

2019 Kaiser Permanente Medicare Plans Outside of California: Retirees With Medicare

	CALIFORNIA	NORTHWEST	HAWAII	WASHINGTON
Deductible	No deductible	No deductible	No deductible	No deductible
Out-Of-Pocket Maximum: Individual	\$1,500	\$1,500	\$2,500	\$2,500
Office Visit	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$15 co-pay
X-rays and Lab Tests	No charge	No charge	\$20 co-pay	No charge
Hospital Outpatient Surgery	\$35 co-pay per procedure	\$35 co-pay per procedure	\$50 co-pay per procedure	\$50 co-pay per procedure
Hospital Inpatient	\$100 co-pay per admit	\$100 co-pay per admit	\$50 co-pay per admit	\$100 co-pay per admit
Hospital Emergency Room	\$50 co-pay per admit	\$50 co-pay per admit	\$75 co-pay per admit	\$75 co-pay per admit
Ambulance Services	No charge	No charge	20% coinsurance	\$0-\$150 per one-way trip, depending upon service
Pharmacy: Generic	\$5 co-pay (30-day supply)	\$5 co-pay (30-day supply)	\$3 co-pay preferred generic (30-day supply); \$12 co-pay other generic (30-day supply)	\$15 co-pay (30-day supply)
Pharmacy: Brand-name	\$15 co-pay (100-day supply)	\$15 co-pay preferred brand (30-day supply); \$15 co-pay non-preferred brand (30-day supply)	\$45 co-pay preferred brand (30-day supply); \$100 co-pay non-preferred brand (30-day supply)	\$30 co-pay (30-day supply)
Pharmacy: Specialty	20% coinsurance (not to exceed \$100) for up to a 100-day supply	20% coinsurance (not to exceed \$100) for up to a 30-day supply	33% coinsurance (30-day supply)	\$15 co-pay generic (30-day supply) \$30 co-pay brand-name (30-day supply)
Mail order: Generic	\$10 co-pay (100-day supply)	\$10 co-pay (90-day supply)	\$6 co-pay preferred generic (90-day supply); \$24 co-pay other generic (90-day supply)	\$30 co-pay (90-day supply)
Mail order: Brand	\$30 co-pay (100-day supply)	\$30 co-pay preferred brand (90-day supply); \$30 co-pay non-preferred brand (90-day supply)	\$90 co-pay preferred brand (90-day supply); \$200 co-pay non-preferred brand (90-day supply)	\$60 co-pay (90-day supply)
Hearing Aids 1 aid per ear every 36 months	Up to \$2,500	Up to \$2,500	60% coinsurance	Not covered
Chiropractic	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 20 visits per 12-month period	\$20 per visit up to 12 combined Acupuncture and/or Chiropractic visits per 12 month period	\$15 per visit up to 10 visits per 12-months
Acupuncture	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 12 visits per 12 month period	\$20 per visit up to 12 combined Acupuncture and/or Chiropractic visits per 12 month period	\$15 per visit up to 8 visits per 12-month period