

# Kaiser Plan 2024

	KAISER PERMANENTE (CA ONLY)
	In-Network
<b>Annual Deductible (Individual/Family)</b>	\$1,000 per person up to \$2,000 per family <small>Deductible only applies to inpatient hospital, outpatient surgery, emergency department services</small>
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$3,000 per person, up to \$6,000 per family for Non-Rx benefits
<b>Rx Out-of-Pocket Maximum (Individual/Family)</b>	None
<b>Preventive Care</b>	Covered 100%
<b>Primary Care Physician</b>	\$20 copay
<b>Specialist</b>	\$20 copay
<b>ER Visit</b>	20% coinsurance after ded.
<b>Urgent Care Visit</b>	\$20 copay
<b>Diagnostic Laboratory Services **</b>	\$0 copay
<b>Immunizations**</b>	\$10 copay
<b>Rehabilitation Therapy (PT, OT, etc)**</b>	\$20 copay
<b>Teladoc - General Medical Care and Dermatology ***</b>	N/A
<b>Teladoc - Mental Health****</b>	N/A
<b>Mental/behavioral health outpatient services</b>	\$20 copay
<b>Mental/behavioral health inpatient services</b>	20% coinsurance after ded.

# Kaiser Plan 2025

	KAISER PERMANENTE (CA ONLY)
	In-Network
<b>Annual Deductible (Individual/Family)</b>	\$1,000 per person, up to \$2,000 per family <small>Deductible does not apply for preventive and Rx services</small>
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$2,000 per person, up to \$4,000 per family for Non-Rx benefits
<b>Rx Out-of-Pocket Maximum (Individual/Family)</b>	None
<b>Preventive Care</b>	Covered 100%
<b>Primary Care Physician</b>	\$20 copay after ded.
<b>Specialist</b>	\$20 copay after ded.
<b>ER Visit</b>	20% coinsurance after ded.
<b>Urgent Care Visit</b>	\$20 copay after ded.
<b>Diagnostic Laboratory Services **</b>	\$10 copay after ded.
<b>Immunizations**</b>	\$0 copay
<b>Rehabilitation Therapy (PT, OT, etc)**</b>	\$20 copay after ded.
<b>Teladoc - General Medical Care and Dermatology ***</b>	Not eligible, available through Kaiser for \$0 copay
<b>Teladoc - Mental Health****</b>	Not eligible
<b>Mental/behavioral health outpatient services</b>	\$20 copay after ded.
<b>Mental/behavioral health inpatient services</b>	\$20 copay after ded.

Starting in 2025, all copay services will be subject to the deductible except with Rx!!!