

**Benefit Summary**
**Informatica LLC**
**Client ID #38555**
**Principal Benefits for**
**Kaiser Permanente Traditional HMO Plan (1/1/21—12/31/21)**
**Accumulation Period**

The Accumulation Period for this plan is January 1 through December 31.

**Out-of-Pocket Maximum(s) and Deductible(s)**

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

**Professional Services (Plan Provider office visits)**
**You Pay**

Most Primary Care Visits and most Non-Physician Specialist Visits.....	\$20 per visit
Most Physician Specialist Visits.....	\$20 per visit
Routine physical maintenance exams, including well-woman exams .....	No charge
Well-child preventive exams (through age 23 months).....	No charge
Family planning counseling and consultations.....	No charge
Scheduled prenatal care exams .....	No charge
Routine eye exams with a Plan Optometrist .....	No charge
Urgent care consultations, evaluations, and treatment .....	\$20 per visit
Most physical, occupational, and speech therapy.....	\$20 per visit

**Outpatient Services**
**You Pay**

Outpatient surgery and certain other outpatient procedures.....	\$20 per procedure
Allergy antigens (including administration) .....	\$5 per visit
Most immunizations (including the vaccine) .....	No charge
Most X-rays and laboratory tests.....	\$10 per encounter
Preventive X-rays, screenings, and laboratory tests as described in the EOC.....	No charge
MRI, most CT, and PET scans .....	\$50 per procedure

**Hospitalization Services**
**You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	\$250 per admission
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**Emergency Health Coverage**
**You Pay**

Emergency Department visits.....	\$150 per visit
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Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)

**Ambulance Services**
**You Pay**

Ambulance Services.....	\$100 per trip
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**Prescription Drug Coverage**
**You Pay**

Covered outpatient items in accord with our drug formulary guidelines:

Most generic items at a Plan Pharmacy .....	\$10 for up to a 30-day supply
Most generic refills through our mail-order service.....	\$20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy .....	\$35 for up to a 30-day supply
Most brand-name refills through our mail-order service.....	\$70 for up to a 100-day supply
Most specialty items at a Plan Pharmacy .....	\$35 for up to a 30-day supply

**Durable Medical Equipment (DME)**
**You Pay**

DME items as described in the EOC.....	20% Coinsurance
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**Benefit Summary***(continued)*

<b>Mental Health Services</b>	<b>You Pay</b>
Inpatient psychiatric hospitalization.....	\$250 per admission
Individual outpatient mental health evaluation and treatment .....	\$20 per visit
Group outpatient mental health treatment .....	\$10 per visit
<b>Substance Use Disorder Treatment</b>	<b>You Pay</b>
Inpatient detoxification .....	\$250 per admission
Individual outpatient substance use disorder evaluation and treatment.....	\$20 per visit
Group outpatient substance use disorder treatment .....	\$5 per visit
<b>Home Health Services</b>	<b>You Pay</b>
Home health care (up to 100 visits per Accumulation Period) .....	No charge
<b>Chiropractic Coverage</b>	<b>You Pay</b>
Up to 30 visits per year with ASHP Provider – no referral required	\$10 per visit
Kaiser Permanente contracts with American Specialty Health Plans of California, Inc. (ASH Plans) for chiropractic services. You can obtain services from any participating ASH Plan Chiropractor without a referral from your Kaiser Plan Physician. Your ASH Chiropractor coordinates authorization of all services and claims with ASH Plans directly; you simply pay your copayment at each visit. You can obtain a listing of Participating Chiropractors by calling the ASH Plans Member Services Department at 1-800-678-9133. You may also find a Participating Chiropractor by logging onto the ASH Plans Web site at <a href="http://www.ashlink.com/ash/kp">www.ashlink.com/ash/kp</a>	
<b>Other</b>	<b>You Pay</b>
Hearing aid(s) every 36 months.....	Amount in excess of \$5,000 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i> .....	see <i>EOC</i> for Cost Share
Assisted reproductive technology ("ART") Services.....	Not covered
Hospice care .....	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

**For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:**

**Monday to Friday – 7:00AM to 7:00PM  
Saturday & Sunday – 7:00AM to 3:00PM**

**English – 800.464.4000  
Spanish – 800.788.0616  
Chinese dialects – 800.757.7585**

**Senior Advantage and Medicare members – 800.443.0815**

**You may also visit us at [www.kp.org](http://www.kp.org)**