KAISER PERMANENTE®

*ALSO AVAILABLE IN COVERED CALIFORNIA AND CALIFORNIA*CHOICE*

Plan Comparison[1]

2020–2021

	2020 — DISCONTINUED PLAN	2021
	Gold 80 HMO 500/30* + Child Dental Alt	**Gold 80 HMO 250/35* + Child Dental**
FEATURES	**Deductible HMO Plan**	**Deductible HMO Plan**
PLAN DEDUCTIBLE Individual/Family	$500/$1,000 (embedded)	$250/$500
OUT-OF-POCKET MAXIMUM Individual/Family	$7,000/$14,000 (embedded)	$7,800/$15,600 (embedded)
IN THE MEDICAL OFFICE Primary care visits	$30	$35
Urgent care visits	$30	$35
Specialty office visits	$35	$55
Preventive exams, vaccines (immunizations)	$0	$0
Prenatal care	$0	$0
Postpartum care	$0	$0
Well-child preventive care visits	$0	$0
Allergy injections	$5 per visit	$5 per visit
Infertility services	Not covered	Not covered
Physical, occupational, and speech therapy	$30	$35
Most laboratory tests	$20	$35
Most X-rays and diagnostic testing	$40	$55
Most MRI/CT/PET scans	$300 (after plan deductible)	$250 (after plan deductible)
Outpatient surgery (per procedure)	$600 (after plan deductible)	$355 (after plan deductible)
EMERGENCY SERVICES Emergency Department visits (waived if admitted directly to hospital)	$250 (after plan deductible)	$250 (after plan deductible)
Ambulance	$250 (after plan deductible)	$250 (after plan deductible)
PRESCRIPTIONS Generic drugs (up to a 30-day supply)	$15	$15
Brand-name drugs (up to a 30-day supply)	$50	$40
Specialty drugs (up to a 30-day supply)	20% per prescription up to $250 maximum	20% per prescription up to $250 maximum
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	$600 per day up to 5 days per admission (after plan deductible)	$600 per day up to 5 days per admission (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	$300 per day up to 5 days per admission (after plan deductible)	$300 per day up to 5 days per admission (after plan deductible)
MENTAL HEALTH SERVICES In the medical office	$30	$35
In the hospital	$600 per day up to 5 days per admission (after plan deductible)	$600 per day up to 5 days per admission (after plan deductible)
CHEMICAL DEPENDENCY SERVICES In the medical office	$30	$35
In the hospital (detoxification only)	$600 per day up to 5 days per admission (after plan deductible)	$600 per day up to 5 days per admission (after plan deductible)
OTHER		
Televisits	$0	$0
Chiropractic and acupuncture	$15 per visit (20 combined visits per year)	$35 per visit for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	20%	20%
Certain prosthetic and orthotic devices	$0	$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year	1 pair of eyeglasses or contact lenses per year
Pediatric vision exam	$0	$0
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	$0	$0
Home health care (up to 100 visits per year)	$0	$30 per visit
Hospice care	$0	$0

[1]This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your *EOC*.