**Kaiser Plans:** 100 days per plan year)	20%	NA
Additional Cost Tier		
Moda Plans Only: $100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	NA	NA
Moda Plans Only: $500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement[4], knee & shoulder arthroscopy, uncomplicated hernia repair	NA	NA
Emergency Services		
Emergency room (copay waived if admitted)	20%	
Ambulance	$100[1]	
Other Covered Services		
Hearing aids: $4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%[1]	Not Covered
Durable medical equipment (DME)	20%[1]	Not Covered
Bariatric surgery	$500 + 20%	Not Covered
Pharmacy Services		
Out-of-pocket (OOP) maximum	$1100 - Rx max also applies to Medical OOP	
Retail		
Value	NA	NA
Generic (Kaiser Plans) / Select generic (Moda Plans)	$5 per 30-day supply	See Plan Handbook
Preferred brand	$25 per 30-day supply	See Plan Handbook
Non-preferred brand[5]	$45 per 30-day supply if criteria met	See Plan Handbook
Mail		
Value	NA	NA
Generic (Kaiser plans) / Select generic (Moda Plans)	$10 per 90-day supply	See Plan Handbook
Preferred Brand	$50 per 90-day supply	See Plan Handbook
Non-preferred brand[5]	$90 per 90-day supply if criteria met	See Plan Handbook
Specialty		
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to $100 per 30-day supply	See Plan Handbook
Non-preferred brand[5]	25% up to $100 per 30-day supply	See Plan Handbook

NA - Not applicable

1 Deductible waived.
2 Individual deductible and out-of-pocket maximum apply to single coverage only. Family deductible and out-of-pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of-pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where 1 indicates deductible waived).

3 For Moda plans, OOP max includes medical copayments and coinsurance. Pharmacy copays and coinsurance and ACT copayments will continue accruing towards Maximum Cost Share.

4 Benefit is subject to a reference price limitation.
5 A formulary exception must be approved for non-preferred brand prescription medication.

This document is for comparison purposes only. The full benefits of each plan are described in the member handbooks. In the case of a conflict between this comparison and the member handbook, the member handbook will prevail.