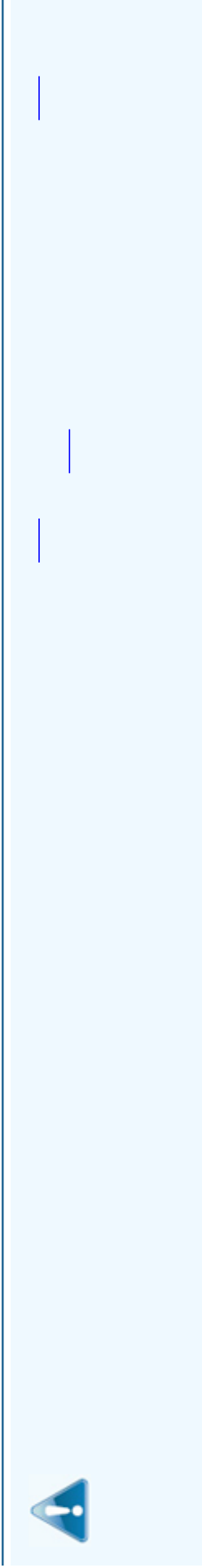


What this Plan Covers & What You Pay for Covered Services



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

	Primary care visit to treat an injury or illness	\$10 / visit	Not Covered	None
	Specialist visit	\$10 / visit	Not Covered	None
	Preventive care/ screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRI's)	No Charge	Not Covered	None

Emergency room care

	<u>Emergency room care</u>	\$75 / visit	\$75 / visit	None
	<u>Emergency medical transportation</u>	No Charge	No Charge	None
	<u>Urgent care</u>	\$10 / visit	Not Covered	<u>Non-Plan providers</u> covered when temporarily outside the service area: \$10 / visit.
	Facility fee (e.g., hospital room)			



Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente¹ follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

No-cost aids and services to people with disabilities to help them communicate better with us, such as:

Qualified sign language interpreters

Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)

No-cost language services to people whose primary language is not English, such as:

Qualified interpreters

Information written in other languages

If you need these services, call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays). The call is free:

Medi-Cal: **1-855-839-7613** (TTY 711)

All others: **1-800-464-4000**

In person:

V
24. Ž fi Ž

Medi-Cal: %!,))!, ' -!+*%' (TTY +%%)
- %!, \$\$\$ (!(\$\$\$ (TTY +%%)

< a c b [. Muaj kev pab txhais lus pub dawb rau koj, 24 teev tuaj ib hnuv twg, 7 hnuv tuaj ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv pab tej tsev hauj lwm. Hu rau pab Qhov Chaw Pab Cov Tswv Cuab 24 teev tuaj ib hnuv twg, 7 hnuv tuaj ib lim tiam twg (cov hnuv caiv kaw).

Medi-Cal: %!,))!, ' -!+*%' (TTY +%%)
Dua lwm cov: %!, \$\$\$ (!(\$\$\$ (TTY +%%)

> UdUbyGY. 24

24 7

Medi-Cal: %!,))!, ' -!+*%' (TTY +%%)
: %!, \$\$\$ (!(\$\$\$ (TTY +%%)

? \ a Yf'i7U a VcXJubl. V 24 7

nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Beiv hnangv qiemx zuqc longc mienh nzie weih nor douc waac lorx taux
yie mbuo zlux goux baengc mienh nyei gorn zangc, yietc hnoi tengx duqv 24 norm ziangh hoc, yietc norm leiz baaix tengx duqv 7
hnoi (simv cuotv gingc nyei hnoi se guon oc).

H\UJ. (TTY 24

24

Medi-Cal: %!,)! , '-!+*%' (TTY +%%)
%! , \$\$!(* (i (\$\$\$ (TTY +%%)

I_fubjub. , , T