

Please note that this is for informational purposes only. The health plan changes that are being proposed are subject to continuing negotiations.

	KAISER HIGH HMO	KAISER LOW HMO	KAISER LIMITED HMO	KAISER Silver HMO New
Annual Out-of-Pocket Maximum				
Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Lifetime Maximum	None	None	None	None
Hospital				
All Inpatient Services	No Charge	No Charge	No Charge	No Charge
Outpatient Surgery	No Charge	\$5/procedure	\$15/procedure	\$25/procedure
Physician Services				
Physician Office Visit	No Charge	\$5/visit	\$15/visit	\$25/visit
Specialist Visit	No Charge	\$5/visit	\$15/visit	\$25/visit
Periodic Health Exam/Preventive Care	No Charge	\$5/visit	\$15/visit	\$25/visit
Well Baby Care	No Charge	\$5/visit	\$5/visit	\$5/visit
Immunization/Inoculation	No Charge	No Charge	No Charge	No Charge
Vision Exam (Refraction)	No Charge	\$5/visit	\$15/visit	\$25/visit
Diagnostic X-Ray and Lab	No Charge	No Charge	No Charge	No Charge
Durable Medical Equipment	20% of Allowed Charges	20% of Allowed Charges	20% of Allowed Charges	20% of Allowed Charges
Infertility Testing/Treatment	No Charge	\$5/visit	50% of Allowed Charges	Not Covered
Ambulance Service	\$50/trip	\$50/trip	\$50/trip	\$50/trip
Emergency (waived if admitted)	\$50/visit	\$50/visit	\$50/visit	\$50/visit
Mental Health				
Inpatient	No Charge	No Charge	No Charge	No Charge
Outpatient	No Charge	\$5/visit	\$15/visit	\$25/visit
Substance Abuse				
Inpatient Detox Only	No Charge	No Charge	No Charge	No Charge
Outpatient	No Charge	\$5/visit	\$15/visit	\$25/visit
Home Health Services	No Charge (Limited 100 visits/cal. year)	No Charge (Limited 100 visits/cal. year)	No Charge (Limited 100 visits/cal. year)	No Charge (Limited 100 visits/cal. year)
Skilled Nursing Facility Care	No Charge (Limited 100 days/cal. year)	No Charge (Limited 100 days/cal. year)	No Charge (Limited 100 days/cal. year)	No Charge (Limited 100 days/cal. year)
Outpatient Speech / Physical / Occupational Therapy	No Charge	\$5/visit	\$15/visit	\$25/visit
Hospice Care	No Charge	No Charge	No Charge	No Charge
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic	\$10/visit (30 visits/cal. year)	\$10/visit (30 visits/cal. year)	\$10/visit (30 visits/cal. year)	\$15/visit (30 visits/cal. year)
Hearing Aids	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary
Retail (100-Day Supply)	\$5 / \$5 / N/A	\$5 / \$5 / N/A	\$7 / \$7 / N/A	\$10 / \$25 / N/A (30-Day) \$20 / \$50 / N/A (60-Day) \$30 / \$75 / N/A (100-Day)
Mail Order Program (100-Day supply)	\$5 / \$5 / N/A	\$5 / \$5 / N/A	\$7 / \$7 / N/A	\$10 / \$25 / N/A (30-Day) \$20 / \$50 / N/A (100-Day)