

## Kaiser Medical Plan Options

The Synod of the Pacific offers a choice of two medical plans in California with Kaiser and one medical plan with Kaiser in Oregon and Washington (NW).

**Kaiser CA Member Services: 1.800.464.4000**  
**Group #602931**

**Kaiser NW Member Services: 1.800.813.2000**  
**Group # 04575**

Description	Kaiser Permanente HMO CA	Kaiser HMO HRA (In Network) CA	Kaiser NW
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Annual Deductible</b>	None	\$2,000/Member; \$4,000/Family	None
<b>HRA Allocation (first monies used toward medical expenses)</b>	n/a	\$1,000 - Individual/2,000 Family (allocated by Synod on 11/1/17 for the plan year)	n/a
<b>Annual Out-of-Pocket Maximum</b>	\$1,500/Member \$3,000/Family	\$4,000/Member \$8,000/Family	\$2,000/Member \$4,000/Family
<b>Professional</b>			
• <i>Physician Visit</i>	\$30 Copay	\$20 Copay after Ded	\$15 Copay
• <i>Specialist</i>	\$30 Copay	\$20 Copay after Ded	\$25 Copay
• <i>Physical Therapy</i>	\$30 Copay	\$20 Copay after Ded	\$15 Copay/20 Visits
• <i>Home Health Care</i>	No Copay, 100 visits per year	No Copay, 100 visits/year; Ded Waived	No Copay 130 visits per year
<b>Hospital Services</b>			
• <i>Inpatient</i>	\$500/admit	20% Coinsurance after Ded	\$250/admit
• <i>Outpatient</i>	\$250/Procedure	20% Coinsurance after Ded	\$100/Procedure
• <i>Emergency Room</i>	\$150 Copay, (waived if admitted)	20% Coinsurance after Ded	\$150 Copay, (waived if admitted)
<b>Lab &amp; X-Ray</b>	\$10 Copay	\$10 Copay after Ded	\$15 Copay
<b>Durable Medical Equip</b>	20% Coinsurance	20% Coins.; Ded Waived	20% Coinsurance
<b>Preventive Care</b>			
• <i>Adult/Children</i>	No Copay	No Copay; Ded Waived	No Copay; Ded Waived
<i>Maternity Office Visits</i>	No Copay	No Copay; Ded Waived	No Copay
<i>Mental Health / Substance Abuse</i>			
• <i>Inpatient</i>	\$500/admit	20% Coinsurance after Ded	\$250/admit
• <i>Outpatient</i>	\$30/Visit	\$20 Copay/Visit after Ded	\$15 Copay
<b>Chiropractic Benefit</b>	\$15 Copay/30 Visits	None	Not Covered
<b>Prescription Drug</b>			
• <i>Generic</i>	\$15 Copay	\$10 Copay; Ded Waived	\$15 Copay
• <i>Brand</i>	\$35 Copay	\$30 Copay; Ded Waived	\$30 Copay
• <i>Brand Name Deduct.</i>	None	None	None
• <b>Notes</b>	<b>See Plan for more details</b>	<b>See Plan for more details</b>	<b>See Plan for more details</b>

IMPORTANT NOTE: This information is intended as a summary only; benefits may contain limitations and exclusions. Benefits cannot be guaranteed in advance and are subject to change by the insurer without notice. If a conflict exists between this summary and the policy, the policy will be controlling.