

CIS Benefits Program

Summary of Kaiser Permanente Plan Options

Effective January 1, 2019

**Kaiser Copay Plan A terminated December 31, 2017*



cis benefits
www.cisbenefits.org

These plans are underwritten by Kaiser Permanente.

Deductibles and Co-Insurance Maximums	*Kaiser Copay Plan A	Kaiser Copay Plan B	Kaiser \$250 Deductible Plan
Deductible per Calendar Year	None	None	\$250 Individual \$750 Family
Maximum out-of-pocket per Calendar Year (includes deductible but does not include prescription copays)	\$600 Individual \$1,200 Family	\$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, preventative tests and immunizations	No charge		
Professional Services		Covered Person Pays	
Primary Care - office visits for illness or injury, mental and behavioral health, or substance use disorder	\$10 per visit	\$20 per visit	\$15 per visit <i>(no deductible)</i>
Specialist visit	\$10 per visit	\$30 per visit	\$25 per visit <i>(no deductible)</i>
Urgent Care	\$30 per visit	\$40 per visit	\$35 per visit <i>(no deductible)</i>
Diagnostic testing – laboratory and radiology (x-ray, blood work)	No charge	\$20 per department visit	\$15 per department visit <i>(no deductible)</i>
CT, MRI, PET scans	No charge	\$50 per department visit	\$15 per procedure <i>(no deductible)</i>
Outpatient surgery and surgeon fees	\$10 copay	\$50 copay	20% after deductible
Rehabilitation/Habilitation services Outpatient – 20 outpatient visits per therapy per Calendar Year	\$10 per visit	\$30 per visit	\$25 per visit
Prenatal care	No charge	No charge	20% after deductible
Therapeutic injections including allergy shots	\$10 copay - \$10 copay for office visit may apply	\$10 copay - \$20 copay for office visit may apply	\$10 per visit may apply <i>(no deductible)</i>
Hospital/Facility Services		Covered Person Pays	
Inpatient services	No charge	\$200 per day up to \$1,000 per admission	20% after deductible
Rehabilitation/Habilitation Services Inpatient	No charge	\$200 per day up to \$1,000 per admission	20% after deductible
Inpatient mental/behavioral health & substance use disorder	No charge	\$200 per day up to \$1,000 per admission	20% after deductible
Emergency room visit	\$75 per visit <i>(Waived if admitted)</i>	\$200 per visit <i>(Waived if admitted)</i>	20% after deductible
Skilled nursing facility – 100 inpatient days per Calendar Year	No charge	No charge	20% after deductible
Other Services		Covered Person Pays	
Ambulance	\$75 per trip	\$75 per trip	20% after deductible
Home health care - 130 visits per Calendar Year	No charge	No charge	20% after deductible
Hospice	No charge		
Durable medical equipment and supplies	20% coinsurance	20% coinsurance	20% after deductible
Prescription Medication Benefit		Covered Person Pays	
Generic drugs	\$10 per prescription	\$10 per prescription	\$10 per prescription
Preferred brand drugs	\$10 per prescription	\$20 per prescription	\$20 per prescription
Non-preferred brand drugs <i>(must meet formulary exception)</i>	\$10 per prescription	\$40 per prescription	\$20 per prescription
Specialty drugs <i>(Kaiser Permanente formulary applies)</i>	\$10 per prescription	\$40 per prescription	\$20 per prescription
Mail order <i>(31 to 90-day supply)</i>	2 x copay	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	\$10 copay on Kaiser Copay Plan A \$30 copay on Kaiser Copay Plan B \$25 copay on Kaiser \$250 Deductible Plan (covered under office visit copay, not under the rider)
Hearing Aids Benefit	Balance after \$1,500 credit is applied for each hearing aid per ear every three years.

Alternative Care Rider

Chiropractic, Naturopath and Acupuncture Massage therapy <i>Must use Complimentary Healthcare Plan Providers</i>	\$20 copay per visit \$25 copay per visit/12 visit limit per Calendar Year Maximum allowance of \$1,000 per covered person per Calendar Year
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Kaiser Vision Rider

Eye Exam	\$10 copay on Kaiser Copay Plan A \$20 copay on Kaiser Copay Plan B \$15 copay on Kaiser \$250 Deductible Plan
Lenses and Frames	\$150 allowance to be applied to one prescription for lenses and frames once every two Calendar Years.
Elective Contact Lenses	\$150 allowance to be applied toward one prescription of contact lenses in lieu of lenses and frames once every two Calendar Years.

**Kaiser Copay Plan A ended December 31, 2017*

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