

# 2008-2009

# Kaiser HMO Health Benefits

All services subject to Kaiser HMO Provisions & Medical Necessity

Customer Service	1-800-686-7100 www.kp.org
Employee Contribution	Single, \$19/month      Family, \$52/month
Dependent Eligibility	Spouse/Same Sex Domestic Partner and the Partners Dependent Children*; Dependent Children to Age 25
Calendar Year	None
Physician Services (Primary Care & Specialists)	100% after \$15 co-payment Routine, Well Care & Preventative Care Covered Within Plan Limits
Medical/Surgical Inpatient/Outpatient Hospital Services; Laboratory & Diagnostic Tests	100% in Kaiser HMO Network Only \$200 co-pay per inpatient hospital admission
Urgent Care	100% after \$35 co-pay
Emergency Room Services	100% after \$75 co-payment (co-payment waived if admitted) Emergency Non-network: File Claim within 20 days of service
Kaiser Pharmacy Prescription Drugs <u>ALL Mandatory Generic</u>	\$10 Generic, \$15 Brand Kaiser Formulary 30-day supply <i>A formulary is a list of commonly prescribed medications selected by Kaiser based on clinical effectiveness and cost efficiency.</i>
Kaiser Mail Order Pharmacy Prescription Drugs	\$10 Generic, \$15 Brand 62-day supply
Outpatient Mental Health/ Substance Abuse	100% after \$15 co-payment 20 visits per year Biologically based diagnosis treated the same as regular medical
Inpatient Mental Health/ Substance Abuse	100% after \$200 co-pay per inpatient hospital admission 30 days per calendar year Biologically based diagnosis treated the same as regular medical
Physical Therapy	100% after \$15 co-payment 30 visits per calendar year