

# Kaiser California Plan Changes

	<b>2018</b>	<b>2019</b>
Annual deductible	\$250 Individual; \$500 Family	\$400 Individual; \$1,200 Family
Out-of-pocket maximum	\$3000 Individual \$6000 Family	\$3000 Individual \$6000 Family
Lifetime coverage limit	Unlimited	Unlimited
Coinsurance percentage	20% after deductible	20% after deductible
Primary doctor office visit	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply
Specialist office visit	\$40 copay: deductible does not apply	\$45 copay: deductible does not apply
Preventive Care	\$0; deductible does not apply	\$0; deductible does not apply
Pediatric exams	\$0; deductible does not apply; for well-child exams through 23 months	\$0; deductible does not apply; for children under age 5
Physical & Occupational Therapy	\$20 copay after deductible	\$25 copay after deductible

Routine Hearing Exam	\$0; deductible does not apply	\$0; deductible does not apply
Routine Vision Exam	\$0; deductible does not apply	\$0; deductible does not apply
Urgent care clinic visit	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply
Mental, Behavioral & Substance Abuse	20% after deductible for inpatient; \$20 copay for outpatient	20% after deductible for inpatient; \$25 copay for outpatient

<b>Prescription Drugs</b>		
Retail Generic	\$15 copay	\$15 copay
Retail Preferred	\$30 copay	\$40 copay
Retail Non Preferred	\$30 copay	\$40 copay
Mail Order Generic	\$30 copay	\$30 copay
Mail Order Preferred	\$60 copay	\$80 copay
Mail Order Non Preferred	\$60 copay	\$80 copay

For additional plan details visit <https://my.kp.org/americanairlines/plans/>