**BAY AREA AUTOMOTIVE GROUP WELFARE FUND**

**Important Notice From the Board of Trustees**

**To Active Employees**

**Comparison of Active Employees Medical Benefits**

**December 1, 2024**

**For**

**Kaiser Health Plan HMO**

**Plan PPK+D**

**Administrative Offices of the Fund**

**4160 Dublin Blvd., Ste 100**

**Dublin, CA 94568**

**1-800-267-3232**

Chinese (中文): 如果需要中文的幫助, 請撥打這個號碼 1-800-267-3232.

| Benefit | **Kaiser Permanente HMO** |
| --- | --- |
| Calendar Year Deductible | None |
| Maximum Benefit (per covered individual) | Unlimited |
| Maximum Co-payment (member/family) | $1,500/$3,000 |
| Emergency Room | $35 Co-pay (waived if admitted directly to hospital) |
| Urgent Care Center | $20 Co-pay |
| Physician Office Visits | $20 Co-pay |
| Surgical Benefits (No Cosmetic Surgery) | $20 Co-pay |
| Inpatient Hospitalization | No Charge |
| Skilled Nursing Facility (SNF) | No Charge (Up to 100 days per benefit period) |
| Physician's Services in Hospital/Skilled Nursing Facility (SNF) | No Additional Charge |
| Organ Transplants | $20 Co-pay |
| Specialist Consultation (including self-referral to Ob/Gyn) | $20 Co-pay |
| Ambulance Services | No charge when medically necessary |
| Maternity Office Visits | No charge |
| Normal Delivery/C-Section | $20 Co-pay |
| Well Child Preventive Care Age/frequency guidelines apply | No Charge |
| Preventive/screening/immunizationsAge/frequency guidelines apply | No Charge |
| Vision (Eye exam for refraction) | No charge |
| X-ray, Imaging & Lab Services | No Charge |
| Rehab Therapy (inpatient) | No Charge |
| Rehab Therapy (outpatient) | $20 Co-pay |
| Voluntary Pregnancy Termination | $20 Co-pay |
| Infertility Services | Contact Kaiser Directly |
| Mental Health Care - Inpatient | No Charge;  |
| Mental Health Care - Outpatient | $20 Co-pay  |
| Alcohol & Drug Treatment - Inpatient | No Charge for detoxification  |
| Alcohol & Drug Treatment - Outpatient | $20 Co-pay  |
| Hemodialysis | $20 Co-pay |
| Hospice Care | No Charge |
| Home Health Care | No Charge(limited to 3 visits per day/100 visits per year) |
| Prescription Drug | **Retail: 30-day supply**$10 Co-pay/generic; $20 Co-pay/ brand.**Mail Order: 31-100 day supply**$20 Co-pay generic; $40 Co-pay brand  (KFHP Formulary only); Member pays full cost for "brand" when a generic drug can be substituted and is refused |
| Durable Medical Equipment | No Charge |
| Chiropractic Care | Not Covered |

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**Note: This summary chart is provided to facilitate comparison only. Refer to the summary plan description and plan inserts for exclusions, limitations and exact terms. HMO contains exclusions and limitations not listed above, HMO medical service contract and combined evidence of coverage must be consulted to determine the exact terms and conditions. HMO will furnish these documents upon request.**