

Coorstek, Inc.

High Deductible/Coinsurance HMO

HDHP \$1,400 / 20% coinsurance

Effective Date: 01/01/2020 - 12/31/2020

Colorado Region Service Areas:

 Denver/Boulder, Southern Colorado,
Northern Colorado

Group Number: 6748

Non-Grandfathered

General Information	
Website	www.KP.org
Member Services Number	Denver/Boulder: 1-800-632-9700; Southern Colorado: 1-888-681-7878; Northern Colorado: 1-844-201-5824;
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	Self-only Deductible per Year (for a Family of one Member) \$1,400 Individual Family Member Deductible per Year (for each Member in a Family of two or more Members) \$2,800 Family Deductible per Year (for an entire Family) \$2,800
Calendar Year Out-of-Pocket Maximum: Individual/Family	Self-only Out-of-Pocket Maximum per Year (for a Family of one Member) \$4,000 Individual Family Member Out-of-pocket Maximum per Year (for each Member in a Family of two or more Members) \$4,000 Family Out-of-pocket Maximum per Year (for an entire Family) \$8,000
Office Visits (Outpatient)	
Primary Care	20% coinsurance each primary care office visit after deductible is met
Specialty Care	20% coinsurance each specialist care office visit after deductible is met
Office Administered Drugs	20% coinsurance after deductible is met
Preventive Care	No charge each preventive care office visit
Prenatal Care	20% coinsurance each routine prenatal care visit after deductible is met
Well-Child Care (17 years or younger)	No charge each well-child care office visit
Physical, Occupational, Speech Therapy (Outpatient)	20% coinsurance each visit for up to 20 visits per year for each type of therapy after deductible is met
Outpatient/Ambulatory Surgery	20% coinsurance after deductible is met
Hospital Care (Inpatient)	
Inpatient	20% coinsurance after deductible is met
Delivery and Inpatient Baby Care	20% coinsurance after deductible is met
Physical, Occupational, Speech Therapy (Inpatient)	20% coinsurance after deductible is met up to 60 days per year
Emergency Care	
Ambulance	20% coinsurance after deductible is met
Emergency Room	20% coinsurance after deductible is met Special Procedures (see Lab and X-Ray) performed in the Emergency Room will be charged separately

IMPORTANT: This synopsis is not a contract with Kaiser Permanente. It only briefly summarizes the benefits in the Agreement between Kaiser Permanente and your group. Please consult your Evidence of Coverage for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this synopsis and your Evidence of Coverage, the Evidence of Coverage shall control.

Emergency Care (Cont.)	
Urgent Care	20% coinsurance each visit after deductible is met at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area
Lab and X-Ray	
Laboratory	20% coinsurance after deductible is met at a Plan Medical Office or in a contracted free-standing facility
X-Ray	Diagnostic X-rays: 20% coinsurance after deductible is met Therapeutic X-rays: 20% coinsurance after deductible is met
Special Procedures: MRI/CT/PET/Nuclear Medicine	20% coinsurance after deductible is met
Mental Health and Chemical Dependency	
Mental Health Outpatient	20% coinsurance each office visit after deductible is met
Mental Health Inpatient	20% coinsurance after deductible is met
Chemical Dependency Outpatient	20% coinsurance each office visit after deductible is met
Chemical Dependency Inpatient Medical Detoxification	20% coinsurance after deductible is met Detoxification is limited to removing toxic substance from the body
Chemical Dependency Inpatient Residential Rehabilitation	20% coinsurance after deductible is met
Prescription Drugs	
Prescription Deductible	Medical annual deductible applies
Retail: Generic	20% coinsurance after deductible is met
Retail: Brand	20% coinsurance after deductible is met
Retail: Non-Preferred	20% coinsurance after deductible is met
Retail: Day Supply	Up to a 30 day supply
Mail Order	Mail order drugs are available for up to a 90 day supply after deductible is met for two copayments Certain drugs limited to a 30 day supply For Southern Colorado members: Prescriptions for second and on-going maintenance medications must be filled at a pharmacy in a Kaiser Permanente medical office or through Kaiser Permanente Mail Order
Specialty Drugs Including Self-Injectables	20% coinsurance after deductible is met
Other	
Skilled Nursing Facility	20% coinsurance up to 100 days per calendar year after deductible is met Not covered outside the Service Area
Hospice Care	20% coinsurance after deductible is met Not covered outside the Service Area
Home Health Care	20% coinsurance after deductible is met for prescribed medically necessary part-time home health services Not covered outside the Service Area
Durable Medical Equipment	20% coinsurance after deductible is met Prosthetic arms and legs covered at 20% coinsurance after deductible is met no annual maximum benefit. See policy for types and circumstances of coverage.
Hearing Care	20% coinsurance after deductible is met; Hearing aid coverage available to children under 18; limitations apply
Chiropractic Care	20% coinsurance up to 20 visits after deductible is met
Acupuncture	Not covered
Vision Care	20% coinsurance; hardware not covered
Active & Fit	Not Covered
First Responder	Not Covered