## KAISER PERMANENTE HMO - BRONZE PLAN BROCHURE

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# 01

## WHO IS ELIGIBILE

## Who You Can Cover

You may enroll the following family members in our health insurance plans.

#### Your Children

Including your Domestic Partner's children, adopted children, and/or stepchildren.

Your children must be under 26 years old. They do not have to live with you or be enrolled in school. They can be married and living on their own.

Any child over the age of 26 only if they are mentally or physically handicapped.

Any children that are named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

## Who You Cannot Cover

You may not enroll the following family members in our health insurance plans. Family members who are not eligible for coverage include, but are not limited to:

Your Spouse

Your Parents

Your Grandparents

Your Siblings

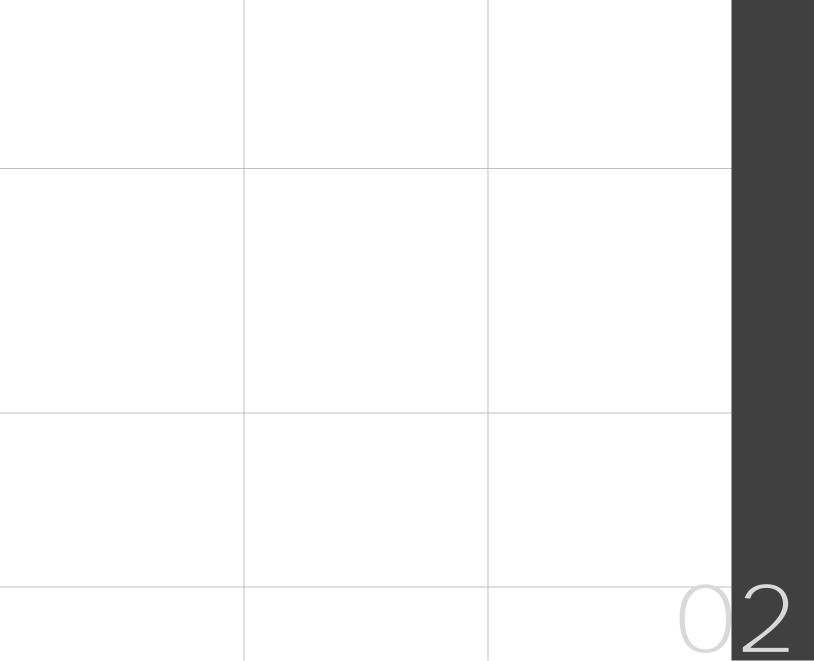
## Telephone Appointments



Kaiser members can get care from a doctor wherever they are. If you have a minor health condition or need a follow-up, you may be able to talk to a doctor by video or phone.

You need an in-person appointment and need to register on <u>kp.org</u> before you can receive a video or phone appointment.

Monday - Friday 7 a.m. to 7 p.m. Phone: 1-800-954-8000



Medical coverage provides you with benefits that keep you healthy like preventative care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

The following chart shows only a brief summary of the benefits available. Refer to the health plan contract to determine the exact terms and conditions of this coverage.

|                             | Kaiser Permanente HMO -<br>BRONZE Plan        |
|-----------------------------|---|
| Single<br>(Subscriber Only) | \$119.70                                      |
| 2 Party<br>(Subscriber +1)  | \$496.68                                      |
| (Subscriber +2 or more)     | \$809.58                                      |
| Calendar Year Deductible    | \$5,000 per Individual<br>\$10,000 per Family |
| Annual Out-of-Pocket Max    | \$6,250 per Individual<br>\$12,000 per Family |

#### Office Visits

| Primary Provider    | \$60 Co-pay<br>After your deductible* |
|---------------------|---------------------------------------|
| Specialist          | \$70 Co-pay<br>After your deductible* |
| Preventive Services | No Charge                             |
| Labs and X-Rays     | 30% Co-pay<br>After your deductible*  |

#### Hospitalization

Outpatient Surgery

Inpatient

30% Co-pay After your deductible\*

30% Co-pay After your deductible\*

#### **Emergency Services**

Urgent Care Emergency Room \$60 Co-pay After your deductible\*

30% Co-pay

After your deductible\*

\* The plan deductible does not apply to your first three visits combined for primary care, urgent care, and individual mental health and chemical dependency services as described in the Explanation of Coverage (E.O.C.)

If you enroll in the Kaiser Permanente HMO - Bronze Plan, you will receive prescription coverage. The following chart shows the prescription coverage offered with the Kaiser Permanente HMO - Bronze Plans.

| Brand Deductible            | None         |
|-----------------------------|--------------|
| Pharmacy Co-pays            |              |
| Generic                     | \$15 Co-pay  |
| Preferred Brand-Name        | \$50 Co-pay  |
| Non-Preferred<br>Brand-Name | 30% Со-рау   |
| Supply Limit                | 30 Days      |
| Mail Order Co-pays          |              |
| Mail Order                  | \$30 Co-pay  |
| Preferred Brand-Name        | \$100 Co-pay |
| Non-Preferred<br>Brand-Name | 30% Со-рау   |
| Supply Limit                | 90 Days      |



# 05

# Vision Coverage

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.



#### Kaiser Optical Centers

| Regular Lenses    | No Charge       |  |
|-------------------|-----------------|--|
| Frequency         | Every 12 months |  |
|                   |                 |  |
| Frames            |                 |  |
| Selected Styles   | No Charge       |  |
| Frequency         | Every 12 months |  |
| Contacts          |                 |  |
| Standard Contacts | No Charge       |  |
| Frequency         | Every 12 months |  |
| rrequency         |                 |  |
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#### Kaiser Behavioral Health

Kaiser takes care of the whole you. Your personal physician coordinates your care with a mental health specialist, or team, that can diagnose mental health issues that affect your health and well-being.

Depending on your needs, you can choose from a wide range of services; call or email your doctor, make non-urgent appointments online, call to make an appointment for therapy and other counseling services, talk to an advice nurse, speak with a wellness coach or enroll to take a class.

#### Behavioral Health Hotline

1-800-900-3277

Wellness Coaching

1-866-402-4320

# 06

# Kaiser Behavioral Health

#### It is the District's goal to offer our

subscribers and their families programs, resources, and activities to support and encourage healthy lifestyles. These resources include relational, nutritional, physical, and emotional wellbeing. 07

# Rates

The following charts summarize the amounts our Kaiser Permanente HMO -Bronze Plan subscribers pay for their health insurance coverage.

### Rates are effective July 01, 2019 through June 30, 2020

Your contributions for health insurance are deducted on a month-to-month basis, are pre-tax, and calculated each pay period effectively lowering your tax liability.

#### Kaiser Permanente HMO -BRONZE Plan

|                 | Single<br>Subscriber Only | 2 Party<br>Subscriber +1 | Family<br>Subscriber +2 or more |
|-----------------|---------------------------|--------------------------|---------------------------------|
| Total Plan Cost | \$376.98                  | \$753.96                 | \$1,006.86                      |
| District Pays   | \$257.27                  | \$257.27                 | \$257.27                        |
| You Pay         | \$119.70                  | \$496.68                 | \$809.58                        |

Kaiser rates include medical, pharmacy, and vision coverage.

## Provider Directory

| C  |  |
|--|--|
| CSEA   |  |
| 1-714-532-3766<br><u>www.csea.com/web</u>                                  |  |
| Employee union for eligible classified                                     |  |
| personnel.   |  |
| K  |  |
|  |  |
| Kaiser Permanente<br>1-833-KP4CARE (574-2273)                              |  |
| <u>kp.org</u>  |  |
| Medical, pharmacy, and mental health<br>provider for all Kaiser members.   |  |
|  |  |
| P  |  |
| PERS   |  |
| 1-888-225-7377<br><u>www.calpers.ca.gov</u>                                |  |
| Employee retirement system for   |  |
| Classified personnel.  |  |
| S  |  |
| SAEA   |  |
| 1-714-542-6758   |  |
| <u>santaanaeducators.com</u><br>Employee union for eligible Certificated   |  |
| personnel.   |  |
| Schools First  |  |
| Federal Credit Union   |  |
| 1-714-258-4000   |  |
| <u>www.schoolsfirstfcu.org</u><br>Third-party administrator for additional |  |
| retirement accounts.   |  |
| STRS   |  |
| 1-800-228-5453   |  |
| <u>www.calstrs.com</u><br>Employee retirement system for                   |  |
| Certificated personnel.  |  |
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