

Benefit Sheet

Kaiser		
Silver 70 HMO 2250/50 + Child Dental		
(Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$2,250	
Family Ded	\$4,500 (embedded)	
Individual OOP Max	\$7,800 (incl ded)	
Family OOP Max	\$15,600 (incl ded)	
Co-insurance	20%	
Lifetime Max	Unlimited	
PC/Specialist	\$50/\$85 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Pre/Postnatal Care	No charge	
Physical Therapy	\$50 ded waived	
Chiropractic Care	Not covered	
Inpatient Hospital	20% after ded	
Inpatient Surgery	N/A	
Maternity Delivery/IP	20% after ded	
Mental Health IP	20% after ded	
Substance Abuse IP	20% after ded	
Outpatient Facility	20% ded waived	
Outpatient Surgery	N/A	
Lab/X-Ray	\$40/\$85 ded waived	
Advanced Radiology	\$300 ded waived	
Mental Health OP	\$50 ded waived	
Substance Abuse OP	\$50 ded waived	
Emergency Room	\$400 (waived if admitted) after ded	
Ambulance	\$250 after ded	
Urgent Care	\$50 ded waived	
Rx Generic	\$17 after \$300	
Rx Preferred	\$65 after \$300	
Rx Non-Preferred	\$65 after \$300	
Rx Specialty	20% after \$300; \$250 max/script	
Rx Mail Order	2x retail (100 day supply)	
Home Health Care	\$45 ded waived; 100 visits/yr	
Skilled Nursing	20% after ded; 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/copy plan	

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