KAISER PERMANENTE®

APTTUS CORPORATION

Traditional HMO

HMO220

Effective Date: 1/1/2023 - 12/31/2023

Colorado Region Service Areas:

One KPCO

Group Number: 47104

Non-Grandfathered

General Information	
Website	www.KP.org
Member Services Number	One KPCO: 1-800-632-9700
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	Not Applicable
Calendar Year Out-of-Pocket Maximum: Individual/Family	$1,500 / $3,000 For Families, the individual family members are responsible for meeting the Family OPM, only up to the Individual OPM amount.
Office Visits (Outpatient)	
Primary Care	$20 copay each primary care office visit
Specialty Care	$35 copay each specialist care office visit
Office Administered Drugs	20% coinsurance
Preventive Care	No charge each preventive care office visit
Prenatal Care	No charge each routine prenatal care visit
Well-Child Care (17 years or younger)	No charge each well-child care office visit
Physical, Occupational, Speech Therapy (Outpatient)	$20 copay each visit for up to 20 visits per year for each type of therapy
Outpatient/Ambulatory Surgery	$50 copay
Hospital Care (Inpatient)	
Inpatient	$250 copay per admission
Delivery and Inpatient Baby Care	$250 copay per admission
Physical, Occupational, Speech Therapy (Inpatient)	$250 copay per admission up to 60 days per year
Emergency Care	
Ambulance	$50 copay per trip
Emergency Room	$250 copay Special Procedures (see Lab and X-Ray) performed in the Emergency Room will be charged separately
Urgent Care	$20 copay each visit at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area

Lab and X-Ray	
Laboratory	100% covered at a Plan Medical Office or in a contracted free-standing facility
X-Ray	Diagnostic X-rays: No charge Therapeutic X-rays: $35 copay
Special Procedures: MRI/CT/PET/Nuclear Medicine	No charge per procedure/scan
Mental Health and Chemical Dependency	
Mental Health Outpatient	$20 copay each office visit
Mental Health Inpatient	$250 copay per admission
Chemical Dependency Outpatient	$20 copay each office visit
Chemical Dependency Inpatient Medical Detoxification	$250 copay per admission Detoxification is limited to removing toxic substance from the body
Chemical Dependency Inpatient Residential Rehabilitation	$250 copay per admission
Prescription Drugs	
Prescription Deductible	None
Retail: Generic	$10 copay
Retail: Brand	$20 copay
Retail: Non-Preferred	$35 copay
Retail: Day Supply	Up to a 30 day supply
Mail Order	Mail order drugs are available for up to a 90 day supply for two copayments 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 up to a maximum of $250 per drug dispensed
Other	
Skilled Nursing Facility	$250 copay up to 100 days per calendar year Not covered outside the Service Area
Hospice Care	100% covered Not covered outside the Service Area
Home Health Care	100% covered for prescribed medically necessary part-time home health services Not covered outside the Service Area
Durable Medical Equipment	20% coinsurance Prosthetic arms and legs covered at 20% coinsurance (no annual maximum benefit) See policy for types and circumstances of coverage
Hearing Care	$20 copay; hardware not covered Hearing aid coverage available to children under the age 18; limitations apply
Chiropractic Care	$20 copay up to 20 visits
Acupuncture	Not Covered
Vision Care	$20 copay ; hardware not covered
Active & Fit	Not Covered
First Responder	Not Covered