

# KAISER OF WASHINGTON HMO

## PLAN YEAR 2023 - HIGHLIGHTED ITEMS ARE CHANGES FOR 2023

<b>Plan Name</b>	Kaiser WA HMO (available to Campus employees in Washington State)
<b>Choice of Providers</b>	Kaiser WA providers only. Primary care physician (PCP) selection required for each family member (may be a pediatrician for a child). All benefits must be provided or authorized by your PCP. Referrals required for most specialists (except ob/gyn, chiropractic, acupuncture, naturopathic and urgent care) and non-routine services/procedures.
<b>Website</b> (medical and prescription drugs)	<a href="https://wa.kaiserpermanente.org/">https://wa.kaiserpermanente.org/</a>
<b>Phone</b> (medical)	(888) 901-4636 For claims questions, call the customer service number on your ID card.
<b>Phone</b> (prescription drugs)	(888) 901-4636
<b>ID Card</b>	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 WA for replacement cards.
<b>Plan Features</b>	<b>Kaiser WA Providers Only</b>
<b>Health Savings Account (HSA)</b>	Not available
<b>Annual Deductible</b> (per calendar year)	No deductible
<b>Coinsurance/Copayment (Copay)</b>	\$15 copay per doctor visit
<b>Out-of-Pocket Maximum</b> (per calendar year)	\$1,000 per person <sup>1</sup> \$2,000 family maximum <sup>1</sup>
<b>How the Out-of-Pocket Maximum Works</b>	After you pay the individual out-of-pocket maximum or the combined medical and pharmacy expenses of all covered family members reach the family maximum in any calendar year, the plan begins providing 100% coverage
<b>Prior Authorization, Preservice/Concurrent Reviews</b>	Coordinated by your Kaiser WA provider
<b>Coverage for Specific Services</b>	
<b>Acupuncture</b>	\$15 copay per visit; coverage is for up to 12 self-referred acupuncture visits per year
<b>Allergy Test/Treatment</b>	\$15 copay per visit
<b>Ambulance</b>	80% covered
<b>Chiropractic Care</b>	\$15 copay per visit; coverage is for up to 10 self-referred chiropractic visits per year
<b>Durable Medical Equipment/ Hearing Aids</b>	80% covered Hearing Aids: Not covered
<b>Emergency Room Care</b>	\$200 copay (waived if admitted)
<b>Home Health Care</b> (including home dialysis, home infusion)	100% covered
<b>Hospice Care</b>	100% covered
<b>Hospitalization</b>	100% covered
<b>Infertility</b> Diagnosis and Treatment	Not covered
<b>Occupational Therapy</b>	\$15 copay per visit; up to 45 visits per calendar year combined with physical therapy

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<b>Physician Office Visits</b>	\$15 copay per visit
<b>Pregnancy/Maternity Care</b> (including Routine Nursery Care)	\$15 copay per visit; other pregnancy services are 100% covered
<b>Prescription Drug Coverage: Retail</b>	Up to a 30-day supply: \$10 copay for generic \$40 for brand
<b>Prescription Drug Coverage: Mail</b>	Up to a 90-day supply: \$20 copay for generic \$80 for brand
<b>Preventive Care</b> • Well Baby Exams and Immunizations • Annual Exams/Physicals (one per calendar year for adults and children age 3 and over)	100% covered
<b>Psychiatric Care: Inpatient</b>	100% covered
<b>Psychiatric Care: Outpatient</b>	\$15 copay per visit; call Behavioral Health Services in advance, (888) 287-2680
<b>Skilled Nursing Facility Care</b>	100% covered, up to 60 days per calendar year
<b>Speech Therapy</b>	\$15 copay per visit
<b>Substance Abuse: Inpatient</b>	100% covered
<b>Substance Abuse: Outpatient</b>	\$15 copay per visit; call Behavioral Health Services in advance, (888) 287-2680
<b>Surgery, Outpatient</b> (see <i>Hospitalization</i> for inpatient surgery)	\$15 copay, then 100% covered
<b>Urgent Care</b>	\$15 copay per visit
<b>Vision Exams and Materials</b>	\$15 copay per exam; up to 1 exam every 12 months \$50 copay for hardware every 12 months Members under age 19 receive one pair of frames and lenses covered 100% annually Additional vision benefits are available through the Vision Service Plan (VSP) option
<b>X-ray and Lab</b>	100% covered

### For Additional Information

For additional information, including plan limits and exclusions, see the plan's benefits booklet — also called an evidence of coverage (EOC) — on <https://wa.kaiserpermanente.org/>

*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.*