

Medical Benefits At-a-Glance

Below is a brief summary of the Kaiser HMO medical plans. For more details about these plans, visit www.myanaheimbenefits.com.

	Kaiser Permanente	
	HMO 1	HMO 2
Deductible	Individual: \$1,000/Family: \$2,000	None
Out-of-Pocket Maximum	Individual: \$3,000/Family: \$6,000	Individual: \$1,500/Family: \$3,000
Professional Services		
Preventive care: well-baby, child, and adult physical exams	No charge	Well-Baby (up to 24 months): \$5 copay; Adult: \$15 copay
Office visits/consultation	\$20 copay	\$15 copay
Specialist visits/OB/GYN services	\$20 copay	\$15 copay
Annual well-woman exams	No charge	\$15 copay
Immunizations	No charge	No charge
Vision Care	No charge for routine eye exam	\$15 copay; \$150 retail allowance for frames, lenses, and contacts (every 24 months)
Chiropractic Care	Not covered	\$15 copay (up to 30 visits/year)
Family Planning/Maternity		
Pregnancy and maternity care	No charge	Prenatal: \$5 copay/visit
Emergency Care		
Emergency Medical Services: Urgent care	\$20 copay	\$15 copay
Emergency Medical Services: Emergency room	20% coinsurance after deductible	\$50 copay (waived if admitted)
Prescription Drugs — Retail Pharmacy		
Generic	\$10 copay	\$10 copay (up to 100-day supply)
Brand Name	\$30 copay	\$10 copay (up to 100-day supply)
Non-formulary	\$30 copay	\$10 copay (only covered if medically necessary)
Mail Order	\$20 copay	\$10 copay (up to 100-day supply)