KAISER PERMANENTE®

Lacera Retirees

Traditional HMO

HMO $5

Effective Date: 7/1/2024 - 6/30/2025

Colorado Region Service Areas:
One KPCO

Group Number: 11178

Grandfathered

General Information	
Website	www.KP.org
Member Services Number	One KPCO 1-800-632-9700
Member Services Weekday Hours	8:00 a.m. to 6:00 p.m.
Member Services Weekend Hours	Closed on Weekends
Medical Information	**Benefit Plan Design**
Calendar Year Deductible: Individual/Family	Not Applicable
Calendar Year Out-of-Pocket Maximum: Individual/Family	$2,000 / $4,500 For Families, the individual family members are responsible for meeting the Family OPM, only up to the Individual OPM amount.
Office Visits (Outpatient)	
Primary Care	$5 copay each primary care office visit
Specialty Care	$15 copay each specialist care office visit
Office Administered Drugs	20% coinsurance
Preventive Care	No charge each preventive care office visit
Prenatal Care	No charge each routine prenatal care visit
Well-Child Care (17 years or younger)	No charge each well-child care office visit
Physical, Occupational, Speech Therapy (Outpatient)	$5 copay each visit for up to 20 visits per year for each type of therapy
Outpatient/Ambulatory Surgery	$50 copay
Hospital Care (Inpatient)	
Inpatient	$250 copay per admission
Delivery and Inpatient Baby Care	$250 copay per admission
Physical, Occupational, Speech Therapy (Inpatient)	$250 copay per admission up to 60 days per year
Emergency Care	
Ambulance	20% coinsurance up to $500 per trip
Emergency Room	$100 copay Special Procedures (see Lab and X-Ray) performed in the Emergency Room will be charged separately
Urgent Care	$25 copay each visit at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area

Lab and X-Ray	
Laboratory	100% covered at a Plan Medical Office or in a contracted free-standing facility
X-Ray	Diagnostic X-rays: No charge Therapeutic X-rays: $15 copay
Special Procedures: MRI/CT/PET/Nuclear Medicine	$100 copay per procedure/scan
Mental Health and Chemical Dependency	
Mental Health Outpatient	$5 copay each office visit
Mental Health Inpatient	$250 copay per admission
Chemical Dependency Outpatient	$5 copay each office visit
Chemical Dependency Inpatient Medical Detoxification	$250 copay per admission Detoxification is limited to removing toxic substance from the body
Chemical Dependency Inpatient Residential Rehabilitation	$250 copay per admission
Prescription Drugs	
Prescription Deductible	None
Retail: Generic	$10 copay
Retail: Brand	$10 copay
Retail: Non-Preferred	Not covered
Retail: Day Supply	Up to a 60 day supply
Mail Order	Mail order drugs are available for up to a 60 day supply Certain drugs limited to a 30 day supply Prescriptions for second and on-going maintenance Kaiser Permanente medical office or throughKaiser Permanente Mail Order
Specialty Drugs Including Self-Injectables	20% coinsurance up to a maximum of $250 per drug dispensed
Other	
Skilled Nursing Facility	100% covered up to 100 days per calendar year Not covered outside the Service Area
Hospice Care	100% covered Not covered outside the Service Area
Home Health Care	100% covered for prescribed medically necessary part-time home health services Not covered outside the Service Area
Durable Medical Equipment	20% coinsurance Prosthetic arms and legs covered at 20% coinsurance (no annual maximum benefit) See policy for types and circumstances of coverage
Hearing Care	$5 copay; hardware not covered Hearing aid coverage available to children under the age 18; limitations apply
Chiropractic Care	Not Covered
Acupuncture	Not Covered
Vision Care	$5 copay; members age 19 and over $150 credit towards optical hardware, members up to the end of the month he/she turns 19 50% Coinsurance towards optical hardware every 24 months ,
Active & Fit	Not Covered
First Responder	Not Covered