

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/immunizations Age/frequency guidelines apply	No Charge
Vision (Eye exam for refraction)	No charge
X-ray, Imaging & Lab Services	No Charge

Benefit	Kaiser Permanente HMO
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

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.