

# Benefit Sheet

Kaiser		
Gold 80 HMO 500/30 + Child Dental Alt		
(Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$500	
Family Ded	\$1,000 (embedded)	
Individual OOP Max	\$7,000 (incl ded)	
Family OOP Max	\$14,000 (incl ded)	
Co-insurance	0%	
Lifetime Max	Unlimited	
PC/Specialist	\$30/\$35 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Pre/Postnatal Care	No charge	
Physical Therapy	\$30 ded waived	
Chiropractic Care	\$15 ded waived; 20 visits/yr	
Inpatient Hospital	\$600/day after ded up to 5 days	
Inpatient Surgery	N/A	
Maternity Delivery/IP	\$600/day after ded up to 5 days	
Mental Health IP	\$600/day after ded up to 5 days	
Substance Abuse IP	\$600/day after ded up to 5 days	
Outpatient Facility	\$600 after ded	
Outpatient Surgery	N/A	
Lab/X-Ray	\$20/\$40 ded waived	
Advanced Radiology	\$300 after ded	
Mental Health OP	\$30 ded waived	
Substance Abuse OP	\$30 ded waived	
Emergency Room	\$250 (waived if admitted) after ded	
Ambulance	\$250 after ded	
Urgent Care	\$30 ded waived	
Rx Generic	\$15 ded waived	
Rx Preferred	\$50 ded waived	
Rx Non-Preferred	\$50 ded waived	
Rx Specialty	20% ded waived; \$250 max/script	
Rx Mail Order	2x retail (100 day supply)	
Home Health Care	No charge; 100 visits/yr	
Skilled Nursing	\$300/day after ded up to 5 days; 100 days/yr	
Infertility Treatment	Not covered	
DME	20% ded waived/20% after ded (base/supplemental)	
Hospice Services	No charge	
Pediatric Vision	No charge; 1 pair/yr	
Pediatric Dental	Bundled w/copay plan	

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