

	Kaiser Permanente HSA-Qualified Plan	Kaiser Permanente Deductible/Coinsurance HMO
Deductible (Individual / Family)	\$6,000 / \$12,000	\$2,500 / \$5,000
Coinsurance	Plan pays 100% after deductible is met	Plan pays 80%/You pay 20% after deductible is met
Out-of-pocket Maximums (Individual / Family)	\$6,000 Individual / \$12,000 Family	\$4,500 / \$9,000 (All covered services apply toward OPM)
Preventive Care / Routine Physical Primary Care Office Visit Specialist Care Office Visit	No Charge (deductible does not apply) No charge after deductible No charge after deductible	No Charge \$20 copay per visit \$40 copay per visit (20% coinsurance after deductible for other covered services received during visit)
Laboratory in Medical Office	No charge after deductible	No Charge
X-Rays / MRI / CTScan / PETScan	No charge after deductible	20% coinsurance after deductible is met
After hours at Designated Facility	No charge after deductible	\$40 copay per visit
Emergency Room		20% coinsurance after deductible is met
Prescription Drugs	No charge after deductible	Retail (30-day supply) Generic: \$10 copay Preferred Brand: \$20 copay
		Mail Order (90-day supply) 2X applicable retail copay
		Specialty: 20% up to \$250
Inpatient Hospital	No charge after deductible	20% coinsurance after deductible is met
Outpatient Surgery		\$500 copay at an ambulatory surgery center
Durable Medical Equipment		20% coinsurance after deductible is met