

Benefits	2020	2021
Annual Deductible	\$0	\$0
Annual Out-of- Pocket Maximum (Individual / Family)	\$3,500 / \$9,400	\$2,000 / \$4,000
Office Visit – Primary Care Physician	\$20 copay	\$20 copay
Office Visit – Specialist	\$40 copay	\$40 copay
Routine Physical Exams	\$0 copay	\$0 copay
Diagnostic Imaging	\$0 copay for lab and x-ray	\$0 copay for lab and x-ray
Specialty Imaging (PET Scans, MRI, etc.)	\$75 copay	\$75 copay
Urgent Care	\$20 copay	\$20 copay
Inpatient Hospitalization	\$150 copay	\$150 copay
Outpatient Surgery at surgery center	\$75 copay	\$75 copay
Emergency Visits	\$150 copay	\$250 copay
Ambulance	\$75 copay	\$75 copay
Inpatient mental health	\$150 copay	\$150 copay
Outpatient mental health (individual visit / group visit)	\$20 / \$10 copay	\$20 / \$10 copay
Inpatient chemical dependency	\$150 copay	\$150 copay
Outpatient chemical dependency (individual visit / group visit)	\$20 / \$10 copay	\$20 / \$10 copay
Physical, Occupational and Speech Therapy	\$40 copay, limited to 60 visits per injury, incident, or condition for each therapy	\$40 copay, limited to 60 visits per injury, incident, or condition for each therapy
Autism Spectrum Disorder (ASD) (services for medically necessary treatment and diagnosis)	Benefits available for an individual of any age.	Benefits available for an individual of any age.
Durable Medical Equipment	10% coinsurance	10% coinsurance
Vision allowance for prescription glasses or contact lenses	\$150 / year	\$150 / year
Vision discount for frames and lenses (prescription only)	25% discount	25% discount
Vision discount for prescription contact lenses & initial fitting	15% discount	15% discount
Hearing Aids	10% coinsurance, 1 hearing aid/ear/36 months, \$1,500 benefit maximum	10% coinsurance, 1 hearing aid/ear/36 months, \$1,500 benefit maximum
Prescription Coverage	2020	2021**
<b>Filled through Mail Order:</b> Up to a 90-day supply, 1 copay	\$15 copay Generic \$25 copay Brand formulary \$40 copay Brand non-formulary	\$10 copay Generic \$20 copay Brand formulary \$35 copay Brand non-formulary
<b>Filled at Kaiser Permanente Medical Center Pharmacy:</b> Up to 60-day supply, 1 copay Up to a 90-day supply, 1.5 copays	\$15 copay Generic \$25 copay Brand formulary \$40 copay Brand non-formulary	\$10 copay Generic \$20 copay Brand formulary \$35 copay Brand non-formulary
<b>Filled at Participating Community Network Pharmacy:</b> Up to a 60-day supply, 1 copay Up to a 90-day supply, 1.5 copays	\$20 copay Generic \$45 copay Brand formulary \$60 copay Brand non-formulary	\$30 copay Generic \$50 copay Brand formulary \$75 copay Brand non-formulary

\*\* NOTE: Effective January 1, 2021, the maximum copay per 30-day supply of insulin is \$50.