

Pocket/Copay Maximum 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 Coverage for Specific Services		
Choice of Providers	KAISER HMO ME	EDICAL PLAN (SOUTHERN CALIFORNIA)
Choice of Providers Kaiser providers only. Referrals required for some specialists (excluding: eye exam, mental health, & ob/gyn). htp://my.kp.org/caltech Phone (medical and prescription drugs) Phone (prescription drugs) 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 Not available Not available Not available Coinsurance/Copayment (Copay) Maximum (per calendar year) Cut-of-Pocket/Copay Maximum (per calendar year) S25 copay per doctor visit. \$35 copay per specialist doctor visit Corexperses for covered services for the rest of the year after you reach the out-of-pocket maximum How the Out-of-Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews 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 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 Sam to 6pm PST Durable Medical Equipment/Hearing Aids Emergency Room Care Home Health Care Nesson No. 200-200-200-200-200-200-200-200-200-200		
health, & ob/gyn).	HIGHLIGHTED ITEMS ARE	CHANGES FOR 2021
Phone (medical) (800) 464-4000 For claims questions, call the customer service number on your ID card. Phone (prescription drugs) (800) 464-4000 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) Annual Deductible (per calendar year) Coinsurance/Copayment (Copay) 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. How the Out-of-Pocket maximum Works Prior Authorization, Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture Allergy Test/Treatment Jone Copay (S25 copay per visit; Acupuncture Services (typically provided only for the treatment of chronic pain) Allergy Test/Treatment Jone Copay (S25 copay per visit; Acupuncture Services (typically provided only for the treatment of chronic pain) Allergy Test/Treatment Jone Copay (S25 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 Sam to 6pm PST Jonable Medical Equipment/Hearing Aids Emergency Roon Care Jone Copay (Waived if admitted): if out-of-network, notify Kaiser within 24 hours; out-of-network follow-up care is not covered	Choice of Providers	
Phone (medical)	`	http://my.kp.org/caltech
Phone (prescription drugs) (800) 464-4000 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.	· · · · · · · · · · · · · · · · · · ·	(800) 464-4000
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. Kaiser HMO Providers Only	,	
Arigh	Phone (prescription drugs)	(800) 464-4000
Plan Features Kaiser HMO Providers Only	ID Card	When you first enroll, you'll receive an ID card — one card for both medical and prescription
Health Savings Account (HSA)		drugs — for each member of your family. Contact Kaiser for replacement cards.
Annual Deductible (per calendar year) Coinsurance/Copayment (Copay) 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. How the Out-of-Pocket/Copay Maximum (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. 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. 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 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 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	Plan Features	Kaiser HMO Providers Only
Coinsurance/Copayment (Copay) 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. How the Out-of- Pocket/Copay Maximum Works Third Tournet Reviews Coverage for Specific Services Acupuncture Allergy Test/Treatment Allergy Test/Treatment Allergy Test/Treatment Coherance Chiropractic Care Chiropractic Care Character Character Character Character Core Suppose 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 100% according to DME formulary/within service area; hearing aids not covered network follow-up care is not covered 100% covered, up to 100 days per calendar year Supposed to the out-of-pocket maximum or the combined expenses of all covered maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. Coordinated by your Kaiser provider Coverage for Specific Services Acupuncture Supposed to the out-of-pocket maximum or the combined expenses of all covered tamily maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. Coordinated by your Kaiser provider Coordinated by your Kaiser provider Supposed to the out-of-pocket maximum or the combined expenses of all covered (typically provided only for the treatment of an ausea or as part of a comprehensive pain management program for the treatment of chronic pain) Allergy Test/Treatment Supposed to the out-of-pocket maximum or the combined expenses of all covered tamily members reach the family maximum in any calendar year, the plan begins providing vower damily maximum in any calendar year, the plan begins providing to provider family maximum in any calendar year, the plan begins providing to provider family maximum in any calendar year, the plan begins providing to provide family members reach the family maximum i	_	Not available
Coinsurance/Copayment (Copay) 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. How the Out-of-Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture Alter you reach the out-of-pocket maximum (the year after you reach the 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. 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) Altergy Test/Treatment Ambulance 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 100% according to DME formulary/within service area; hearing aids not covered network follow-up care is not covered Home Health Care 100% covered, up to 100 days per calendar year	Annual Deductible (per	No deductible
Out-of-Pocket/Copay Maximum (per calendar year) Plan pays 100% of eligible expenses for covered services for the rest of the out-of-pocket maximum. How the Out-of- Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews 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 Ambulance 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 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 \$250 coperd (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-of- network follow-up care is not covered Home Health Care		\$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. How the Out-of- Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture S25 copay Allergy Test/Treatment Ambulance Chiropractic Care Chiropractic Care Durable Medical Equipment/Hearing Aids Emergency Room Care S1,500 per person \$1,500 per person \$3,000 family maximum yaximum yaximum (per calendar year) S1,500 per person \$3,000 family maximum yaximum 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. Coordinated by your Kaiser provider Coverage for Specific Services Acupuncture S25 copay		paragraphy for source many transfer and the s
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. How the Out-of-pocket maximum Works Prior Authorization, Preservice/Concurrent Reviews 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 Ambulance 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 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 \$1,500 per person \$3,000 family maximum Includes medical prescription drug copayments After you pay the individual out-of-pocket maximum or the combined expenses of all covered family maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. Coordinated by your Kaiser provider Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of nausea or as part of a comprehensive pain management program for the treatment of nausea or as part of a comprehensive pain management program for the treatment of nausea or as part of a comprehensive pain management program for the treatment of nausea or as part of a comprehensive pain management program for the treatment of nausea or as part of a comprehensive pain management program for the treatment of nausea or as part of a comprehensive pain management program for the treatme	` ' ' '	
year) Plan pays 100% of eligible expenses for covered services for the rest of the year after you reach the out-of-pocket maximum. How the Out-of- Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture Allergy Test/Treatment Ambulance Chiropractic Care Toward Maximum Sas copay for testing; Allergy injections no charge Chiropractic Care Toward Maximum Post Care Sas copay year 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 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 \$1,500 per person \$3,000 family maximum \$3,000 family maximum \$3,000 family maximum Towarimum \$3,000 family maximum Includes medical and prescription drug copayments Includes meximum or the combined expenses of all covered family meximum in any calendar year, the plan lead		
Plan pays 100% of eligible expenses for covered services for the rest of the year after you reach the out-of-pocket maximum. How the Out-of-Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture Allergy Test/Treatment Ambulance Chiropractic Care Chiropractic Care Chiropractic Care Emergency Room Care S25 copay (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-of-network follow-up care is not covered ### S000 family maximum \$1,500 per person \$3,000 family maximum Sand prescription drug copayments After you pay the individual out-of-pocket maximum or the combined expenses of all covered family maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. Coordinated by your Kaiser provider S25 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 S35 copay for testing; Allergy injections no charge 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 100% according to DME formulary/within service area; hearing aids not covered Home Health Care 100% covered, up to 100 days per calendar year		
services for the rest of the year after you reach the out-of-pocket maximum. How the Out-of-Pocket/Copay Maximum Morks Prior Authorization, Preservice/Concurrent Reviews 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 Ambulance Chiropractic Care 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 Emergency Room Care Home Health Care After you pay the individual out-of-pocket maximum or the combined expenses of all covered family maximum in any calendar year, the plan begins providing Maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. Coordinated by your Kaiser provider Coordinated by your Kaiser provider Coordinated by your Kaiser provider S25 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 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 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		
year after you reach the out-of-pocket maximum. How the Out-of-Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture Allergy Test/Treatment Ambulance Chiropractic Care Chiropractic Care Chiropractic Care Sto 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 Emergency Room Care Water you pay the individual out-of-pocket maximum or the combined expenses of all covered family maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. Coordinated by your Kaiser provider Sto 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 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 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		\$1,500 per person
Out-of-pocket maximum. How the Out-of- Pocket/Copay Maximum Works Prior Authorization, Preservice/Concurrent Reviews 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 Ambulance 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 Emergency Room Care After you pay the individual out-of-pocket maximum or the combined expenses of all covered family maximum in any calendar year, the plan begins providing 100% covered the family maximum in any calendar year, the plan begins providing 100% covered maximum or the combined expenses of all covered family maximum or the combined expenses of all covered family maximum or the combined expenses of all covered and possible provided part begins providing provided part begins providing 100% covered to the out-of-pocket maximum or the combined expenses of all covered family maximum in any calendar year, the plan begins providing 100% covered maximum. Coordinated by your Kaiser provider Coordinated by your Kaiser provider S250 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 \$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 100% according to DME formulary/within service area; hearing aids not covered Equipment/Hearing Aids Emergency Room Care \$250 copay (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-	services for the rest of the	\$3,000 family maximum
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. Coordinated by your Kaiser provider Coverage for Specific Services 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 Ambulance 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 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 100% covered, up to 100 days per calendar year	year after you reach the	
Pocket/Copay Maximum 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	out-of-pocket maximum.	Includes medical and prescription drug copayments
Works100% coverage for services applicable to the out-of-pocket maximum.Prior Authorization, Preservice/Concurrent ReviewsCoordinated by your Kaiser providerCoverage for Specific Services\$25 copay 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 chargeAmbulance100% covered when emergency criteria are metChiropractic 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 PSTDurable Medical Equipment/Hearing Aids100% according to DME formulary/within service area; hearing aids not coveredEmergency Room Care\$250 copay (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-of-network follow-up care is not coveredHome Health Care100% covered, up to 100 days per calendar year	How the Out-of-	After you pay the individual out-of-pocket maximum or the combined expenses of all covered
Prior Authorization, Preservice/Concurrent Reviews 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 Ambulance \$35 copay for testing; Allergy injections no charge 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 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	Pocket/Copay Maximum	family members reach the family maximum in any calendar year, the plan begins providing
Preservice/Concurrent Reviews Coverage for Specific Services Acupuncture \$\frac{\$25 \text{ copay}}{\$25 \text{ copay}} \text{ 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 \$\frac{\$35 \text{ copay}}{\$35 \text{ copay}} \text{ for testing; Allergy injections no charge} Ambulance \$100\% \text{ covered when emergency criteria are met} Chiropractic Care \$15 \text{ 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 Emergency Room Care \$250 \text{ 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\% \text{ covered, up to 100 days per calendar year}	Works	100% coverage for services applicable to the out-of-pocket maximum.
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 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	Prior Authorization,	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 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	Preservice/Concurrent	
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) \$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 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		
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 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 100% according to DME formulary/within service area; hearing aids not covered Equipment/Hearing Aids 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 100% covered, up to 100 days per calendar year	<u> </u>	
Allergy Test/Treatment Ambulance 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 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 \$35 copay for testing; Allergy injections no charge 100% covered when emergency criteria are met \$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 100% according to DME formulary/within service area; hearing aids not covered \$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	Acupuncture	nausea or as part of a comprehensive pain management program for the treatment of
Ambulance 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 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	Allergy Test/Treatment	
Durable Medical Equipment/Hearing Aids 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 Provider near you ashlink.com/ash/kp or 800-678-9133 M-F 5am to 6pm PST 100% according to DME formulary/within service area; hearing aids not covered \$250 copay (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-of-network follow-up care is not covered 100% covered, up to 100 days per calendar year	Ambulance	
Equipment/Hearing Aids 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	Chiropractic Care	, , , , , , , , , , , , , , , , , , ,
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	Durable Medical	100% according to DME formulary/within service area; hearing aids not covered
network follow-up care is not covered Home Health Care 100% covered, up to 100 days per calendar year	Equipment/Hearing Aids	
Home Health Care 100% covered, up to 100 days per calendar year	Emergency Room Care	
Hospice Care 100% covered	Home Health Care	·
100/0 00/0100	Hospice Care	100% covered



KAISER HMO MEDICAL PLAN (SOUTHERN CALIFORNIA) HIGHLIGHTED ITEMS ARE CHANGES FOR 2021 \$250 copay per admission, then 100% covered Hospitalization Infertility Diagnosis and Covers services for diagnosis and treatment through artificial insemination only. Excludes Treatment 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 Office visits: \$25 copay with PCP, \$35 copay with OB/GYN, for 1st visit; no charge for Care additional prenatal office visits (including Routine Nursery Inpatient hospital: \$250 copay per admission for hospital/ancillary services, then 100% Care) covered **Prescription Drug** Generic: \$15 for up to a 30-day supply² Coverage: Retail1 Brand: \$50 for up to a 30-day supply² **Prescription Drug** Generic: \$30 copay for up to 100-day supply² Brand: \$100 copay for up to 100-day supply² Coverage: Mail1 100% covered **Preventive Care²** Well Baby Exams and **Immunizations** Annual Exams/Physicals (one per calendar year for adults and children age 3 and over) • Preventive Care Tests and Screenings1 **Psychiatric Care:** \$250 copay per admission, then 100% covered Inpatient **Psychiatric Care:** \$25 copay per visit; \$12 copay per group visit **Outpatient Day Treatment (or Outpatient** Facility/Day Treatment) **Psychiatric Care:** \$25 copay per visit; \$12 copay per group visit **Physician Office Visits** Skilled Nursing Facility 100% covered, up to 100 days per calendar year Care Speech Therapy \$25 copay per visit; covered by physician order **Substance Abuse:** \$250 copay per admission, then 100% covered Inpatient Substance Abuse: \$25 copay per visit; \$5 copay per group visit **Outpatient Day Treatment (or Outpatient** Facility/Day Treatment)

Page 2 of 3 September 2020



KAISER HMO MEDICAL PLAN (SOUTHERN CALIFORNIA) HIGHLIGHTED ITEMS ARE CHANGES FOR 2021 **Substance Abuse:** \$25 copay per visit; \$5 copay per group visit **Physician Office Visits** Surgery, Outpatient \$150 per procedure, then 100% covered (see Hospitalization for inpatient surgery) **Urgent Care Office Visit** \$25 copay per visit Vision Exams and \$0 copay per visit Materials 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

¹Drugs 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.

²Preventive 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.