

Kaiser Permanente Multi-Site HMO \$15/\$1750 Plan*

Out-of-Pocket Maximum(s) and Deductible(s)

For covered services that apply to the Plan out-of-pocket maximum, you may not pay any more copays, coinsurance, or deductibles for the rest of the year once you have reached the amounts listed below.

Amounts Per Year	Self-Only Coverage (Individual)	Family Coverage Entire family of 2 or more members		
Plan deductible	None	None		
Plan out-of-pocket maximum	\$1,750	\$3,500		
Professional Services		You Pay		
Primary care office visit ¹			\$15 copay	
Specialty care office visit		<u> </u>	\$25 copay (CA, CO, GA, MAS, NW, WA) \$15 copay (HI)	
Telemedicine / Virtual care (phone/video)		\$0 copay		
Preventive Services		You Pay		
Preventive examinations (including immunizations, well-child, women's health care)		\$0 copay		
Hospital Inpatient Services		You Pay		
Inpatient hospital services		\$250 copay per admission		
Delivery and inpatient maternity care		\$250 copay per admission		
Mental Health & Substance Use Services		You Pay		
Inpatient hospital and residential services		\$250 copay per admission		
Individual outpatient services ¹		\$15 copay		
Group outpatient services ¹		\$7 copay (CA, CO, GA, MAS, NW) \$15 copay (HI) \$0 copay (WA)		
Outpatient Services		You Pay		
Outpatient surgery in a hospital or ambulatory surgical facility		\$125 copay (CA, CO, GA, MAS, NW, WA) \$75 copay (HI)		
Laboratory services		\$10 copay		
Diagnostic X-rays		\$10 copay		
Specialty imaging (MRI, CT, and PET scans)		\$75 copay (CA, CO, GA, MAS, NW, WA) 10% coinsurance (HI)		
Emergency Health Coverage		You Pay		
Urgent care ^{2,3}		\$25 copay (CO, GA, MAS, NW) \$15 copay (CA, HI, WA)		
Emergency Department visits Note: This copay does not apply if you are admitted directly to the hospital as an inpatient for covered services (see "Inpatient hospital services" for inpatient copay)		\$250 copay (CA, CO, GA, MAS, NW, WA) \$100 copay (HI)		
Prescription Drug Coverage		You Pay		
Covered outpatient items in accord v	vith our drug formulary guidel	ines:		
Prescription drugs: Generic Maintenance (HI only)		\$3 copay for up to a 30-day supply		
Prescription drugs: Generic		\$10 copay for up to a 30-day supply		
Prescription drugs: Preferred brand		\$30 copay (CA, CO, GA, MAS, NW, WA) \$35 copay (HI) for up to a 30-day supply		
Prescription drugs: Non-preferred brand ⁴		\$60 copay (CA, CO, GA, MAS, NW, WA) \$35 copay (HI)		

for up to a 30-day supply

Prescription Drug Coverage	You Pay	
Prescription drugs: Specialty	20% (not to exceed \$250) (CA, CO, GA, NW, WA) 20% (not to exceed \$150) (MAS) \$200 copay (HI) for up to a 30-day supply	
Mail order ^{4,5}	\$6 copay generic maintenance (HI) \$20 copay generic \$60 copay (CA, CO, GA, MAS, NW, WA); \$70 copay (HI) preferred brand \$120 copay (CA, CO, GA, MAS, NW, WA); \$70 copay (HI) non-preferred brand for a 90-day supply	

Kaiser Permanente Multi-Site (KPMP) benefits may not deviate from the standard plan design.

This is a summary of the most frequently asked about benefits. This chart does not explain benefits, copays, coinsurance, deductibles, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and copay, coinsurance, or deductible amounts. For a complete explanation, please refer to the *Evidence of Coverage*.

- (1) **NW(OR):** Visits 1–3 at \$5 (not subject to deductible); visit limits cross-accumulate between primary care office visit, self-referred naturopathy, mental health (MH) individual and group visits, MH intensive outpatient/partial hospitalization, substance use disorder (SUD) individual and group visits, SUD day treatment services. Visit 4+ at cost share. Telemedicine will remain at no charge.
- (2) WA: The cost share is based on the provider type.
- (3) HI: Urgent care services outside of the service area cost share 20% coinsurance.
- **(4) CA:** Non-formulary drugs are subject to a formulary exception process. Members pay the same cost share as for formulary drugs, when approved through the formulary exception process.
- (5) CA: 100-day supply for mail order.
- *Kaiser Foundation Health Plan of the Northwest (KFHP-NW) is licensed as a Health Care Service Contractor in Oregon and Washington.