


Kaiser Permanente Plan: University of California

Coverage Period: 01/01/2024-12/31/2024

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual+Family | Plan Type: HMO

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need mental health, behavioral health, or substance abuse services</p> <p>More information about OptumHealth is available at www.liveandworkwell.com</p> <p>To find a network provider, enter access code 11280 and click on find a provider or call 1-888-440-8225</p>	Outpatient services	Visits 1-3 \$0 copay Visits 4+ \$20 copay per visit	Covered in emergencies only, at in-network level	<p>Provider must be in the OptumHealth network to receive the network provider benefit.</p> <p>Outpatient Office Visits: Including but not limited to individual/group counseling/monitoring drug therapy</p> <p>All Other Outpatient Treatment: Pre-authorization required, copays waived: Including but not limited to Partial Hospitalization, Intensive Outpatient Treatment Programs, Applied Behavior Analysis (ABA)</p>
	Inpatient services	\$250 copay per admission	Covered in emergencies only, at in-network level	Pre-authorization required: Including Inpatient and Residential Treatment