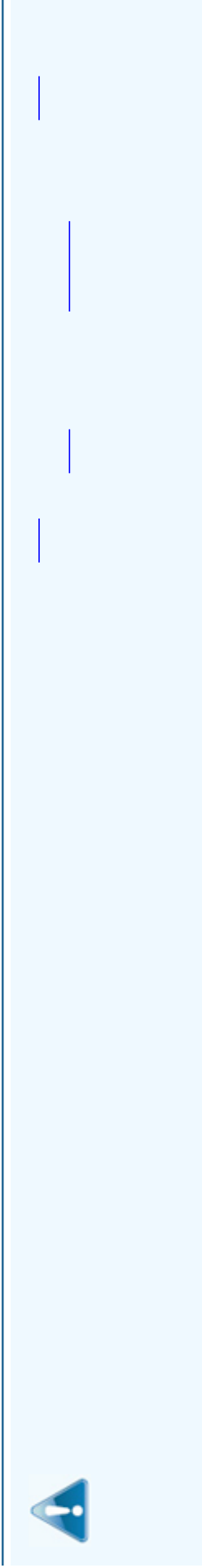


## What this Plan Covers & What You Pay for Covered Services



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

	Primary care visit to treat an injury or illness	\$10 / visit	Not Covered	None
	<a href="#">Specialist</a> visit	\$10 / visit	Not Covered	None
	<a href="#">Preventive care/ screening/ immunization</a>	No Charge	Not Covered	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
	<a href="#">Diagnostic test</a> (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRI's)	No Charge	Not Covered	None

**Emergency room care**

	<u>Emergency room care</u>	\$75 / visit	\$75 / visit	None
	<u>Emergency medical transportation</u>	No Charge	No Charge	None
	<u>Urgent care</u>	\$10 / visit	Not Covered	<u>Non-Plan providers</u> covered when temporarily outside the service area: \$10 / visit.
	Facility fee (e.g., hospital room)			

	<a href="#">Home health care</a>	No Charge	Not Covered	Not Covered	3 visit limit / day, 4-hour limit / visit, 100 visit limit / year.	
	<a href="#">Rehabilitation services</a>	Inpatient: No Charge; Outpatient: \$10 / visit	Not Covered	Not Covered	None	
	<a href="#">Habilitation services</a>	\$10 / visit	Not Covered	Not Covered	None	
	<a href="#">Skilled nursing care</a>	No Charge	Not Covered	Not Covered	100 day limit / benefit period.	
	<a href="#">Durable medical equipment</a>	No Charge	Not Covered	Not Covered	Requires prior authorization.	
	<a href="#">Hospice service</a>	No Charge	Not Covered	Not Covered	None	
	Children's eye exam	No Charge for refractive exam	Not Covered	Not Covered	None	
	Children's glasses	Not Covered	Not Covered	Not Covered	None	
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None	

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## Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente<sup>1</sup> follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

No-cost aids and services to people with disabilities to help them communicate better with us, such as:

Qualified sign language interpreters

Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)

No-cost language services to people whose primary language is not English, such as:

Qualified interpreters

Information written in other languages

If you need these services, call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays). The call is free:

Medi-Cal: **1-855-839-7613** (TTY 711)

All others: **1-800-464-4000**

In person:





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