# Medical Plans Footnotes

1. To receive in-network benefits, members must choose a medical home in the plan, notify the plan of their choice, and receive care through providers from that medical home or medical group. Examples: first four visits per individual to a primary care provider; insulin and diabetes supplies; care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

2. Physical therapy plans have a standard deductible (out-of-pocket maximum) (copay). This is the amount that a member is required to pay for covered services before the plan begins to pay its share for medically necessary covered services. Deductible applies per individual, or if family deductible applies when there are one or more individuals within a family. Based on the employer’s choice of coverage for out-of-network referrals or in-network referrals, this is noted below. Certain in-network services are not subject to the deductible. Examples: first four visits per individual to a primary care provider; insulin and diabetes supplies; care of asthma, diabetes, cardiovascular disease or congestive heart failure; and preventive services. On the Kaiser deductible plans, the deductible is waived on additional services; please see the benefit summary for additional details.

3. Speciality care plan applies to services unless otherwise noted.

4. Out-of-pocket max, does not apply to dental, vision, copays, services, don’t apply.

5. In-network, subject to deductible, max $5, deductible.

6. In-network, subject to deductible, max $10, deductible.

7. In-network, subject to deductible, max $15, deductible.

8. In-network, subject to deductible, max $20, deductible.

9. In-network, subject to deductible, max $25, deductible.

10. In-network, subject to deductible, max $30, deductible.

11. Out-of-network, subject to deductible, max $10, deductible.

12. Out-of-network, subject to deductible, max $25, deductible.


14. The prescription drug deductible is $50 per person or $150 for families with three or more members. It applies separately from the regular health plan deductible.

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