KAISER PERMANENTE®

Okta, Inc.

High Deductible/Coinsurance HMO

HDHP 2800 EMB 0%

Effective Date: 1/1/2021 - 12/31/2021

Colorado Region Service Areas:

One KPCO

Group Number: 47106

Non-Grandfathered

General Information	
Website	www.KP.org
Member Services Number	One KPCO: 1-800-632-9700
Member Services Weekday Hours	8:00 a.m. to 6:00 p.m.
Member Services Weekend Hours	Closed on Weekends
Medical Information	**Benefit Plan Design**
Calendar Year Deductible: Individual/Family	$2,800 / $5,600 Embedded
Calendar Year Out-of-Pocket Maximum: Individual/Family	$2,800 / $5,600 Embedded
Is the deductible included in the out-of-pocket maximum?	Yes
Embedded Deductible and Out-of-Pocket Maximum:	For Families, the individual family members are responsible for meeting the Family Out-of-Pocket (OPM), only up to the Individual OPM amount.
Office Visits (Outpatient)	
Primary Care	0% coinsurance each primary care office visit after deductible is met
Specialty Care	0% coinsurance each specialist care office visit after deductible is met
Office Administered Drugs	0% coinsurance after deductible is met
Preventive Care	No charge each preventive care office visit
Prenatal Care	0% coinsurance each routine prenatal care visit after deductible is met
Well-Child Care (17 years or younger)	No charge each well-child care office visit
Physical, Occupational, Speech Therapy (Outpatient)	0% coinsurance each visit for up to 20 visits per year for each type of therapy after deductible is met
Outpatient/Ambulatory Surgery	0% coinsurance after deductible is met
Hospital Care (Inpatient)	
Inpatient	0% coinsurance after deductible is met
Delivery and Inpatient Baby Care	0% coinsurance after deductible is met
Physical, Occupational, Speech Therapy (Inpatient)	0% coinsurance after deductible is met up to 60 days per year
Emergency Care	
Ambulance	0% coinsurance after deductible is met
Emergency Room	0% coinsurance after deductible is met Special Procedures (see Lab and X-Ray) performed in the Emergency Room will be charged separately

Emergency Care (Cont.)	
Urgent Care	0% coinsurance each visit after deductible is met at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area
Lab and X-Ray	
Laboratory	0% coinsurance after deductible is met at a Plan Medical Office or in a contracted free-standing facility
X-Ray	Diagnostic X-rays: 0% coinsurance after deductible is met Therapeutic X-rays: 0% coinsurance after deductible is met
Special Procedures: MRI/CT/PET/Nuclear Medicine	0% coinsurance after deductible is met
Mental Health and Chemical Dependency	
Mental Health Outpatient	0% coinsurance each office visit after deductible is met
Mental Health Inpatient	0% coinsurance after deductible is met
Chemical Dependency Outpatient	0% coinsurance each office visit after deductible is met
Chemical Dependency Inpatient Medical Detoxification	0% coinsurance after deductible is met Detoxification is limited to removing toxic substance from the body
Chemical Dependency Inpatient Residential Rehabilitation	0% coinsurance after deductible is met
Prescription Drugs	
Prescription Deductible	Medical annual deductible applies
Retail: Generic	0% coinsurance after deductible is met
Retail: Brand	0% coinsurance after deductible is met
Retail: Non-Preferred	0% coinsurance after deductible is met
Retail: Day Supply	Up to a 30 day supply
Mail Order	Mail order drugs are available for up to a 90 day supply after deductible is met for two copayments Certain drugs limited to a 30 day supply For Southern Colorado members: Prescriptions for second and on-going maintenance medications must be filled at a pharmacy in a Kaiser Permanente medical office or through Kaiser Permanente Mail Order
Specialty Drugs Including Self-Injectables	Cost share for generic, brand or non-preferred drugs may apply
Other	
Skilled Nursing Facility	0% coinsurance up to 100 days per calendar year after deductible is met Not covered outside the Service Area
Hospice Care	0% coinsurance after deductible is met Not covered outside the Service Area
Home Health Care	0% coinsurance after deductible is met for prescribed medically necessary part-time home health services Not covered outside the Service Area
Durable Medical Equipment	0% coinsurance after deductible is met Prosthetic arms and legs covered at 0% coinsurance after deductible is met no annual maximum benefit. See policy for types and circumstances of coverage.
Hearing Care	0% coinsurance after deductible is met; hardware not covered Hearing aid coverage available to children under 18; limitations apply
Chiropractic Care	0% coinsurance after deductible is met up to 20 visits per calendar year
Acupuncture	Not covered
Vision Care	0% coinsurance after deductible is met; hardware not covered
Active & Fit	Not Covered
First Responder	Not Covered