

HI AHCU Plan

Medical Plan	Proposed: \$10 Copay Alliance KFHP
Annual out-of-pocket maximum (single / family)	\$1,500 / \$4,500
Routine office visit (including pediatric)	\$10 / visit
Specialty Care	\$10 / visit
Routine physical exam including well-woman	No charge
Well baby care (coverage and to what age?)	No charge up to 18 months of age
Pediatric physical Exams after well-baby/well-child age limit	No charge
Mammography	No charge
Immunizations: Adult	No charge
Immunizations: Child	No charge
Outpatient surgery	\$10 / visit
Lab	No charge
X-ray	No charge
Allergy tests and treatments	\$10 / visit
Allergy injections	No charge for skilled-administered drugs
Hospital copay	\$100 / Admission
Physician's office: Prenatal	\$10 first visit, no charge thereafter
Labor, delivery, recovery	\$100 / Admission, then no charge
Family Planning Outpatient	\$10 / visit
Female tubal	No Charge
Male vasectomy	\$10 / visit outpatient, Included in inpatient
Elective abortion	\$10 / visit
Infertility outpatient	\$10 / visit
Infertility inpatient	\$100 / admission
In vitro fertilization	20% coinsurance
Artificial insemination	Included in infertility charges. Intrauterine insemination covered to determine infertility status in accord with Medical Group requirements and criteria

HERE L5

Proposed: \$10 Copay Alliance KFHP
\$1,500 / \$3,000
\$10 / visit
\$10 / visit
No charge
No charge up to 18 months of age
No charge
No charge
No charge
\$10 / visit
No charge
No charge
\$10 / visit
No charge
No charge
\$10 / visit
No charge for skilled-administered drugs
\$100 / Admission
\$10 first visit, no charge thereafter
no charge
\$10 / visit
No Charge
\$10 / visit outpatient, Included in inpatient
\$10 / visit
\$10 / visit
\$100 / admission
20% coinsurance
Included in infertility charges. Intrauterine insemination covered to determine infertility status in accord with Medical Group requirements and criteria

AHCU HI Plan

Proposed: \$10 Copay Alliance KFHP
\$1,500 / \$3,000
\$10 / visit
\$10 / visit
No charge
No charge up to 18 months of age
No charge
No charge
No charge
\$10 / visit
No charge
No charge
\$10 / visit
No charge
No charge
\$10 / visit
No charge for skilled-administered drugs
\$100 / Admission
\$10 first visit, no charge thereafter
no charge
\$10 / visit
No Charge
\$10 / visit outpatient, Included in inpatient
\$10 / visit
\$10 / visit
\$100 / admission
20% coinsurance
Included in infertility charges. Intrauterine insemination covered to determine infertility status in accord with Medical Group requirements and criteria

*J.W.*

*TBD - Implementation  
TBD - Cost Share*

**HI AHCU Plan**

**HERE L5**

**AHCU HI Plan**

Medical Plan	Proposed: \$10 Copay Alliance KFHP
<b>Emergency</b>	\$50 / Visit (20% copay outside HI service area) Waived if admitted
<b>Urgent care Clinic visit</b>	\$10 / visit in the HI service area
<b>Ambulance</b>	100% covered; per trip when determined to meet the criteria that define an emergency
<b>Retail RX: Generic</b>	\$5/ 30-day supply (no charge for contraceptives. Subject to formulary guidelines)
<b>Retail RX: Formulary brand</b>	\$10 / 30-day supply (no charge for contraceptives. Subject to formulary guidelines)
<b>Retail RX: Non-Formulary brand</b>	\$10 / 30-day supply (no charge for non-formulary contraceptives. Subject to formulary guideline when approved through exception process.)
<b>Mail Order RX: Generic</b>	\$10 / 90-day supply (no charge for contraceptives. Subject to formulary guidelines)
<b>Mail Order RX: Formulary brand</b>	\$20 / 90-day supply (no charge for contraceptives. Subject to formulary guidelines)

Proposed: \$10 Copay Alliance KFHP
\$50 / visit
\$10 / visit in the HI service area
100% covered; per trip when determined to meet the criteria that define an emergency
\$5/ 30-day supply (no charge for contraceptives. Subject to formulary guidelines)
\$10 / 30-day supply (no charge for contraceptives. Subject to formulary guidelines)
\$10 / 30-day supply (no charge for non-formulary contraceptives. Subject to formulary guideline when approved through exception process.)
\$10 / 90-day supply (no charge for contraceptives. Subject to formulary guidelines)
\$20 / 90-day supply (no charge for contraceptives. Subject to formulary guidelines)

Proposed: \$10 Copay Alliance KFHP
\$50 / visit
\$10 / visit in the HI service area
100% covered; per trip when determined to meet the criteria that define an emergency
\$5/ 30-day supply (no charge for contraceptives. Subject to formulary guidelines)
\$10 / 30-day supply (no charge for contraceptives. Subject to formulary guidelines)
\$10 / 30-day supply (no charge for non-formulary contraceptives. Subject to formulary guideline when approved through exception process.)
\$10 / 90-day supply (no charge for contraceptives. Subject to formulary guidelines)
\$20 / 90-day supply (no charge for contraceptives. Subject to formulary guidelines)

HI AHCU Plan

HERE L5

AHCU HI Plan

Medical Plan	Proposed: \$10 Copay Alliance KFHP
<b>Mail Order RX: Non-Formulary brand</b>	\$20 / 90-day supply (no charge for non-formulary contraceptives. Subject to formulary guideline when approved through exception process.)
<b>Fertility drugs</b>	Would follow above RX copays as applicable
<b>Viagra</b>	Not covered
<b>Mental Health: Outpatient coverage</b>	\$10 / Visit
<b>Mental Health: Outpatient coverage (group)</b>	\$10 / Visit
<b>Mental Health: Inpatient coverage</b>	\$100 / Admission
<b>Chemical dependency: Outpatient coverage</b>	\$10 / visit
<b>Chemical dependency: Outpatient coverage (group)</b>	\$10 / visit
<b>Detox: Inpatient coverage</b>	\$100 / Admission
<b>Residential rehabilitation</b>	\$100 / Admission
<b>Outpatient physical therapy</b>	\$10 / visit (must be prescribed by a KP provider)
<b>Outpatient occupational therapy</b>	\$10 / visit (must be prescribed by a KP provider)
<b>Outpatient speech therapy</b>	\$10 / visit (must be prescribed by a KP provider)
<b>Routine Eye Exams (includes refraction)</b>	\$10 / visit (no charge if part of a preventative exam) For children up to age 19, no charge
<b>Exam for the treatment of disease or injury to the eye</b>	\$10 / visit

Proposed: \$10 Copay Alliance KFHP
\$20 / 90-day supply (no charge for non-formulary contraceptives. Subject to formulary guideline when approved through exception process.)
Would follow above RX copays as applicable
Not covered
\$10 / Visit
\$10 / Visit
\$100 / Admission
\$10 / visit
\$10 / visit
\$100 / Admission
\$100 / Admission
\$10 / visit (must be prescribed by a KP provider)
\$10 / visit (must be prescribed by a KP provider)
\$10 / visit (must be prescribed by a KP provider)
\$10 / visit (no charge if part of a preventative exam) For children up to age 19, no charge
\$10 / visit

Proposed: \$10 Copay Alliance KFHP
\$20 / 90-day supply (no charge for non-formulary contraceptives. Subject to formulary guideline when approved through exception process.)
Would follow above RX copays as applicable
Not covered
\$10 / Visit
\$10 / Visit
\$100 / Admission
\$10 / visit
\$10 / visit
\$100 / Admission
\$100 / Admission
\$10 / visit (must be prescribed by a KP provider)
\$10 / visit (must be prescribed by a KP provider)
\$10 / visit (must be prescribed by a KP provider)
\$10 / visit (no charge if part of a preventative exam) For children up to age 19, no charge
\$10 / visit

HI AHCU Plan

HERE L5

AHCU HI Plan

Medical Plan	Proposed: \$10 Copay Alliance KFHP
Regular lenses and frames or contact lenses	\$150 allowance per calendar year toward one pair of eyeglass lenses and frames or contact lenses
Contact lens exams	Covered when in lieu of frame and lenses
Hearing evaluation test	\$10 / visit (no charge if part of a preventative exam)
Hearing hardware (Hearing aid)	60% coinsurance (limit to two standard model aids every three years, one aid per ear)
Durable Medical Equipment including Prosthetics & Orthotics	No charge (50% coinsurance for diabetes equipment) (must be prescribed by a Kaiser Permanente physician in accordance with Health Plan and DME Formulary Guidelines)
Skilled nursing facility (noncustodial)	No charge (up to 120 days per year)
Home Health Care (noncustodial)	No charge (must be prescribed by a KP Physician and authorized by the Home Health committee)
Hospice care	No Charge (within service area only)
Chiropractic services (supplemental medical)	Not covered under KFHP plan
Acupuncture (supplemental medical)	Not covered under KFHP plan

Proposed: \$10 Copay Alliance KFHP
no benefit not needed
Covered when in lieu of frame and lenses
\$10 / visit (no charge if part of a preventative exam)
60% coinsurance (limit to two standard model aids every three years, one aid per ear)
No charge (50% coinsurance for diabetes equipment) (must be prescribed by a Kaiser Permanente physician in accordance with Health Plan and DME Formulary Guidelines)
No charge (up to 120 days per year)
No charge (must be prescribed by a KP Physician and authorized by the Home Health committee)
No Charge (within service area only)
Not covered under KFHP plan
Not covered under KFHP plan

Proposed: \$10 Copay Alliance KFHP
\$150 allowance per calendar year toward one pair of eyeglass lenses and frames or contact lenses
Covered when in lieu of frame and lenses
\$10 / visit (no charge if part of a preventative exam)
60% coinsurance (limit to two standard model aids every three years, one aid per ear)
No charge (50% coinsurance for diabetes equipment) (must be prescribed by a Kaiser Permanente physician in accordance with Health Plan and DME Formulary Guidelines)
No charge (up to 120 days per year)
No charge (must be prescribed by a KP Physician and authorized by the Home Health committee)
No Charge (within service area only)
Not covered under KFHP plan
Not covered under KFHP plan

