



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

General Plan Information

Annual Deductible/Individual	\$0	\$500
Annual Deductible/Family	\$0	\$1,000
Coinsurance	100%	80%
Office Visit/Exam	\$15 copay	\$20 copay
Outpatient Specialist Visit	\$15 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited

Inpatient Hospital Services

Inpatient Hospitalization	100%	80% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible

Emergency Services

Emergency Room	\$100 copay waived if admitted	80% after deductible
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Mental Health Benefits

Inpatient Care	100%	80% after deductible
Outpatient Care	\$15 copay	\$20 copay; deductible waived

Alcohol 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
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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
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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)	\$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

Chiropractic Services	Not covered	Not covered
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