

## Plan Comparison

2024-2025

### 2024 - DISCONTINUED PLAN

### 2025

|   | BRONZE 60 HMO 5400/60*<br>+ CHILD DENTAL   | BRONZE 60 HMO 5800/60 PCP*<br>+ CHILD DENTAL   |
|---|--|--|
| FEATURES  | Deductible HMO Plan<br>Member Pays   | Deductible HMO Plan<br>Member Pays   |
| <b>PLAN DEDUCTIBLE</b><br>Embedded  | Individual \$5,400 <sup>1</sup> / Family \$10,800 <sup>1</sup>                     | Individual \$5,800 <sup>1</sup> / Family \$11,600 <sup>1</sup>                                   |
| <b>OUT-OF-POCKET MAXIMUM</b><br>Embedded  | Individual \$8,300 <sup>1,2</sup> / Family \$17,200 <sup>1,2</sup>                 | Individual \$8,850 <sup>1,2</sup> / Family \$17,700 <sup>1,2</sup>                               |
| <b>IN THE MEDICAL OFFICE</b>  |  |  |
| Primary care visits   | \$60 (after plan deductible) <sup>3</sup>  | \$60 (after plan deductible) <sup>3</sup>  |
| Urgent care visits  | \$60 (after plan deductible) <sup>3</sup>  | \$60 (after plan deductible) <sup>3</sup>  |
| Specialty office visits   | \$80 (after plan deductible) <sup>3</sup>  | \$95 (after plan deductible) <sup>3</sup>  |
| Most laboratory tests   | \$30 (after plan deductible) <sup>4</sup>  | \$40 (after plan deductible) <sup>4</sup>  |
| Most X-rays and diagnostic testing  | 50% (after plan deductible) <sup>4</sup>   | 40% (after plan deductible) <sup>4</sup>   |
| Most MRI / CT / PET scans   | 50% (after plan deductible) <sup>4</sup>   | 40% (after plan deductible) <sup>4</sup>   |
| Outpatient surgery (per procedure)  | 50% (after plan deductible)  | 40% (after plan deductible)  |
| <b>EMERGENCY SERVICES</b><br>Emergency department visits<br>(waived if admitted directly to hospital) | 50% (after plan deductible)  | 40% (after plan deductible)  |
| <b>PRESCRIPTIONS</b> (up to 30-day supply)<br>Generic (Tier 1)  | \$20 <sup>5,6</sup>  | \$19 <sup>5,6</sup>  |
| Brand-name (Tier 2)   | 50% per prescription up to \$500 maximum<br>(after plan deductible) <sup>5,6</sup> | 40% per prescription up to \$500 maximum<br>(after \$450/\$900 drug deductible) <sup>5,6,7</sup> |
| Specialty drugs (Tier 4)  | 50% per prescription up to \$500 maximum<br>(after plan deductible) <sup>5,6</sup> | 40% per prescription up to \$500 maximum<br>(after \$450/\$900 drug deductible) <sup>5,6,7</sup> |
| <b>HOSPITAL INPATIENT CARE</b>  |  |  |
| Physicians' services, room and board, tests,<br>medications, supplies, therapies, birth services      | 50% (after plan deductible)  | 40% (after plan deductible)  |
| <b>MENTAL HEALTH SERVICES</b>   |  |  |
| Outpatient (in the medical office)  | \$0 (after plan deductible) <sup>3</sup>   | \$0 (after plan deductible) <sup>3</sup>   |
| Inpatient (in the hospital)   | 50% (after plan deductible)  | 40% (after plan deductible)  |
| <b>SUBSTANCE USE DISORDER SERVICES</b>  |  |  |
| Outpatient (in the medical office)  | \$0 (after plan deductible) <sup>3</sup>   | \$0 (after plan deductible) <sup>3</sup>   |
| Inpatient (in the hospital) - detoxification only   | 50% (after plan deductible)  | 40% (after plan deductible)  |
| <b>OTHER</b>  |  |  |
| Virtual care  | \$0  | \$0  |
| Chiropractic and acupuncture  | \$15 per visit<br>(self-referral; 20 combined visits per year)                     | \$60 per visit for physician-referred acupuncture only   |
| Certain durable medical equipment (DME)<br>(supplemental and base)                                    | 50% (after plan deductible) <sup>8</sup>   | 40% (after plan deductible to \$2,000 max.) <sup>8</sup>   |

\* The plan is also offered at Covered California for Small Business and CaliforniaChoice®.

**1.** This plan has an embedded deductible and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible or out-of-pocket maximum is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. **2.** Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. **3.** Deductible is waived for first 3 visits combined for non-preventive primary care, specialty care, other practitioner care, urgent care, and mental/behavioral health and substance use disorder outpatient services. **4.** Laboratory and diagnostic test, x-rays and MRI/CT/PET scans related to preventive services are no charge. **5.** Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copays. For information on our formulary, including the drugs on the specialty tier, go to [kp.org/formulary](http://kp.org/formulary) or call our Member Service Contact Center. **6.** Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. **7.** This plan has a drug deductible of \$450 per individual and \$900 for family for prescription costs and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual drug deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. **8.** Both base and supplemental DME are covered (after plan deductible). Supplemental DME is limited to a combined maximum benefit of \$2,000 per year for services (after plan deductible). Refer to the *Evidence of Coverage* for information on what's included in your DME benefit.

This is a summary of benefits only and is subject to change. The KFH *Evidence of Coverage* and the KPIC *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided isn't intended to describe all the benefits included in each plan, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.