



REEP for Benefits JPA

Summary of Kaiser HMO Plans

	Current	Current
Effective Date	07/01/2015	07/01/2015
Renewal Date	07/01/2016	07/01/2016
Carrier Name	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO HSA	HMO MVP
Eligible Class	Eligible Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	\$1,500 medical/prescription combined	\$4,500
Annual Deductible/Family	\$3,000 medical/prescription combined	\$9,000
Coinsurance	90%	60%
Office Visit/Exam	90% after deductible	\$50 copay; after deductible
Outpatient Specialist Visit	90% after deductible	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$3,000	\$6,000
Annual Out-of-Pocket Limit/Family	\$6,000	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	90% after deductible	60% after deductible
Semi-Private Room & Board; Including Services and Supplies	90% after deductible	60% after deductible
Emergency Services		
Emergency Room	90% after deductible	\$250 copay; after deductible
Mental Health Benefits		
Inpatient Care	90% after deductible	60% after deductible
Outpatient Care	90% after deductible	\$50 copay; after deductible
Alcohol Abuse		
Inpatient Care		
Inpatient Hospitalization	80% after deductible	80% after deductible
Inpatient Detoxification Services	80% after deductible	80% after deductible
Outpatient Care		
Outpatient Services	\$20 copay; deductible waived	\$20 copay; deductible waived
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	90% after deductible	60% after deductible
Inpatient Detoxification Services	90% after deductible	60% after deductible
Outpatient Care		
Outpatient Services	90% after deductible	\$50 copay; after deductible
Prescription Drug Benefits		
Prescription Drug Deductible	\$1,500 ind/\$3,000 fam; medical/prescription combined	\$250 per Member/calendar year
Generic	\$10 copay; after deductible	\$15 copay; deductible waived
Brand (Formulary/Preferred)	\$30 copay; after deductible	\$35 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply	30 days	30 days
Mail Order		
Mail Order Mandatory		
Generic	\$20 copay; after deductible	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$60 copay; after deductible	\$70 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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