



KAISER PERMANENTE®



Kaiser Permanente Medical Benefits

<i>Benefit Description</i>	<i>Kaiser EPO 4015 0% 0 \$25</i>	<i>Kaiser EPO 4038 90% \$300 \$25</i>
Calendar Year Deductible: Individual/Family	\$0	\$300/\$600
Out of Pocket Maximum: Individual/Family	\$1,500/\$3,000	\$4,000/\$8,000
Hospitalization	\$250 per admission	10%
Outpatient Surgery	\$25/procedure	10%
Emergency Room (waived if admitted)	\$100	10%
Office Visits	\$25	\$25
Routine Physicals	No Charge	No Charge
X-Ray/Lab	No Charge	\$10
Chiropractic	\$25	No Coverage
Urgent Care	\$25	\$25
Prescription Retail Generic/Brand	\$10/\$30	\$10/\$30
Prescription Mail Order Generic/Brand-up to 90 day supply	\$20/\$60	\$20/\$60

* This is a summary of benefits only, for more information about your coverage please see plan documents.