

Deductible 0/5000 WM with HSA

Medical calendar-year deductible

Individual plan (subscriber only) \$5,000

Family plan (any one member/all members) No dependent coverage

Annual out-of-pocket maximum

Individual plan (subscriber only) \$5,000

Family plan (any one member/all members) No dependent coverage

Lifetime benefit maximum

Individual \$5 million

Benefits

You Pay

Professional services (plan provider office visits)

Primary and specialty care visits (includes routine and urgent care appointments) No charge (after deductible)

Routine preventive physical exams (includes vision and hearing exams) No charge

Well-child visits from 0 to 23 months No charge

Family planning visits No charge (after deductible)

Scheduled prenatal care No charge (after deductible)

Maternity coverage

Maternity care Covered (after deductible)

Hospitalization services

Room and board, surgery, anesthesia, X-rays, lab tests, and medications No charge (after deductible)

Emergency health coverage

Emergency Department visits (charge waived if admitted directly to the hospital) No charge (after deductible)

Ambulance services

Emergency ambulance services No charge (after deductible)

Prescriptions

Plan pharmacy (up to a 30-day supply) No charge (after deductible)

Mail-order (up to a 100-day supply) No charge (after deductible)

Outpatient services

Outpatient surgery No charge (after deductible)

Allergy injection visits No charge (after deductible)

Vaccines (immunizations) No charge

Most x-rays and lab tests No charge (after deductible)

MRI, CT, and PET No charge (after deductible)

Note: Deductible does not apply to preventive screenings as described in the *Certificate of Insurance*.

Mental health services

Inpatient psychiatric care (up to 30 days)	No charge (after deductible)
Outpatient individual psychiatric visits	No charge (after deductible)
Outpatient group psychiatric visits	No charge (after deductible)
Outpatient individual/group visits per calendar year	No charge (after deductible)

Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the *Certificate of Insurance*.

Chemical dependency services

Inpatient detoxification	No charge (after deductible)
Outpatient individual therapy visits	No charge (after deductible)
Outpatient group therapy visits	No charge (after deductible)
Transitional residential recovery services (up to 60 days, not to exceed 120 days in any five-year period)	No charge (after deductible)

Home health services

Home health care (up to 100 two-hour visits)	No charge (after deductible)
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Health education

Individual visits	No charge (after deductible)
Group visits	No charge (after deductible)

Other

Skilled Nursing Facility care (up to 100 days per benefit period)	No charge (after deductible)
Hospice care	No charge (after deductible)

1 These plans are offered by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.

2 KPIC deductible plans offer a copay for preventive care and certain other services from the first day of coverage. You will have to pay all other health care expenses out of pocket until you meet your deductible.