

Benefit highlights

	\$35 Copayment Plan with Rx	\$40 Copayment Plan with Rx
Features		
Individual plan annual deductible (subscriber only)	None	
Family plan annual deductible (individual/family)	None	
Individual plan annual out-of-pocket maximum (subscriber only)	\$3,000	
Family plan annual out-of-pocket maximum (individual/family)	\$3,000/\$7,500	
Lifetime benefit maximum	None	
Benefits		
Preventive care		
Immunizations	No charge	
Adult preventive care exam	No charge	
Well-child visit	No charge	
Well-woman visit	No charge	
Adult preventive care screening	No charge	
Colorectal cancer screening	No charge	
Outpatient services (per visit or procedure)		
Primary care/Specialty care office visit	\$35 copay/\$50 copay	\$40 copay/\$60 copay
Ambulatory surgery	\$200 copay	
Diagnostic lab and X-ray	No charge	
Therapeutic X-ray	\$50 copay	\$60 copay
Inpatient hospital care		
Hospital care and professional visits	30% coinsurance	
Maternity		
Prenatal care/Delivery and inpatient well-baby care	Not covered	
Emergency and urgent care		
Emergency room visit (waived if admitted)	\$200 copay	
Nonroutine care	\$35 copay	\$40 copay
After-hours care	\$100 copay	
Ambulance service	30% coinsurance (up to \$700 per trip)	
Prescription drugs		
Rx subject to \$200 drug deductible unless otherwise indicated		
Pharmacy (up to a 30-day supply) ¹	Generic: \$5 copay (not subject to drug deductible)/Brand: \$30 copay	
Mail-order (up to a 90-day supply) ¹	Generic: \$10 copay (not subject to drug deductible)/Brand: \$60 copay	

This is only a summary. For more detailed information, refer to the *Health Benefit Plan Description Form*, which you may obtain by calling 1-800-634-4579. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

¹The drug deductible does not apply to the out-of-pocket maximum. There are different copays and coinsurance for nonpreferred and specialty drugs. See the *Membership Agreement* for specific details.

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