

Final Benefit Summary

32904 CITY OF ST. HELENA

**Principal Benefits for
Kaiser Permanente Traditional Plan (7/1/16—6/30/17)**

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Accumulation Period

The Accumulation Period for this plan is 1/1/16 through 12/31/16 (calendar year).

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member)	\$1,500 per calendar year
For any one Member in a Family of two or more Members.....	\$1,500 per calendar year
For an entire Family of two or more Members	\$3,000 per calendar year

Plan Deductible

None

Professional Services (Plan Provider office visits)
You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits	\$20 per visit
Most Physician Specialist Visits	\$20 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations.....	No charge
Scheduled prenatal care exams.....	No charge
Routine eye exams with a Plan Optometrist	No charge
Hearing exams	No charge
Urgent care consultations, evaluations, and treatment.....	\$20 per visit
Most physical, occupational, and speech therapy.....	\$20 per visit

Outpatient Services
You Pay

Outpatient surgery and certain other outpatient procedures	\$20 per procedure
Allergy injections (including allergy serum)	\$3 per visit
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests.....	No charge
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services
You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
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Emergency Health Coverage
You Pay

Emergency Department visits	\$50 per visit
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Note: This Cost Share does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

Ambulance Services
You Pay

Ambulance Services	\$50 per trip
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Prescription Drug Coverage
You Pay

Covered outpatient items in accord with our drug formulary guidelines at a Plan Pharmacy or through our mail-order service:

Most generic items	\$10 for up to a 100-day supply
Most brand-name items	\$20 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	20% Coinsurance (not to exceed \$150) for up to a 30-day supply

Final Benefit Summary*(continued)*

Durable Medical Equipment (DME)	You Pay
DME items in accord with our DME formulary guidelines.....	20% Coinsurance
Mental Health Services	You Pay
Inpatient psychiatric hospitalization.....	No charge
Individual outpatient mental health evaluation and treatment.....	\$20 per visit
Group outpatient mental health treatment.....	\$10 per visit
Chemical Dependency Services	You Pay
Inpatient detoxification	No charge
Individual outpatient chemical dependency evaluation and treatment.....	\$20 per visit
Group outpatient chemical dependency treatment	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year).....	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices	No charge
Hospice care	No charge

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

Monday to Friday – 7:00AM to 7:00PM

Saturday & Sunday – 7:00AM to 3:00PM

English – 800.464.4000

Spanish – 800.788.0616

Chinese dialects – 800.757.7585

Senior Advantage and Medicare members – 800.443.0815

You may also visit us at www.kp.org