## Kaiser Permanente - 4J 2021-22 Benefit Plan Summary Plan 2A

No lifetime maximum on any medical plans.	Medical Plan 2A Kaiser Permanente Network	
PERMANENTE.		
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 <sup>3</sup>	\$4,000	NA
Out-of-pocket (OOP) maximum per family <sup>a</sup>	\$12,000	NA
Maximum cost share per person	NA	NA
Maximum cost share per family	NA	NA
Preventive Care Services		
Wellness visit	\$O <sup>1</sup>	NA
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services.	\$0 <sup>-</sup>	Not Covered
Office Visits and Virtual Care		
Primary care office visits	\$25 <sup>,</sup>	Not Covered
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	NA	NA
ncentive Care Office Visits for asthma, heart conditions, cholesterol, high blood pressure, diabetes (Moda Plans only)	NA	NA
/irtual Care Specialist office visits	\$0° \$35°	Not Covered Not Covered
Jrgent care	\$40 <sup>-</sup>	See Plan Handbook
Mental Health Services	\$40°	See Flatt Halldbook
Mental health office visits	\$25 <sup>,</sup>	Not Covered
Mental health inpatient and residential services		Not Covered Not Covered
	20%	
Chemical dependency services (inpatient, outpatient or residential)	\$0 <sup>,</sup>	Not Covered
Dutpatient Services Dutpatient surgery/facility care	20%	Not Covered
Dutpatient surgery/racing care  Dutpatient rehabilitation (physical, occupational & speech therapy)	20%	Not Covered
Kaiser Plans: Maximum 20 visits per therapy per Plan Year	\$35¹ per visit	Not Covered
	4 F	
ests (outpatient)		
reventive tests	\$0 <sup>,</sup>	Not Covered
aboratory	\$25 per visit	Not Covered
-ray, imaging, and special diagnostic procedures	\$25¹ per visit	Not Covered
CT, MRI, PET scans	\$25 <sup>1</sup> per visit	Not Covered
Alternative Care Services		
Acupuncture, chiropractic & naturopathic services	\$25 <sup>-</sup> per service	Not Covered
Maternity Care Dutpatient maternity care	\$0 <sup>,</sup>	Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	20%	Not Covered
	20%	
Hospital Services		See Plan Handbook
postient care/surgery	20%	
npatient care/surgery	20%	ooo i ian i ianabook
	20%	NA NA
npatient care/surgery Skilled nursing facility care Kaiser Plans: 100 days per plan year)		
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kkilled nursing facility care Kaiser Plans: 100 days per plan year)  Vocitional Cost Tier  Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies		
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killed nursing facility care Kaiser Plans: 100 days per plan year)  vicitional Cost Tier Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar  Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder	20%	NA
killed nursing facility care  (Asiser Plans: 100 days per plan year)  (Idditional Cost Tier  (Idda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar  (Idda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rthroscopy, uncomplicated hernia repair  (Integency Services	20% NA	NA NA NA
iskilled nursing facility care Kaiser Plans: 100 days per plan year)  deditional Cost Tier  Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair imergency Services  imergency Services  imergency Forom (copay waived if admitted)	20% NA	NA NA NA 20%
ikilled nursing facility care (Asiser Plans: 100 days per plan year)  dditional Cost Tier (loda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  floda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rthroscopy, uncomplicated hernia repair imergency Services  imergency Services  imergency room (copay waived if admitted)  imbulance	20% NA	NA NA NA
killed nursing facility care (aiser Plans: 100 days per plan year) dditional Cost Tier toda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep unders, lumbar discographies  toda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair mergency Services mergency room (copay waived if admitted) mibulance ther Covered Services	20% NA NA	NA NA NA 20% \$100
killed nursing facility care  (Aiser Plans: 100 days per plan year)  (Idditional Cost Tier  (Idda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar  (Idda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rthroscopy, uncomplicated hernia repair  (Integency Services  (Integency Services)	20% NA	NA NA NA 20%
ikilled nursing facility care (Asiser Plans: 100 days per plan year)  dditional Cost Tier (oda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  (oda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hemia repair imergency Services  imergency Services  imergency room (copay waived if admitted)  imbulance    Intercovered Services	20% NA NA	NA  NA  NA  20% \$100
Skilled nursing facility care Kaiser Plans: 100 days per plan year) Additional Cost Tier Moda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep	20%  NA  NA  10%	NA  NA  NA  NA  20% \$100
Skilled nursing facility care Kaiser Plans: 100 days per plan year) Modal Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep discographies  Moda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair imergency Services  imergency room (copay waived if admitted)  mbulance  Other Covered Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for shidden  Jurable medical equipment (DME)	20%  NA  NA  10%  20%	NA  NA  NA  NA  20% \$100  Not Covered  Not Covered
ikilled nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  foda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar  foda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair imergency Services  imergency room (copay waived if admitted)  imbulance  therefore Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hidden  purable medical equipment (DME)  lariatric surgery	20%  NA  NA  10%  20%  \$500 + 20%	NA  NA  NA  20% \$100  Not Covered  Not Covered
ikilled nursing facility care  (Asiser Plans: 100 days per plan year)  diditional Cost Tier  (Indea Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar  (Indea Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair  (Intergency Services  (Intergency Toom (copay waived if admitted)  (Interpretation of the properties of the propert	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also	NA  NA  NA  NA  20% \$100:  Not Covered  Not Covered  Not Covered  And Covered  Not Covered  Not Covered  Not Covered  Not Covered  Not Covered
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killed nursing facility care (aliser Plans: 100 days per plan year)  dditional Cost Tier  loda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep udies, lumbar discographies  loda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder throscopy, uncomplicated hernia repair mergency Services  mergency Services  mergency room (copay waived if admitted) mibulance  ther Covered Services  earing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for nildren urable medical equipment (DME) ariatric surgery  harmacy Services  ut-of-pocket (OOP) maximum etail  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply \$25 per 30-day supply	NA  NA  NA  NA  20% \$1000  Not Covered  Not Covered  Not Covered  applies to Medical OOP Max  NA  See Plan Handbook See Plan Handbook
killed nursing facility care (aliser Plans: 100 days per plan year)  dditional Cost Tier  oda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsilitectomies in members under age 18 with chronic tonsilitits or sleep apnea, viscosupplementation, upper endoscopies, sleep udies, lumbar discographies  oda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder throscopy, uncomplicated hernia repair mergency Services  mergency Services  mergency room (copay waived if admitted) mbulance  ther Covered Services  earing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for inlidren  urable medical equipment (DME)  ariatric surgery  harmacy Services  ut-of-pocket (OOP) maximum  tall  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply	NA  NA  NA  NA  NO  20% \$100  Not Covered  Not Covered  Not Covered  And Covered  Not Covered  Not Covered  Not Covered  Not Covered  Applies to Medical OOP Max  NA  See Plan Handbook
killed nursing facility care (aliser Plans: 100 days per plan year)  dditional Cost Tier  oda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsilitectomies in members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep udies, lumbar discographies  oda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder throscopy, uncomplicated hernia repair mergency Services  mergency Services  mergency room (copay waived if admitted) mbulance  ther Covered Services  earing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hilder urable medical equipment (DME) ariatric surgery  harmacy Services  ut-of-pocket (OOP) maximum etail  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply \$25 per 30-day supply	NA  NA  NA  NA  20% \$100'  Not Covered  Not Covered  Not Covered  applies to Medical OOP Max  NA  See Plan Handbook See Plan Handbook
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killed nursing facility care (aiser Plans: 100 days per plan year)  dditional Cost Tier  toda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  toda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder (throscopy, uncomplicated hernia repair (mergency Services)  mergency Services  mergency room (copay waived if admitted)  mbulance  tither Covered Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren (urable medical equipment (DME) ariatric surgery  harmacy Services  lut-of-pocket (OOP) maximum  tetail  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply \$25 per 30-day supply \$45 per 30-day supply if criteria met	NA  NA  NA  NA  NA  20% \$1000  Not Covered  Not Covered  Not Covered  applies to Medical OOP Max  NA  See Plan Handbook See Plan Handbook See Plan Handbook
killed nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  toda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  toda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair  mergency Services  mergency Comm (copay waived if admitted)  mbulance  ther Covered Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren  urable medical equipment (DME)  ariatric surgery  harmacy Services  tut-of-pocket (OCP) maximum  tetail  Value  Generic (Kalser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand-  Value	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply \$25 per 30-day supply \$45 per 30-day supply if criteria met	NA  NA  NA  NA  NA  NOT Covered  Not Covered  Not Covered  And Covered  And Covered  Applies to Medical OOP Max  NA  See Plan Handbook  See Plan Handbook  See Plan Handbook  NA  NA
ikilled nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  foda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  foda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hemia repair imergency Services  imergency Services  imergency Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren  purable medical equipment (DME)  tairatric surgery  harmacy Services  put-of-pocket (OOP) maximum  tetail  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand  Value  Generic (Kaiser plans) / Select generic (Moda Plans)	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply  \$25 per 30-day supply  \$45 per 30-day supply if criteria met  NA  \$10 per 90-day supply	NA  NA  NA  NA  NA  NA  20% \$100  Not Covered  Not Covered  Not Covered  And Covered  And Covered  Applies to Medical OOP Max  NA  See Plan Handbook
killed nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  toda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  toda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair mergency Services  mergency Services  mergency Toom (copay waived if admitted)  mbulance  ther Covered Services  tearing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren  urable medical equipment (DME)  ariatric surgery  harmacy Services  tut-of-pocket (OOP) maximum  etail  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand  Value  Generic (Kaiser plans) / Select generic (Moda Plans)  Preferred Brand  Non-preferred brand	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply  \$25 per 30-day supply  \$45 per 30-day supply if criteria met  NA  \$10 per 90-day supply  \$50 per 90-day supply	NA  NA  NA  NA  NA  NA  20% \$1000  Not Covered  Not Covered  Not Covered  And Covered  And See Plan Handbook
ikilled nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  foda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  foda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair imergency room (copay waived if admitted) imbulance  intergency room (copay waived if admitted) imbulance  intergency cored Services learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren intergency procest (OOP) maximum  tetail  Value Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand Non-preferred brand  Value Generic (Kaiser plans) / Select generic (Moda Plans)  Preferred Brand Non-preferred brand-  Non-preferred Brand Non-preferred brand-	NA  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply \$25 per 30-day supply \$45 per 30-day supply  \$45 per 30-day supply \$45 per 30-day supply \$50 per 90-day supply \$50 per 90-day supply \$90 per 90-day supply	NA  NA  NA  NA  NA  20% \$1000  Not Covered  Not Covered  Not Covered  And Covered  And See Plan Handbook
ikilled nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  (loda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  (loda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rthroscopy, uncomplicated hernia repair mergency Services  Intergency Services  Intergency Come (copay waived if admitted)  Intergency room (copay waived if admitted)  Intergency	20%  NA  NA  10% 20% \$500 + 20%  \$1100 - Rx max also  NA \$5 per 30-day supply \$25 per 30-day supply \$45 per 30-day supply if criteria met  NA \$10 per 90-day supply \$50 per 90-day supply \$90 per 90-day supply	NA  NA  NA  NA  NA  NA  20% \$100*  Not Covered  Not Covered  Not Covered  And Covered  applies to Medical OOP Max  NA  See Plan Handbook
ikilled nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  foda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  foda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair imergency room (copay waived if admitted) imbulance  intergency room (copay waived if admitted) imbulance  intergency cored Services learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren intergency procest (OOP) maximum  tetail  Value Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand Non-preferred brand  Value Generic (Kaiser plans) / Select generic (Moda Plans)  Preferred Brand Non-preferred brand-  Non-preferred Brand Non-preferred brand-	NA  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply \$25 per 30-day supply \$45 per 30-day supply  \$45 per 30-day supply \$45 per 30-day supply \$50 per 90-day supply \$50 per 90-day supply \$90 per 90-day supply	NA  NA  NA  NA  NA  NA  20% \$1000  Not Covered  Not Covered  Not Covered  And Covered  And See Plan Handbook
killed nursing facility care  (aliser Plans: 100 days per plan year)  dditional Cost Tier  toda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  toda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair  mergency Services  mergency Come (copay waived if admitted)  mbulance  ther Covered Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren  urable medical equipment (DME)  ariatric surgery  harmacy Services  tut-of-pocket (OCP) maximum  tetail  Value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand  Value  Generic (Kaiser plans) / Select generic (Moda Plans)  Preferred Brand  Non-preferred Brand  Non-preferred Brand-  Total Coveries of the coveries of	20%  NA  NA  10% 20% \$500 + 20%  \$1100 - Rx max also  NA \$5 per 30-day supply \$25 per 30-day supply \$45 per 30-day supply if criteria met  NA \$10 per 90-day supply \$50 per 90-day supply \$90 per 90-day supply	NA  NA  NA  NA  NA  NA  20% \$100'  Not Covered  Not Covered  Not Covered  applies to Medical OOP Max  NA  See Plan Handbook
killed nursing facility care (aliser Plans: 100 days per plan year)  dditional Cost Tier  loda Plans Only: \$100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies or members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep tudies, lumbar discographies  loda Plans Only: \$500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement, knee & shoulder rithroscopy, uncomplicated hernia repair mergency corm (copay waived if admitted) mergency Services  mergency room (copay waived if admitted) mbulance  tither Covered Services  learing aids: \$4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for hildren  unable medical equipment (DME) aniatric surgery  harmacy Services  harmacy Services  value  Generic (Kaiser Plans) / Select generic (Moda Plans)  Preferred brand  Non-preferred brand  Non-preferred brand  Non-preferred Brand  Non-preferred Brand  Non-preferred Brand  Non-preferred brand  Select generic (Kaiser plans) / Preferred brand (Moda Plans)  Preferred Brand  Non-preferred Kaiser plans) / Preferred brand (Moda Plans)	20%  NA  NA  10%  20%  \$500 + 20%  \$1100 - Rx max also  NA  \$5 per 30-day supply  \$25 per 30-day supply  \$45 per 30-day supply if criteria met  NA  \$10 per 90-day supply  \$50 per 90-day supply  \$90 per 90-day supply  \$90 per 90-day supply  \$90 per 90-day supply	NA  NA  NA  NA  NA  20% \$100  Not Covered  Not Covered  Not Covered  And  See Plan Handbook  NA  See Plan Handbook  See Plan Handbook  See Plan Handbook  NA  See Plan Handbook  See Plan Handbook  See Plan Handbook  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).
- Benefit is subject to a reference price limitation.
   A formulary exception must be approved for non-preferred brand prescription medication.
   For value teir list please visit https://my.kp.org/oebb/plans/ at bottom of page.
- 8 For Kaiser plans, acupuncture care, spinal manipulation and naturopathic substance only accrue towards your \$2000 benefit maximum.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.