


Kaiser Permanente Plan: University of California

Coverage Period: 01/01/2025-12/31/2025

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)	
If you need mental health services or substance, use disorder services More information about Optum is available at www.liveandworkwell.com To find a network provider, enter access code 11280 and click on Get Care or call 1-888-440-8225	Outpatient services	Visits 1-3 \$0 copay Visits 4+ \$30 copay per visit	Covered in emergencies only, at in-network level	Provider must be in the Optum network to receive the network provider benefit. Outpatient Office Visits: Including but not limited to individual/group counseling/monitoring drug therapy All Other Outpatient Treatment: Pre-authorization required, copays waived: Including but not limited to Partial Hospitalization, Intensive Outpatient Treatment Programs, Applied Behavior Analysis (ABA)
	Inpatient services	\$250 copay per admission	Covered in emergencies only, at in-network level	Pre-authorization required: Including Inpatient and Residential Treatment