KAISER PERMANENTE®

2024 HMO Plan
LACERA-Retirees Only

	Select Providers
Deductible (Individual/Family)	Not Applicable
Out-of-Pocket Maximum (Individual/Family; includes deductible, coinsurance, copays for Essential Health Benefits)	$2,000 / $4,000
Maximum Benefit While Covered	Unlimited
Coinsurance	Not Applicable
Benefits	**You Pay**
Office Services	
Primary Care (including routine lab and radiology)	$15 Copay
Specialty Care (including routine lab and radiology)	$15 Copay
High Tech Radiology Services (MRI, CT, PET, others copay per procedure when performed in an office or free standing facility)	$15 Copay
Preventive Services	Plan Pays 100%
Maternity (obstetrician/midwife)	Plan Pays 100%
Outpatient Services	
Physical and Occupational Therapy (up to 20 visits per year)	$15 Copay
Outpatient Hospital or Surgical Facility	$100 Copay
Laboratory Services (performed in an outpatient facility/hospital setting)	$100 Copay
Radiology Services (performed in an outpatient facility/hospital setting)	$100 Copay
High Tech Radiology Services (MRI, CT, PET, others copay per procedure when performed in an office or free standing facility)	$100 Copay
Physician and Other Professional Charges	Plan Pays 100%

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Emergency Services	
Emergency Services (per visit; copay waived if admitted)	$100 Copay
After-Hours Urgent Care (Per Visit)	$15 Copay
Ambulance (Per Trip)	$100 Copay
Inpatient Services	
Hospital - Facility Charge (Per Admission)	$250 Copay
Physician and Other Professional Charges	Plan Pays 100%
Mental Health & Chemical Dependency Services	
Outpatient (Unlimited Visits)	$15 Copay
Inpatient Facility (Unlimited Days)	$250 Copay
Inpatient Professional	Plan Pays 100%
Pharmacy Services	
Preferred Generic Drugs	$15 at KP Pharmacies/$25 at Network Pharmacies
Preferred Brand Drugs	$30 at KP Pharmacies/$40 at Network Pharmacies
Benefit Maximum	Unlimited
Mail Order Pharmacy (2 copays per 90 day supply)	Mail Order Available
Other Services	
Durable Medical Equipment/Prosthetics and Orthotics	Plan Pays 80%
Vision Exam	$15 Copay
Optical Hardware	$100 credit (frames/lenses/contacts every 2 years
Chiropractic Services, up to 20 visits per year	No Covered
Infertility Treatment	50% Coinsurance

In-network coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. Out-of-network coverage is underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the *Evidence of Coverage*.
This is a summary description and is not intended to replace the *Group Agreement, Group Policy, and/or Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.