

Summary of Kaiser HMO 20, DHMO 500 & HSA Plans - Management, Confidential, Board and Charter Employees

Carrier	Kaiser Permanente Insurance	Kaiser Permanente Insurance	Kaiser Permanente Insurance
Plan Name	HMO 20	DHMO 500	DHMO HSA
General Plan Information			
Annual Deductible/Individual	\$0	\$500	\$1,600 medical/prescription
Annual Deductible/Family	\$0	\$1,000	\$3,200 (entire family or two or more)
Coinsurance	100%	80%	90%
Office Visit/Exam	\$20 copay	\$20 copay	90% after deductible
Outpatient Specialist Visit	\$20 copay	\$20 copay	90% after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,200
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,400
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services			
Inpatient Hospitalization	100%	80% after deductible	90% after deductible
Semi-Private Room & Board; Including	100%	80% after deductible	90% after deductible
Emergency Services			
Emergency Room	\$100 copay waived if admitted	80% after deductible	90% after deductible
Mental Health Benefits			
Inpatient Care	100%	80% after deductible	90% after deductible
Outpatient Care	\$20 copay	\$20 copay; deductible waived	90% after deductible
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	100%	80% after deductible	90% after deductible
Inpatient Detoxification Services	100%	80% after deductible	90% after deductible
Outpatient Care			
Outpatient Services	\$20 copay	\$20 copay; deductible waived	90% after deductible
Prescription Drug Benefits			
Prescription Drug Deductible		\$100 per member/calendar year	\$1,600 ind/\$3,200 fam;
Generic	\$10 copay	\$10 copay; deductible waived	\$10 copay; after deductible
Brand (Formulary/Preferred)	\$20 copay	\$30 copay; after \$100 prescription	\$30 copay; after deductible
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Generic	\$20 copay	\$20 copay; deductible waived	\$20 copay; after deductible
Brand (Formulary/Preferred)	\$40 copay	\$60 copay; after \$100 prescription	\$60 copay; after deductible
Number of Days Supply for Mail	100 days	100 days	100 days
Other Services and Supplies			
Chiropractic Services	Not covered	Not covered	Not covered

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