

CIS Benefits Program

Summary of Kaiser Permanente Plan Options

Effective January 1, 2020



cis benefits
www.cisbenefits.org

These plans are underwritten by Kaiser Permanente.

Deductibles and Co-Insurance Maximums	Kaiser Copay Plan B	Kaiser \$250 Deductible Plan
Calendar Year Deductible	None	\$250 Individual \$750 Family
Maximum out-of-pocket (Calendar Year includes deductible; excludes prescription copays)	\$1,500 Single \$3,000 Family	\$2,000 Individual \$6,000 Family
Benefit Features		
Preventive Care Services		Covered Person Pays
Routine well-baby care, physical examinations, health screenings, and immunizations	No charge	
Professional Services		Covered Person Pays
Office visits for illness or injury, mental/behavioral health or substance use disorder	\$20 per visit – primary \$30 per visit - specialist	\$15 per visit – primary \$25 per visit - specialist
Urgent Care	\$40 per visit	\$35 per visit
Outpatient laboratory, radiology, and diagnostic procedures	\$20 per department visit	\$15 per department visit
CT, MRI, PET scans	\$50 per department visit	\$15 per department visit
Outpatient surgery	\$50 copay	20% after deductible
Maternity care	No charge	No charge
Therapeutic injections including allergy shots	\$10 copay - \$20 copay for office visit may apply	\$10 per visit may apply (no deductible)
Hospital/Facility Services		Covered Person Pays
Inpatient services	\$200/day up to \$1,000/admission	20% after deductible
Physical, speech and occupational therapies		
Inpatient	\$200/day up to \$1,000/admission	20% after deductible
Outpatient – 20 visits/therapy/Calendar Year	\$30 per visit	\$25 per visit
Mental/behavioral health & chemical dependency services		
Inpatient	\$200/day up to \$1,000/admission	20% after deductible
Outpatient	\$20 per visit	\$15 per visit
Emergency room visit (waived if admitted)	\$200 per visit	20% after deductible
Skilled nursing facility – up to 100 days/Calendar Year	No charge	20% after deductible
Other Services		Covered Person Pays
Ambulance (per transport)	\$75 copay	20% after deductible
Home health care - 130 visits/Calendar Year	No charge	20% after deductible
Hospice	No charge	
Durable medical equipment and supplies	20% coinsurance	20% after deductible
Prescription Medication Benefit		Covered Person Pays
Generic drugs	\$10 per prescription	\$10 per prescription
Preferred brand drugs	\$20 per prescription	\$20 per prescription
Non-preferred brand drugs (must meet formulary exception)	\$40 per prescription	\$20 per prescription
Specialty drugs (Kaiser Permanente formulary applies)	\$40 per prescription	\$20 per prescription
Mail order (31 to 90-day supply)	2 x copay	2 x copay

This is a summary only. Any errors or omissions are unintentional. Once enrolled, employees can view their Plan Booklets online at www.kp.org.

Other services provided by Kaiser Permanente

Bariatric surgery may be covered to treat morbid obesity	May be covered if covered person meets specified medical criteria, subject to inpatient hospital cost share
Case and Disease Management	Provided by Kaiser as part of the medical plan
Prenatal and Pregnancy Services	Provided by Kaiser as part of the medical plan
Wellness Coaching by phone – <i>weight management and nutrition, tobacco cessation, exercise and fitness, and stress management.</i>	Provided by Kaiser as part of the medical plan
Healthy Lifestyle Programs – <i>individualized online programs that provides encouragement and information about specific health conditions: back pain, chronic conditions, depression, insomnia, nutrition, smoking cessation, stress and weight management.</i>	Provided by Kaiser as part of the medical plan

Additional Plan Riders

The following benefits can be added to all Kaiser Plans for an additional cost. These riders are selected on a group level, not the individual employee level.

Hearing Aid Rider

For participants over the age of 18. State mandated coverage applies to children 18 years and younger.

Hearing Exam	\$30 copay - Kaiser Copay Plan B \$25 copay - Kaiser \$250 Deductible Plan (covered under office visit copay, not under the rider)
Hearing Aids Benefit	\$1,500 allowance for each hearing aid per ear every three years.

Alternative Care Rider

Chiropractic, Naturopath and Acupuncture Massage therapy (up to 12 visits/Calendar Year) Must use Complimentary Healthcare Plan Providers	\$20 copay per visit \$25 copay per visit Maximum allowance of \$1,000/covered person/Calendar Year
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Kaiser Vision Rider

State mandated coverage applies to children 18 and younger.

Eye Exam	\$20 copay - Kaiser Copay Plan B \$15 copay - Kaiser \$250 Deductible Plan
Lenses and Frames	\$150 allowance to be applied to one prescription for lenses and frames every Calendar Year.
Elective Contact Lenses	\$150 allowance to be applied toward one prescription of contact lenses in lieu of lenses and frames once every Calendar Year.

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