KAISER HMO MEDICAL PLAN (SOUTHERN CALIFORNIA)

HIGHLIGHTED ITEMS ARE CHANGES FOR 2021

Choice of Providers	Kaiser providers only. Referrals required for some specialists (excluding: eye exam, mental health, & ob/gyn).
Website (medical and prescription drugs)	http://my.kp.org/caltech
Phone (medical)	(800) 464-4000 For claims questions, call the customer service number on your ID card.
Phone (prescription drugs)	(800) 464-4000
ID Card	When you first enroll, you'll receive an ID card — one card for both medical and prescription drugs — for each member of your family. Contact Kaiser for replacement cards.
Plan Features	**Kaiser HMO Providers Only**
Health Savings Account (HSA)	Not available
Annual Deductible (per calendar year)	No deductible
Coinsurance/Copayment (Copay)	$25 copay per doctor visit; $35 copay per specialist doctor visit
Out-of-Pocket/Copay Maximum (per calendar year) Plan pays 100% of eligible expenses for covered services for the rest of the year after you reach the out-of-pocket maximum.	$1,500 per person $3,000 family maximum Includes medical and prescription drug copayments
How the Out-of-Pocket/Copay Maximum Works	After you pay the individual out-of-pocket maximum or the combined expenses of all covered family members reach the family maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum.
Prior Authorization, Preservice/Concurrent Reviews	Coordinated by your Kaiser provider
Coverage for Specific Services	
Acupuncture	$25 copay per visit; Acupuncture Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain)
Allergy Test/Treatment	$35 copay for testing; Allergy injections no charge
Ambulance	100% covered when emergency criteria are met
Chiropractic Care	$15 copay per visit; covered up to 20 visits per year – Find an ASH Plan Participating Provider near you **ashlink.com/ash/kp** or **800-678-9133** M-F 5am to 6pm PST
Durable Medical Equipment/Hearing Aids	100% according to DME formulary/within service area; hearing aids not covered
Emergency Room Care	$250 copay (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-of-network follow-up care is not covered
Home Health Care	100% covered, up to 100 days per calendar year
Hospice Care	100% covered

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Hospitalization	$250 copay per admission, then 100% covered
Infertility Diagnosis and Treatment	Covers services for diagnosis and treatment through artificial insemination only. Excludes treatment services such as GIFT, ZIFT, IVF, ovum transplants; donor (anonymous or spousal) sperm; egg procurement and storage. Applicable copays apply (see office visit, outpatient surgery and inpatient hospitalization copays). Contact Kaiser for details
Occupational Therapy	$25 copay per visit; covered by physician order
Physical Therapy	$25 copay per visit; covered by physician order
Physician Office Visits	$25 copay per visit
Specialist Office Visits	$35 copay per visit
Pregnancy/Maternity Care (including Routine Nursery Care)	Office visits: $25 copay with PCP, $35 copay with OB/GYN, for 1st visit; no charge for additional prenatal office visits Inpatient hospital: $250 copay per admission for hospital/ancillary services, then 100% covered
Prescription Drug Coverage: Retail[1]	Generic: $15 for up to a 30-day supply[2] Brand: $50 for up to a 30-day supply[2]
Prescription Drug Coverage: Mail[1]	Generic: $30 copay for up to 100-day supply[2] Brand: $100 copay for up to 100-day supply[2]
Preventive Care[2] • Well Baby Exams and Immunizations • Annual Exams/Physicals (one per calendar year for adults and children age 3 and over) • Preventive Care Tests and Screenings[1]	100% covered
Psychiatric Care: Inpatient	$250 copay per admission, then 100% covered
Psychiatric Care: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	$25 copay per visit; $12 copay per group visit
Psychiatric Care: Physician Office Visits	$25 copay per visit; $12 copay per group visit
Skilled Nursing Facility Care	100% covered, up to 100 days per calendar year
Speech Therapy	$25 copay per visit; covered by physician order
Substance Abuse: Inpatient	$250 copay per admission, then 100% covered
Substance Abuse: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	$25 copay per visit; $5 copay per group visit

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Substance Abuse: Physician Office Visits	$25 copay per visit; $5 copay per group visit
Surgery, Outpatient (see *Hospitalization* for inpatient surgery)	$150 per procedure, then 100% covered
Urgent Care Office Visit	$25 copay per visit
Vision Exams and Materials	$0 copay per visit Routine eye exams with a Kaiser optometrist Additional vision benefits are available through the Vision Service Plan (VSP) option
X-ray and Lab	100% covered

[1]Drugs prescribed by non-Kaiser physicians are not covered, except for dental prescriptions. Medications to shorten the duration of the common cold and treatments for hair loss or hair growth are not covered. Compounded drugs are covered only if the product is on the drug formulary or if one of the ingredients requires a prescription by law. Drugs for treatment of sexual dysfunction are covered at 50% of the member rate with a maximum of 27 doses for a 100-day supply. For drugs dispensed in limited amounts due to market shortages, the pharmacist may fill the prescription for a supply of less than 30 days but still require the full copay.

[2]Preventive care coverage includes preventive services rated A or B by the U.S. Preventive Services Task Force, based on federal regulations and age and frequency guidelines. Coverage also includes certain over-the-counter prescription drugs when prescribed by your doctor and obtained at a pharmacy counter. See the plan's EOC for details.

For Additional Information
For additional information, including plan limits and exclusions, see the plan's benefits booklet — also called an evidence of coverage (EOC) — at www.my.kp.org/ca/caltech.

This summary of plan benefits is not a contract. It describes benefits in general terms. Consult the individual plan booklets for specific details of benefit coverage. To permit a brief summary of benefits and services, use of actual contract language has been minimized. This summary does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the plan administrator. The Institute expects and intends to continue the Caltech benefits program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason. If you are enrolled in Medicare, your Caltech medical plan coordinates with your Medicare Part A and B coverage.