



2021 Kaiser High Deductible Medical Plans (for Hourly or Special Rate Employees)

January 1 – December 31, 2021



Benefit Features	
	Kaiser Permanente High Deductible Plan with Health Savings Account Option Kaiser Permanente Network PCP Referred (within Kaiser Network)
Choice of Provider	Your choice of Kaiser Permanente physicians and providers.
Annual Deductible*	\$1,500 per individual \$2,800** per individual within family coverage \$3,000 per family
Annual Out-of-Pocket Maximum (Includes Deductible)	\$6,000 per family
Out-of-Hospital Services	
<ul style="list-style-type: none"> Office Visits Specialist Visits Urgent Care Facility 	You pay 10% after deductible You pay 10% after deductible You pay 10% after deductible
Preventative Care	
<ul style="list-style-type: none"> Well Baby/Well Child Adult Physical Exam Well-Woman Care Prostate Cancer Screening Colorectal Cancer Screenings Specialty X-rays, (CT, MRI, PET) **Precertification Required** Diagnostic X-Rays and Lab Tests 	No copay or deductible No copay or deductible No copay or deductible No copay or deductible No copay or deductible You pay 10% after deductible You pay 10% after deductible
In-Hospital Services	
<ul style="list-style-type: none"> Semiprivate Room and Board (Precertification required) Emergency Room 	You pay 10% after deductible You pay 10% after deductible
Outpatient Surgery	You pay 10% after deductible
Durable Medical Equipment	You pay 10% after deductible; benefit limited to \$2,500 per plan year
Prosthetic Devices	No charge after deductible
Skilled Nursing Facility (Maximum 100 days per year)	You pay 10% after deductible
Mental Health & Substance Abuse	
<ul style="list-style-type: none"> Outpatient Physician Visits Inpatient Physician Visits 	You pay 10% after deductible You pay 10% after deductible
Physical/ Occupational/ Speech Therapy	You pay 10% after deductible
Chiropractic Care	Not covered. Discounts available through www.kp.org
Prescription Drug Benefits	

Benefit Features			
	Kaiser Permanente		
	High Deductible Plan with Health Savings Account Option		
	Kaiser Permanente Network PCP Referred (within Kaiser Network)		
• Retail	<p>Generic (after deductible) – \$10 copay for a 30-day supply \$20 copay for a 31 to 60 day supply \$30 copay for 61 to 100 day supply</p> <p>Brand (after deductible) – \$30 copay for a 30-day supply \$60 copay for a 31 to 60 day supply \$90 copay for 61 to 100 day supply</p> <p>Brand Non-Formulary: If prescribed by KP physician, covered at the brand copay for up to 30-day supply</p>		
• Mail-Order	<p>Generic (after deductible) – \$10 copay 30-day supply \$20 copay for a 31 to 100 day supply</p> <p>Brand (after deductible) – \$30 copay 30-day supply \$60 copay for a 31 to 100 day supply</p> <p>Brand Non-Formulary: Not covered</p>		
Cost For Coverage Per Pay Period***	Total Plan Cost	County Contribution	Employee Cost
• Employee Only	\$228.67	\$139.22	\$89.45
• Employee +1 Dependent	\$457.34	\$139.22	\$318.12
• Employee +2 or more Dependents	\$647.13	\$139.22	\$507.91
Health Savings Account Option****			
• Individual Contribution Maximum for 2020		\$3,600	
• Family Contribution Maximum for 2020 (Family includes employee plus one or more dependents)		\$7,200	

* All references to “annual” and “per year” on this chart refer to policy year of January 1 through December 31, 2021.

** The individual deductible included in family coverage will not exceed \$2,800 for 2020. If one member of the family reaches \$2,800, co-insurance goes into effect for that person. The rest of the family only needs to meet an additional \$200 deductible. At that point, the deductible is met and coinsurance goes into effect for all family members.

*** Excluding the third pay periods in the months of April and October.

**** HSA deductions are not available through payroll but may be set up at a banking institution of your choice, if eligible.

THIS COMPARISON CHART IS NOT A CONTRACT

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, then the Evidence of Coverage (EOC) plan document shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.