

KAISER HMO PLAN

Please note that, if you enroll in Kaiser, you must use Kaiser hospitals and doctors. Because of the limited size of the network, only employees who reside or work in certain zip codes are eligible to enroll in this plan.

Specific Covered Treatments	Kaiser Network
Preventive Care <i>(Physical exams, well-child care, family planning counseling, maternity pre-natal care, eye exams, hearing exams)</i>	No Charge
Primary Care Physician or Specialty Care Office Visit	\$10 per visit
Hospital Services and Outpatient Surgery	90%* coinsurance after deductible
X-ray and Laboratory Tests <i>Health Care Reform Preventive Tests performed at no charge</i>	\$10 after deductible if non-preventive, \$50 for MRI, CT, or PET tests
Emergency Room	90%* coinsurance after deductible
Ambulance	\$150 copay after deductible
Urgent Care Centers	\$10 per visit
CALIFORNIA Prescription Drugs - Generic Retail - Generic Mail Order - Brand Retail - Brand Mail Order	\$10 (up to 30 days) / \$20 (31-60 days) / \$30 (61-100 days) \$10 (up to 30 days) / \$20 (31-100 days) \$40 (up to 30 days) / \$80 (31-60 days) / \$120 (61-100 days) \$40 (up to 30 days) / \$80 (31-100 days)
OREGON & WASHINGTON Prescription Drugs - Retail (up to 30 day supply) - Retail (Infertility Drugs) - Mail Order (up to 3 month supply)	\$10 Generic / \$40 Brand / \$75 Non-Formulary 50% of drug cost 2x the copays above
*Deductible Applies	