

Benefit Summary
TRI-COUNTY SCHOOLS INSURANCE GROUP
Customer #600237
Traditional HMO High \$10 Plan
**Principal Benefits for
Kaiser Permanente Traditional Plan (7/1/17—6/30/18)**
Accumulation Period

The Accumulation Period for this plan is 1/1/17 through 12/31/17 (calendar year).

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	\$10 per visit
Most Physician Specialist Visits	\$10 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$10 per visit
Most physical, occupational, and speech therapy	\$10 per visit

Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures	\$10 per procedure
Allergy injections (including allergy serum)	\$5 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Covered individual health education counseling	No charge
Covered health education programs	No charge

Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage

	You Pay
Emergency Department visits	\$50 per visit
Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).	

Ambulance Services

	You Pay
Ambulance Services	No charge

Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy or through our mail-order service	\$5 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy or through our mail-order service	\$15 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$15 for up to a 30-day supply

Durable Medical Equipment (DME)

	You Pay
DME items in accord with our DME formulary guidelines	No charge

Mental Health Services

	You Pay
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$10 per visit

Benefit Summary*(continued)*

Group outpatient mental health treatment..... \$5 per visit

Chemical Dependency Services **You Pay**

Inpatient detoxification No charge

Individual outpatient chemical dependency evaluation and treatment..... \$10 per visit

Group outpatient chemical dependency treatment \$5 per visit

Home Health Services **You Pay**

Home health care (up to 100 visits per Accumulation Period) No charge

Other **You Pay**

Eyeglasses or contact lenses every 24 months Amount in excess of \$150 Allowance

Hearing aid(s) every 36 months Amount in excess of \$1,000 Allowance per aid

Skilled nursing facility care (up to 100 days per benefit period) No charge

Prosthetic and orthotic devices No charge

All Services related to covered infertility treatment 50% Coinsurance

Hospice care No charge

Chiropractic Services (30 visits per calendar year) **\$10 per visit**

Kaiser Permanente contracts with American Specialty Health Plans of California, Inc. (ASH Plans) for chiropractic services. You can obtain services from any participating ASH Plan Chiropractor without a referral from your Kaiser Plan Physician. Your ASH Chiropractor coordinates authorization of all services and claims with ASH Plans directly; you simply pay your copayment at each visit. You can obtain a listing of Participating Chiropractors by calling the ASH Plans Member Services Department at 1-800-678-9133. You may also find a Participating Chiropractor by logging onto the ASH Plans Web site at www.ashcompanies.com

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

**Monday to Friday – 7:00AM to 7:00PM
Saturday & Sunday – 7:00AM to 3:00PM**

**English – 800.464.4000
Spanish – 800.788.0616
Chinese dialects – 800.757.7585**

Senior Advantage and Medicare members – 800.443.0815

You may also visit us at www.kp.org