

HMO Health Plan Summary

HMO Plans: Blue Shield Access+ Kaiser Permanent, Western Health Advantage: Summary of Covered Services

BENEFITS	COPAY AND/OR BENEFIT LIMITS	BENEFITS	COPAY AND/OR BENEFIT LIMITS
Hospital		Mental Health	
All inpatient services	No charge	Inpatient <i>No limits for severe mental illness of a child or adult or emotional disturbance of a child. Up to 30 days/calendar year for treatment of acute phase of mental health conditions during certified confinement in participating hospital.</i>	No charge
Outpatient services	No charge		
Physician Services		Outpatient <i>For severe mental illness of a child or adult or emotional disturbance of a child. Evaluation, crisis intervention & treatment for other mental health conditions.</i>	\$10/visit, no visit limits
Office visits <i>More than one copay may apply during an office visit if multiple services are provided.</i>	\$10/visit		
Gynecological exam	\$10/visit	Substance Abuse Treatment	
Periodic health exam	\$10/visit	Inpatient <i>Acute medical detoxification only</i>	No charge
Well baby care	\$10/visit	Outpatient <i>Evaluation, crisis intervention & treatment for conditions subject to significant improvement</i>	\$10/visit, up to 20 visits per calendar
Allergy testing/treatment	\$10/visit	Home Health Services	
Immunization/inoculation	\$10/visit	<i>Custodial care not covered.</i>	
Vision exam (refraction) <i>For age 17 and under. Varies by plan for age 18 and over and limited to one visit per year.</i>	\$10/visit	Skilled Nursing Facility Care	
Hearing exam/screening	\$10/visit	<i>Medically necessary services provided in licensed skilled nursing facility. Custodial care not covered.</i>	
Inpatient and hospital visits	No charge	Speech/Physical / Occupational Therapy	
Surgery/anesthesia	No charge	Inpatient (hospital or skilled nursing facility)	No charge
Diagnostic X-Ray/Lab		Outpatient (office & home visits)	\$10/visit
Outpatient services	No charge	Hospice	
Prescription Drugs		Acupuncture	
Retail pharmacy <i>(30-day supply)</i>	\$5/generic \$15/formulary brand name \$45/non-formulary*	Not covered	
Mail order program <i>(90-day supply)</i> \$1,000 maximum copayment per person per calendar year. Note: Kaiser provides up to 100-day supply for \$5/generic & \$15/brand name through either its pharmacies or mail order program.	\$10/generic \$25/formulary brand name \$45/non-formulary*	Chiropractic	
Durable Medical Equipment		<i>Offered by Kaiser and Western Health Advantage</i>	
	No charge	\$10/visit. Up to 20 visits/calendar year	
Infertility Testing/Treatment		Blood & Blood Products	
<i>Professional, hospital, ambulatory surgery center, ancillary services & drugs administered to diagnose & treat infertility. (Excludes contraception by artificial means, e.g. in-vitro fertilization.)</i>	50% of allowed charges	No charge	
Ambulance		Hearing Aid Services	
Air or ground ambulance services when medically necessary	No charge	Audiological exam	No charge
Emergency Services		Hearing aids (up to two)	\$1,000/maximum every 36 months
Waived if hospitalized.	\$50/visit		

* Fee discount if medically necessary.

This is only a brief summary. Please refer to the benefit descriptions and limitations in the Evidence of Coverage (EOC) for further information.