

2021 Kaiser Permanente HSA Advantage (KC01, KC02, KC03)	
Active Participants	
Plan Name	Kaiser Permanente HSA Advantage Colorado
Basics	
HRA	N/A
HSA	Employee only: \$750, Employee and spouse: \$1,125, Employee and child(ren): \$1,125, Employee and family: \$1,500
Deductible	<ul style="list-style-type: none"> • Employee only: \$2,100 • Employee and family: \$4,200
Annual Out-of-Pocket Maximum (including deductible)	<ul style="list-style-type: none"> • Employee only: \$4,100 • Employee and family: \$7,350
Lifetime Maximum	None
Inpatient Hospital Care (includes semi-private room and special services in a general hospital, chronic disease hospital, rehabilitation hospital or skilled nursing facility)	Covered at 80% after deductible
Inpatient Surgery (includes pre and post-operative care, anesthesia, endoscopic exams, circumcision)	Covered at 80% after deductible
Inpatient Physician Services	Covered at 80% after deductible
Outpatient Surgery and Anesthesia	Covered at 80% after deductible
Maternity and Well-Baby Care (including newborn physical and physician charges for circumcision)	Certain services and supplies covered at 100%; others covered at 80% after deductible.
Ambulance Services	Covered at 80% after deductible
Emergency Room	Covered at 80% after deductible Note: Emergency Services are available at all times - 24 hours a day/7 days a week, anywhere in the world. If you have an Emergency Medical Condition, call 911 or go to the nearest hospital emergency department. You do not need prior authorization for Emergency Services. When you have an Emergency Medical Condition, we cover Emergency Services you receive from Plan Providers and non-Plan Providers anywhere in the world, as long as the Services would have been covered under your plan if you had received them from Plan Providers. For information about emergency benefits away from home, please call Member Services
Hospital Outpatient Medical Services	Covered at 80% after deductible
Physicians' Office Services	Covered at 80% after deductible
Outpatient Diagnostic Lab Tests and X-rays	Covered at 80% after deductible

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Hearing Care	Exam: Covered at 80% after deductible Hearing Aids: \$1,000 Allowance for Adults per year, per ear. For children under 18, hearing aids covered at state mandate, which is at plan coinsurance, replacement every 5 years unless medical necessary to have more frequently
Hemodialysis, Chemotherapy, Radiation Therapy	Hemodialysis: Covered at 80% after deductible, limited to medically necessary therapy authorized by a plan physician Chemotherapy and radiation therapy: Covered at 80% after deductible
Short-Term Rehabilitative Therapy	Covered at 80% after deductible, combined Physical Therapy/Occupational Therapy/Speech Therapy 90 visit limit for medically necessary therapy authorized by a plan physician
Chiropractor Services	Covered at 80% after deductible, limited to 20 visits per calendar year
Preventive Pediatric Care	Covered at 100% (annual office visits from birth through 18 years; and vision, hearing and lead-level screenings)
Preventive Adult Physical Exams	Covered at 100% Limited to 1 routine office visit and exam per calendar year; women over the age of 18 are covered for 1 routine office visit and 1 well-woman examination per calendar year with their OB/GYN
Preventive Annual OB/GYN Exams (one per calendar year)	Covered at 100%
Preventive Mammograms and Pap Smears	Covered at 100%
Nutritional Counseling	Individual and group sessions: Covered at 80% when authorized by PCP, not subject to the deductible Group sessions: Covered at 80% when authorized by PCP
Family Planning (including Depo-Provera injections, diaphragms and IUDs when supplied by physician)	Covered at 100% Family planning visits: Covered at 100%, not subject to deductible; includes consultations and vasectomy consultations Note: Prescription copayments apply. Female contraceptive methods (including female sterilization) and counseling do not have a copayment and are not subject to the deductible.
Emergency or Urgent Care in a Physicians' Office	Covered at 80% after deductible
Oxygen and Durable Medical Equipment (rental or purchase with Care Coordination review)	Covered at 80% after deductible when arranged by Kaiser Permanente. Must be in accordance with formulary guidelines for durable medical equipment
Hospice Services (includes respite care in the home or a nursing home)	Covered at 80% after deductible in a plan facility
Bereavement (services provided to the family or primary care person following the death of the hospice patient and other covered services and supplies, when billed by an approved hospice provider)	Covered at 80% after deductible in a plan facility

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Transgender Services (includes sexual reassignment surgery, mastectomy/chest reconstruction, behavioral health care and hormone therapy)	Eligible services covered the same as other services (e.g., at 80% after deductible). For details, contact Kaiser Permanente at the Customer Service number on your ID card
Nursing Services	
Skilled Nursing Facility	Covered at 80%, after deductible, limited to 120 days per benefit period
Home Health Care	Covered at 80% after deductible when prescribed by a plan physician within the service area; 8 hours per day and 28 hours per week limit
Mental Health and Substance Abuse Treatment	
Hospital Admission (including Applied Behavior Analysis (ABA) Therapy for Autism Spectrum Disorder)	Mental health: Covered at 80% after deductible Substance abuse (detoxification): Covered at 80% after deductible Substance abuse (residential rehabilitation): Covered at 80% after deductible Note: Inpatient care must be authorized in advance; contact your plan's Customer Service number to find out how to obtain services
Outpatient Care (including Applied Behavior Analysis (ABA) Therapy for Autism Spectrum Disorder)	Mental health: Covered at 80% after deductible for individual or group sessions Substance abuse: Covered at 80% after deductible for individual or group sessions
Prescription Drugs	
Retail:	At a Kaiser Permanente pharmacy: Generic: Covered at 80%, after deductible, for up to 30-day supply Brand-name: Covered at 80%, after deductible, for up to 30-day supply Specialty Drugs: Covered at 80%, after deductible, for up to 30-day supply Preventive Drugs: Covered at 100% (Not Subject to Deductible)
Mail Order:	At a Kaiser Permanente pharmacy: Generic: Covered at 80%, after deductible, for up to 90-day supply Brand-name: Covered at 80%, after deductible, for up to 90-day supply Specialty Drugs: Covered at 80%, after deductible, for up to 90-day supply Preventive Drugs: Covered at 100% (Not subject to Deductible)
Other Benefits	
Footnotes:	Important Note: This is only a summary of certain benefits under the medical plans available to you. For more detail, call the plan's Customer Service number. If there is any difference between the information in this summary and the actual plan documents, the actual plan documents will always govern.
Additional Plan Information	
Plan Web Site	http://my.kp.org/raytheon
Plan Telephone Number	800-632-9700