

Customer/Group Name: City of Sacramento

Customer/Group #: 15155

Kaiser Permanente Multi-Site HMO \$20/\$2000 Plan* 01/01/2027
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	\$2,000	\$4,000

Professional Services	You Pay
Primary care office visit ¹	\$20 copay
Specialty care office visit	\$30 copay (CA, CO, GA, MAS, NW, WA) \$20 copay (HI)
Telehealth services (phone/video)	\$0 copay
Outpatient rehabilitation services (visit limits vary by region)	\$30 copay (GA, MAS, NW, WA) \$20 copay (CA, CO, HI)
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	\$20 copay
Group outpatient services ¹	\$10 copay (CA, CO, GA, MAS, NW) \$20 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)	\$100 copay (CA, CO, GA, MAS, NW, WA) 10% coinsurance (HI)
Emergency Health Coverage	You Pay
Urgent care ^{2,3}	\$30 copay (CO, GA, MAS, NW) \$20 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 with our drug formulary guidelines:	
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) \$45 copay (HI) for up to a 30-day supply
Prescription drugs: Non-preferred brand ⁴	\$60 copay (CA, CO, GA, MAS, NW, WA) \$45 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); \$90 copay (HI) preferred brand \$120 copay (CA, CO, GA, MAS, NW, WA); \$90 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.