

## **REEP** for Benefits JPA

Summary of Kaiser HMO Plans	Current	Current
Effective Date	07/01/15	07/01/15
Renewal Date	07/01/16	07/01/16
Carrier Name	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company

 Plan Name
 HMO High Option 1
 HMO Low Option 2

 Eligible Class
 Eligible Employees
 Eligible Employees

Central Plan Information   \$0   \$50   \$500   \$1,000   \$			
Annual Deducthle/Individual   \$90	Canaral Dian Information		
Annual Deductible Framily		\$0	\$500
Consumer	,	"	
Office Visit/Exam         \$15 copay         \$20 copay           Outpatient Specialst Visit         \$15,00         \$3,000           Annual Out-of Pecker Limit/Individual         \$1,500         \$3,000           Annual Out-of Pecker Limit/Individual         \$1,500         \$6,000           Lifeine Plan Maximum         Unlimited         Unlimited           Impatient Hospitalbation         \$000 <td< td=""><td></td><td>"</td><td>" *</td></td<>		"	" *
Outpatient Specialist Visit         \$15 copay         \$20 copay           Annual Out of Pocket Limin/Hodivalial         \$1,500         \$3,000           Annual Out of Pocket Limin/Hodivalial         \$3,000         \$6,000           Lizicine Plan Masimum         Unlimited         Unlimited           Inpatient Hospital Services         Inpatient Hospital Services and 100%         80% after deductible           Semi-Private Room & Board, Including Services and Supples         \$100 copay wived if admitted         81% after deductible           Emergency Services         Emergency Room         \$10% after deductible           Emergency Services         \$100 copay wived if admitted         \$10% after deductible           Inpasent Care         \$100 copay wived if admitted         \$10% after deductible           Unapatient Care         \$100 copay wived if admitted         \$10% after deductible           Inpasent Care         \$100 copay after Services         \$20 copay deductible waived           Inpasient Hospitalization         \$100%         \$80% after deductible           Inpasient Earce         \$100%         \$80% after deductible           Outpatient Care         \$100%         \$80% after deductible           Inpasient Hospitalization         \$100%         \$80% after deductible           Inpasient Hospitalization         \$100 copay			
Annual Out-of-Pocker Limit/Individual         \$1,50°         \$0,00°           Annual Out-of-Pocker Limit/Hamily         \$3,000         \$6,000           Liciem Plan Maximum         Unlimited         Unlimited           Inpatient Hospital Services         Inpatient Hospital Services and         100%         80% after deductible           Stephies         80%         80% after deductible         \$80% after deductible           Stephies         80%         80% after deductible         \$80% after deductible           Emergency Services         80% after deductible         \$80% after deductible           Emergency Service         \$100%         80% after deductible           Lenguage Norm         \$100 copay waived if admitted         80% after deductible           Mental Health Benefits         \$100%         80% after deductible           Mental Health Benefits         \$100%         80% after deductible           Inpatient Care         \$100%         80% after deductible           Inpatient Location Care         \$100%         80% after deductible           Unpatient Englished Developed Services         \$15 copay         \$20 copay; deductible waived           Substance Abitic         \$100%         80% after deductible           Unpatient Devoxification Services         \$100%         80% after deductible <td>·</td> <td>1 /</td> <td></td>	·	1 /	
Annal Out-of-Pocket Family Family         \$3,000         \$6,000           Lifetime Plan Maximum         Unlimited         Unlimited           Inpatient Hospital Services         Impatient Hospital Services         80% after deductible           Semi-Private Room & Board, Including Services and Supplies         100%         80% after deductible           Energency Sentices         Impatient Hospital Services         Impatient Family Services           Interpret Services         Impatient Services         S0% after deductible           Mental Health Benefits         80% after deductible           Unpatient Care         100%         80% after deductible           Outpatient Care         1100%         80% after deductible           Inpatient Hospitalization         100%         80% after deductible           Inpatient Hospitalization Fervices         100%         80% after deductible           Outpatient Services         \$15 copay         \$20 copay; deductible waived           Substance Abuse         100%         80% after deductible           Inpatient Lorgitalization Inpatient Lorgitalization Fervices         100%         80% after deductible           Outpatient Care         100%         80% after deductible           Prescription Drug Benefits         100         80% after deductible           Prescription		* *	" * * *
Impatient Hospital Services   100%   80% after deductible   Sermi-Private Room & Board, Including Services and 100%   80% after deductible   Sermi-Private Room & Board, Including Services and 100%   80% after deductible   Services   Service			
Inpatient Hospitalization   Services and   100%   80% after deductible   Semi-Private Room & Board; Including Services and   100%   80% after deductible   Supplies   Semi-Private Room   \$100 copay waived if admitted   80% after deductible   Supplies   Semi-Private Room   \$100 copay waived if admitted   80% after deductible   Supplies   S		Chiminted	Criminted
Semi-Private Room & Board; Including Services         80% after deductible           Supplies         Emergency Room         \$100 copay waived if admitted         80% after deductible           Mental Health Benefits         Wental Health Benefits         Wental Health Benefits           Inpatient Care         \$15 copay         \$20 copay; deductible waived           Alcohol Muse         Town of the Private of the Care of the Private of East of the Care of The Spitalization         \$20 copay; deductible waived           Inpatient Detoxification Services         \$100%         80% after deductible           Outpatient Detoxification Services         \$15 copay         \$20 copay; deductible waived           Substance Abuse         \$20 copay; deductible waived           Inpatient Care         \$100%         80% after deductible           Inpatient Care         \$100%         80% after deductible waived           Use of Care of State of Care of Care of State of Care of State of Care of State of Care of Care		1000/	000/ - 5 1-1 1-1-
Supplies	1 1		
Since   Sinc		100%	80% after deductible
Stock   Stoc			
Mental Health Benefits		©100i1:5 - 1i1	000/ - 5 1-1 1-1-
Inpatient Care		\$100 copay waived if admitted	80% after deductible
Outpatient Care         \$15 copay         \$20 copay; deductible waived           Alcohol Abuse         Inpatient Hospitalization         80% after deductible           Inpatient Hospitalization Services         100%         80% after deductible           Outpatient Care         80% after deductible           Outpatient Services         \$15 copay         \$20 copay; deductible waived           Substance Abuse         ***********************************		1009/	900/ often deductible
Inpatient Care   Inpatient Hospitalization   100%   80% after deductible   Inpatient Hospitalization   100%   80% after deductible   Inpatient Detoxification Services   100%   80% after deductible   80% after deductible   Roughaitent Care   Roughaitent Services   \$15 copay   \$20 copay; deductible waived   Roughaitent Care   Roughaitent Services   \$15 copay   \$20 copay; deductible waived   Roughaitent Services   \$15 copay   \$20 copay; deductible waived   Roughaitent Services   \$10 copay   \$20 copay; deductible waived   Roughaitent Services   \$10 copay   \$10 copay; deductible waived   Roughaitent Services   \$10 copay   \$10 copay; deductible waived   \$10 copa	•		
Inpatient Hospitalization	1	\$15 copay	\$20 copay, deductible waived
Inpatient Hospitalization   100%   80% after deductible   100%   100%   80% after deductible   100%   100			
Inpatient Detoxification Services   100%   80% after deductible		100%	90% ofter deductible
Outpatient Care             Outpatient Services         \$15 copay         \$20 copay; deductible waived           Substance Abuse           Inpatient Hospitalization         100%         80% after deductible           Inpatient Detoxification Services         100%         80% after deductible           Inpatient Detoxification Services         \$10 copay         \$20 copay; deductible waived           Outpatient Services         \$15 copay         \$20 copay; deductible waived           Prescription Drug Benefits         N/A         \$100 per Member/calendar year           Generic         \$10 copay         \$10 copay; deductible waived           Brand (Formulary/Preferred)         \$10 copay         \$30 copay; after prescription deductible           Brand (Non-Formulary/Non-preferred)         \$100 days         \$100 days           Mail Order         \$10 copay         \$10 copay; deductible waived           Brand (Formulary/Preferred)         \$10 copay         \$10 copay; deductible waived           Brand (Formulary/Preferred)         \$10 copay         \$10 copay; deductible waived           Brand (Formulary/Preferred)         \$10 copay         \$30 copay; after prescription deductible           Brand (Non-Formulary/Non-preferred)         \$10 copay         \$30 copay; after prescription deductible           Brand (Non-Formulary/Non-preferred)         \$1			
Outpatient Services     \$15 copay     \$20 copay; deductible waived       Substance Abuse       Inpatient Care       Inpatient Detoxification Services     100%     80% after deductible       Inpatient Detoxification Services     100%     80% after deductible       Outpatient Care     0utpatient Services     \$20 copay; deductible waived       Prescription Drug Benefits       Prescription Drug Deductible     N/A     \$100 per Member/calendar year       Generic     \$10 copay     \$10 copay; deductible waived       Brand (Formulary/Preferred)     \$10 copay     \$30 copay; after prescription deductible       Mail Order       Mail Order Mandatory       Generic     \$10 copay     \$10 copay; deductible waived       Brand (Formulary/Preferred)     \$10 copay     \$10 copay; deductible waived       Brand (Formulary/Preferred)     \$10 copay     \$30 copay; after prescription deductible       Brand (Non-Formulary/Non-preferred)     \$10 copay     \$30 copay; after prescription deductible       Wumber of Days Supply for Mail Order     100 days     \$100 days		10070	8070 after deductible
Substance Abuse Inpatient Care Inpatient Hospitalization 100% 80% after deductible Inpatient Detoxification Services 100% 80% after deductible Outpatient Care Outpatient Services \$15 copay \$20 copay; deductible waived Prescription Drug Benefits Prescription Drug Benefits Prescription Drug Deductible \$N/A\$ \$100 per Member/calendar year Generic \$10 copay \$10 copay; deductible waived Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) Number of Days Supply 100 days 100 days Mail Order Mail Order Mandatory Generic \$10 copay \$10 copay; deductible waived Brand (Formulary/Preferred) Sincepay \$10 copay; deductible waived		\$15 copey	\$20 copey; doductible weiged
Inpatient Care  Inpatient Hospitalization 100% 80% after deductible Inpatient Detoxification Services 100% 80% after deductible Outpatient Care Outpatient Services \$15 copay \$20 copay; deductible waived  Prescription Drug Benefits  Prescription Drug Deductible \$N/A\$ \$100 per Member/calendar year Generic \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) Number of Days Supply 100 days 100 days  Mail Order Mandatory Generic \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible  Brand (Non-Formulary/Non-preferred)  Number of Days Supply for Mail Order 100 days 100 days  Other Services and Supplies		<i>ұ13 сорау</i>	\$20 copay, deductible waived
Inpatient Hospitalization Inpatient Detoxification Services Outpatient Care Outpatient Services Stoopay Stoopay; deductible waived Stoopay; defluctible waived Stoopay; after prescription deductible Outpatient Services Outpatient Services Stoopay Stoopay; after prescription deductible Outpatient Services Stoopay Stoopay; after prescription deductible waived Stoopay; deductible waived Stoop			
Inpatient Detoxification Services 100% 80% after deductible Outpatient Care Outpatient Services \$15 copay \$20 copay; deductible waived  Prescription Drug Benefits  Prescription Drug Deductible Prescription Drug Deductible Sand (Formulary/Preferred) \$10 copay \$10 copay; deductible waived  Brand (Non-Formulary/Non-preferred) Brand (Non-Formulary/Non-preferred) Number of Days Supply 100 days 100 days  Mail Order  Mail Order Mandatory Generic \$10 copay \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$100 days \$100 days  Mail Order Mandatory Generic \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$10 copay \$10 copay; deductible waived  Brand (Formulary/Non-preferred) \$10 copay \$10 copay; deductible waived  Brand (Formulary/Non-preferred) \$10 copay \$10 copay; deductible waived \$10 copay; dedu	•	100%	80% after deductible
Outpatient CareOutpatient Services\$15 copay\$20 copay; deductible waivedPrescription Drug BenefitsPrescription Drug DeductibleN/A\$100 per Member/calendar yearGeneric\$10 copay\$10 copay; deductible waivedBrand (Formulary/Preferred)\$10 copay\$30 copay; after prescription deductibleBrand (Non-Formulary/Non-preferred)\$100 days\$100 daysNumber of Days Supply100 days\$100 daysMail OrderMail Order Mandatory\$10 copay\$10 copay; deductible waivedGeneric\$10 copay\$30 copay; after prescription deductibleBrand (Formulary/Preferred)\$10 copay\$30 copay; after prescription deductibleBrand (Non-Formulary/Non-preferred)\$10 copay\$10 daysNumber of Days Supply for Mail Order100 days\$100 days			
Outpatient Services     \$15 copay     \$20 copay; deductible waived       Prescription Drug Benefits     N/A     \$100 per Member/calendar year       Generic     \$10 copay     \$10 copay; deductible waived       Brand (Formulary/Preferred)     \$10 copay     \$30 copay; after prescription deductible       Brand (Non-Formulary/Non-preferred)     Number of Days Supply     100 days       Mail Order     100 days     100 days       Mail Order Mandatory     \$10 copay     \$10 copay; deductible waived       Generic     \$10 copay     \$30 copay; after prescription deductible waived       Brand (Formulary/Preferred)     \$10 copay     \$30 copay; after prescription deductible       Brand (Non-Formulary/Non-preferred)     \$10 copay     \$30 copay; after prescription deductible       Number of Days Supply for Mail Order     100 days     100 days		10070	0070 arter deductible
Prescription Drug Benefits  Prescription Drug Deductible N/A \$100 per Member/calendar year \$10 copay \$10 copay; deductible waived \$100 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) Number of Days Supply  Mail Order Mail Order Mail Order Mandatory Generic Brand (Formulary/Preferred) Brand (Formulary/Preferred) Brand (Formulary/Preferred) Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order  Other Services and Supplies	•	\$15 copey	\$20 copay: deductible waived
Prescription Drug Deductible  Sn/A  S10 copay  S10 copay  S10 copay; deductible waived  S10 copay; deductible waived  S10 copay; deductible waived  S10 copay; after prescription deductible  S10 copay  S10 copay; after prescription deductible  S10 copay  S10 copay  S10 copay; after prescription deductible  S10 copay  Mail Order  Mail Order Mandatory  Generic  S10 copay  S10 copay  S10 copay; deductible waived  S10 copay; deductible waived  S10 copay; deductible waived  S10 copay; after prescription deductible  S10 copay  S10 copay; after prescription deductible	1	ψ15 copay	\$20 copa), deddedole warved
Generic \$10 copay \$10 copay \$10 copay; deductible waived Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) \$100 days \$100 copay; deductible waived \$100 copay; deductible \$100 copay		N/A	\$100 per Member/calendar year
Brand (Formulary/Preferred) Brand (Non-Formulary/Non-preferred) Number of Days Supply 100 days  Mail Order  Mail Order Mandatory Generic \$10 copay \$10 copay; after prescription deductible waived Brand (Formulary/Preferred) Brand (Formulary/Preferred) Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order  \$10 copay \$10 copay; deductible waived \$30 copay; after prescription deductible \$10 copay \$10 copay; after prescription deductible			
Brand (Non-Formulary/Non-preferred) Number of Days Supply 100 days  Mail Order Mail Order Mandatory Generic \$10 copay \$10 copay; deductible waived Brand (Formulary/Preferred) Brand (Non-Formulary/Non-preferred) Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order  Other Services and Supplies		* *	
Number of Days Supply  Mail Order  Mail Order Mandatory  Generic \$10 copay \$10 copay; deductible waived  Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible  Brand (Non-Formulary/Non-preferred)  Number of Days Supply for Mail Order 100 days  Other Services and Supplies		# - v + o F + v	#00 top+), #101 p-101-p-101
Mail Order       Mail Order Mandatory     \$10 copay     \$10 copay; deductible waived       Generic     \$10 copay     \$30 copay; deductible waived       Brand (Formulary/Preferred)     \$10 copay     \$30 copay; after prescription deductible       Brand (Non-Formulary/Non-preferred)     Number of Days Supply for Mail Order     100 days     100 days       Other Services and Supplies		100 days	100 days
Mail Order Mandatory Generic \$10 copay \$10 copay; deductible waived Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order \$100 days \$100 days  Other Services and Supplies			
Generic \$10 copay \$10 copay \$10 copay; deductible waived Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order \$100 days \$100 days  Other Services and Supplies			
Brand (Formulary/Preferred) \$10 copay \$30 copay; after prescription deductible Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order 100 days 100 days  Other Services and Supplies	· ·	\$10 copay	\$10 copay; deductible waived
Brand (Non-Formulary/Non-preferred) Number of Days Supply for Mail Order 100 days 100 days  Other Services and Supplies		* *	
Number of Days Supply for Mail Order 100 days 100 days  Other Services and Supplies		# - v - v · F · v · v · v · v · v · v · v · v ·	**************************************
Other Services and Supplies		100 days	100 days
	Chiropractic Services	Not covered	Not covered