

2017 & 2018 KAISER PLAN DESIGNS

Plan Design	2017 Kaiser N. CA HMO	2018 Kaiser N. CA HMO (and S. CA)
Deductible (single/family)	None	None
Out-of-pocket maximum (single/family) <i>Includes deductible</i>	IN: \$3,000 / \$6,000	IN: \$3,000 / \$6,000
PCP Office Visit (IN / OON)	\$20	\$20
Specialist Office Visit (IN / OON)	\$20	\$20
Prescription drugs (2x for mail order)	\$15 / \$45 / \$45	\$15 / \$45 / \$45
Emergency room	\$100	\$100
Acupuncture	Covered when medically necessary	\$15 per visit, up to 30 visits per year
Infertility	50% coinsurance (basic services)	10% Coinsurance (advanced services)

Fertility Benefits	Kaiser 2017 Benefit	Kaiser 2018 Benefit
Member Cost Share	50% coinsurance	10% coinsurance
Basic Infertility Expenses / Diagnosis of Infertility	Covered	Covered
Ovulation Induction	Covered	Covered
Artificial Insemination	Covered	Covered
In Vitro Fertilization (IVF)	Not covered	Covered
Gamete Intrafallopian Transfer (GIFT)	Not covered	Covered
Zygote Introfallopian Transfer (ZIFT)	Not covered	Covered
Cryopreserved Embryo Transfer	Not covered	Covered
Intracytoplasmic Sperm Injection (ICSI) or Ovum Microsurgery	Not covered	Covered
Cryopreservation/Storage of Cryopreserved Eggs and Embryos	Not covered	Covered
Storage and Procurement of Semen and Eggs	Not covered	Not covered
Limitations		1 cycle per lifetime (no dollar limit); Services do not count toward the out-of-pocket maximum; Services are covered if they are part of an active cycle to create pregnancy