

	Kaiser Permanente HSA-Qualified Plan
Deductible (Individual / Family)	\$8,000 / \$16,000
Coinsurance	Plan pays 100% after deductible is met
Out-of-pocket Maximums (Individual / Family)	\$8,000 Individual / \$16,000 Family
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
Laboratory in Medical Office	No charge after deductible
X-Rays / MRI / CTScan / PETScan	No charge after deductible
After hours at Designated Facility	No charge after deductible
Emergency Room	
Prescription Drugs	No charge after deductible
Inpatient Hospital	No charge after deductible
Outpatient Surgery	
Durable Medical Equipment	

This is only a brief overview. For full plan details please refer to your Summary of Benefits and Coverage (SBC) or Evidence of Coverage (EOC).

