

2019 Kaiser Permanente Medicare Plans Outside of California: Retirees Without Medicare

	CALIFORNIA	NORTHWEST	HAWAII	WASHINGTON
Deductible	No deductible	No deductible	No deductible	No deductible
Out-Of-Pocket Maximum: Individual/ Family	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$7,500	\$1,500/\$3,000
Office Visit	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
X-rays and Lab tests	No charge	No charge	\$10 per visit	No charge
Hospital Outpatient	\$35 co-pay per procedure	\$35 co-pay per visit	10% coinsurance	\$50 co-pay per visit
Hospital Inpatient	\$100 co-pay per admit	\$100 co-pay per admit	10% coinsurance	\$100 co-pay per admit
Hospital Emergency Room	\$100 co-pay per admit	\$100 co-pay per admit	\$100 co-pay per admit	\$100 co-pay per admit
Ambulance Services	No charge	No charge	20% coinsurance	20% coinsurance
Infertility Services	50% coinsurance; see EOC	50% coinsurance; see EOC	\$20 per visit, 20% coinsurance for In Vitro Fertilization (IVF)	Not covered
Pharmacy: Generic	\$5 co-pay (30-day supply)	\$5 co-pay (30-day supply)	\$3 co-pay generic maintenance (30-day supply); \$15 co-pay other generic (30-day supply)	\$10 co-pay (30-day supply)
Pharmacy: Brand-name	\$15 co-pay (30-day supply)	\$15 co-pay preferred brand (30-day supply); \$15 co-pay non-preferred Brand (30-day supply)	\$50 co-pay (30-day supply)	\$20 co-pay (30-day supply)
Pharmacy: Specialty	20% coinsurance (not to exceed \$100) for up to a 30 day supply	20% coinsurance (not to exceed \$100) for up to 30 day supply	\$200 co-pay (30-day supply)	\$10 co-pay generic (30-day supply) \$20 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 generic maintenance (90-day supply); \$30 co-pay other generic (90-day supply)	\$20 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)	\$100 co-pay (90-day supply)	\$40 co-pay (90-day supply)
Hearing Aids 1 aid Per Ear Every 36 Months	Up to \$2,500	Up to \$2,500 for ages 18 and over. For ages under 18, limit to one hearing aid per each every 48 months	60% coinsurance	Up to \$1,000
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	\$20 per visit up to 10 visits per 12-month period
Acupuncture	\$15 per visit up to 30 combined visits per 12-month period	\$20 per visit up to 12 visits per 12-month period (Physican Referral Required)	\$20 per visit up to 12 combined Acupuncture and/or Chiropractic visits per 12 month period	\$20 per visit up to 12 visits per 12-month period