

CoorsTek, LLC.

One KPCO

Deductible/Coinsurance HMO

Group Number: 06748

HDHP \$1,400 / 20% coinsurance

Non-Grandfathered

Effective Date: 1/1/2022 - 12/31/2022

General Information	
Website	www.KP.org
Member Services Number	One KPCO: 1-888-681-7878
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	\$1,400 / \$2,800
Calendar Year Out-of-Pocket Maximum: Individual/Family	\$4,000 / \$8,000
Is the deductible included in the out-of-pocket maximum?	Yes For Families, the individual family members are responsible for meeting the Family Out-of-Pocket (OPM), only up to the Individual OPM amount.
Office Visits (Outpatient)	
Primary Care	20% coinsurance each primary care office visit after deductible is met 20% coinsurance for procedures received during an office visit after deductible is met
Specialty Care	20% coinsurance each specialist care office visit after deductible is met 20% coinsurance for procedures received during an 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 Routine prenatal care visits will be charged after delivery
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 per trip 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 20% coinsurance for procedures received during an office visit after deductible is met
Lab and X-Ray	
Laboratory	100% covered at a Plan Medical Office or in a contracted free-standing facility 20% coinsurance after deductible is met for services at a Plan Hospital
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 20% coinsurance for procedures received during an office visit after deductible is met
Mental Health Inpatient	20% coinsurance per admission after deductible is met
Chemical Dependency Outpatient	20% coinsurance each office visit after deductible is met 20% coinsurance for procedures received during an 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	None
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 Certain drugs limited to a 30 day supply 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
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	No charge ; 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 (no annual maximum benefit) See policy for types and circumstances of coverage
Hearing Care	20% coinsurance after deductible is met; hardware not covered Hearing aid coverage available to children under 18; limitations apply
Chiropractic Care	20% coinsurance after deductible is met up to 20 visits per calendar year
Acupuncture	Not covered
Vision Care	20% coinsurance after deductible is met; hardware not covered
Active & Fit	Not Covered
First Responder	Not Covered