

BENEFIT HIGHLIGHTS

Signature HSA plans

	2500/0/HSA	3500/0/HSA
Features		
Annual deductible (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000
Annual out-of-pocket maximum (includes deductible) (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000
Benefits (Services not subject to deductible unless indicated)		
Preventive care		
Immunizations		No charge
Well-child visit (to age 2)		No charge
Certain preventive screenings		No charge
Mammogram		No charge
Vision exam		No charge
Outpatient services (per visit or procedure)		
Primary care office visit		No charge (after deductible)
Specialist office visit		No charge (after deductible)
Most X-rays and lab tests		No charge (after deductible)
MRI, CT, and PET		No charge (after deductible)
Outpatient surgery		No charge (after deductible)
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, and medication		No charge (after deductible)
Maternity		
Obstetrician, midwife, hospital delivery		Not covered
Emergency and urgent care		
Emergency Room visit (waived if admitted)		No charge (after deductible)
After-hours visit		No charge (after deductible)
Ambulance service		No charge (after deductible)
Prescription drugs		
Generic drugs (Kaiser Permanente pharmacies only)		No charge (after deductible)
Brand-name drugs (Kaiser Permanente pharmacies only)		No charge (after deductible)

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