KAISER HMO MEDICAL PLAN (MID-ATLANTIC — JPL)

PLAN YEAR 2023 - HIGHLIGHTED ITEMS ARE CHANGES FOR 2023	
Plan Name	Kaiser Permanente HMO Standard Plan (Mid Atlantic)
Choice of Providers	Kaiser providers only. Referrals required for some specialists (excluding, eye test, mental health, & OB/GYN).
Website (medical and prescription drugs)	www.kp.org
Phone (medical)	(800) 777-7902 Hours: Monday through Friday, 7:30 a.m. to 9 p.m., except major holidays For claims questions, call the customer service number on your ID card.
Phone (prescription drugs)	(800) 777-7902
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 or log in and request an ID card www.kp.org
Plan Features	**Kaiser Providers Only**
Health Savings Account (HSA)	Not available
Annual Deductible (per calendar year)	No deductible
Coinsurance/Copayment (Copay)	$15 copay per doctor visit
Out-of-Pocket Maximum (per calendar year)	$2,000 per person[1] $4,000 family maximum[1]
Prior Authorization, Preservice/ Concurrent Reviews	Coordinated by your Kaiser provider
Coverage for Specific Services	
Acupuncture	Not covered
Allergy Test/Treatment	$15 copay for testing; applicable cost shares will apply based on type and place of service
Ambulance	$100 per trip
Chiropractic Care	Not covered
Durable Medical Equipment/ Hearing Aids	80% covered according to DME formulary/within service area Hearing aids not covered
Emergency Room Care	$100 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 visits per calendar year
Hospice Care	100% covered for patients with a life expectancy of 6 months or less
Hospitalization	$250 copay per admission for inpatient services and supplies, then 100% covered
Infertility Diagnosis and Treatment	Covers 50% 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 Contact Kaiser for details
Occupational Therapy	$15 copay per visit; covered by physician order
Physical Therapy	$15 copay per visit; covered by physician order
Physician Office Visits	Under age 5: No charge After age 5: $15 copay per visit
Pregnancy/Maternity Care (including Routine Nursery Care)	Office visits: $15 copay for 1st visit; no charge for additional prenatal office visits Inpatient hospital: $250 copay per admission for hospital/ancillary services, then 100% covered

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Prescription Drug Coverage: Retail	Up to a 30-day supply: $15 copay for generic[2] $30 for brand[2]
Prescription Drug Coverage: Mail	Up to a 90-day supply: $30 copay for generic[2,3] $60 for brand[2,3]
Preventive Care • Well Baby Exams and Immunizations • Annual Exams/Physicals (one per calendar year for adults and children age 3 and over)	For exams/physicals: • Under age 5: $15 copay per exam • After age 5: $15 copay per exam
Psychiatric Care: Inpatient	$250 copay per admission, then 100% covered
Psychiatric Care: Outpatient	$15 copay per visit; $7 copay per group visit
Skilled Nursing Facility Care	100% covered, up to 100 days per calendar year.
Speech Therapy	$15 copay per visit; covered by physician order
Substance Abuse: Inpatient	$250 copay per admission, then 100% covered
Substance Abuse: Outpatient	$15 copay per visit; $7 copay per group visit
Surgery, Outpatient (for inpatient surgery see *Hospitalization*)	$100 copay, then 100% covered
Urgent Care Office Visit	$15 office visit copay
Vision Exams and Materials	Eye Exam: $15 copay per visit Lenses and Frames: 25% discount off retail price Contact Lenses: 15% discount off retail price Additional vision benefits are available through the Vision Service Plan (VSP) option
X-ray and Lab	100% covered

[1]Copayments, including prescription drug copayments, apply toward 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.
[2]Drugs prescribed by non-Kaiser physicians are not covered, except for dental prescriptions. Non-formulary drugs are covered only when determined to be medically necessary by the plan provider, participating dentist, or referral physician or dentist. In such cases, the non-formulary drug is covered with no penalty to the member.
[3]For maintenance medications, outpatient prescription drugs will be dispensed for up to a 90-day supply in accord with the prescribed dosage and Standard Manufacturers Package Size and will be charged the applicable copayment based on (a) the place of purchase, (b) the prescribed dosage, (c) Standard Manufacturers Package Size and (d) specified dispensing limits.

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.kp.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.