

Kaiser Permanente and Kaiser Permanente Senior Advantage

Please check the LBUSD Benefit website for a copy of the Evidence of Coverage (EOC): www.lbusdwellness.com.

This booklet is intended to provide highlights of your benefits only; it is not an Evidence of Coverage (EOC) plan document. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including a complete list of exclusions and limitations, please refer to each carrier's EOC.

| | Kaiser ¹ | Kaiser Senior Advantage ¹ |
|---|---|--|
| Plan Year Deductible | None | None |
| Coinsurance | N/A | Must assign Medicare |
| Plan Year Out-of-Pocket Maximum ¹ | \$1,500/person; \$3,000/family | \$1,500/person; \$3,000/family |
| Lifetime Maximum | Unlimited | Unlimited |
| Inpatient Hospital | No charge | No charge |
| Surgeon | No charge | No charge |
| Outpatient Surgery | \$10 copay | \$10 copay |
| Ambulatory Surgery Center and Outpatient Services | \$10 copay | \$10 copay |
| Emergency Room | \$100 copay (waived if admitted) ² | \$75 copay (waived if admitted) |
| Physician Visits | \$10 copay | \$10 copay |
| Prenatal and Postnatal | No charge | No charge |
| X-ray and Laboratory | No charge | No charge |
| Chiropractic | \$5 copay (up to 30 visits/year) | \$5 copay (up to 30 visits/year) |
| Ambulance | No charge | No charge |
| Dental | None | DeltaCare DHMO |
| Vision | Eye exam only | Eyewear purchased from Plan optical sales offices every 24 months \$150 allowance |
| Routine Physicals | No charge | No charge |
| Mental Health ³ | | |
| Inpatient | No charge | First 190 days per lifetime as covered by Medicare. Thereafter up to 45 days per calendar year no charge |
| Outpatient | \$10 copay | \$10 copay |
| Prescription Drugs ⁴ | | |
| Generic | \$5 copay (up to 100-day supply) | \$5 copay (up to 100-day supply) |
| Brand-Name | \$10 copay (up to 100-day supply) | \$10 copay (up to 100-day supply) |

¹ If you are enrolled in an HMO plan, you can obtain services only within the plan's geographic service area, except emergency services may be obtained outside the plan's geographic service area as needed.

² The Emergency Room Copay does apply if you are admitted for observation but are not admitted as an inpatient.

³ Severe mental illnesses of adults and children and emotional disturbances of children are treated like any other illness.

⁴ For Kaiser plans, non-formulary drugs are covered at the brand copay when approved through an exception process initiated by the members physician.