KAISER HEALTH MAINTENANCE ORGANIZATION (HMO) MEDICAL PLAN

California Employees Only

WHAT IS A KAISER HMO MEDICAL PLAN?

The Kaiser HMO medical plan is a type of health insurance plan that provides care through Kaiser Permanente's connected network of doctors, hospitals, pharmacies, labs, and care teams. Employees pay for covered medical services based on the plan's applicable deductible, copays and coinsurance.

The Kaiser HMO model is designed to make care coordinated and easy to navigate. In many cases, your primary care physician helps guide your care, connects you with specialists when needed, and keeps your medical information connected within Kaiser Permanente's system.

HOW THE PLAN WORKS

- **You use Kaiser Permanente's network.** Covered, non-emergency care is provided by Kaiser Permanente doctors, facilities, pharmacies, and affiliated providers.
- **You choose a primary care physician.** Your primary care physician is your first point of contact for routine care, preventive care, and many health concerns.
- **Specialist care may require a referral.** If you need to see a specialist, your primary care physician will help coordinate the referral within the Kaiser network.
- **Costs are often more predictable.** Kaiser HMO plans commonly use set copays for many services, which can make it easier to understand what you may pay when you receive care.

BENEFITS OF A KAISER HMO PLAN

- **Coordinated care:** Your doctors, labs, pharmacy, and care teams are connected, which can reduce the need to repeat information or transfer records manually.
- **Convenient access:** Many services may be available in one Kaiser facility or through Kaiser's online tools, including appointment scheduling, prescription refills, lab results, and virtual care options.

- **Predictable costs:** Members often know their copay or cost share before receiving many common services.
- **Simplified claims experience:** Because care is usually provided within the network, members typically have fewer claim forms to manage.

THINGS TO CONSIDER BEFORE CHOOSING A KAISER HMO PLAN

- **Network rules matter.** Most non-emergency care must be received from Kaiser Permanente or approved network providers to be covered.
- **Out-of-network care is limited.** Care outside the Kaiser network is not covered unless it is emergency care or has been specifically authorized.
- **Referrals may be needed.** Some specialty services require coordination through your primary care physician.
- **Service areas apply.** Kaiser HMO coverage is tied to Kaiser Permanente service areas, so members should confirm that Kaiser providers and facilities are available where they live or work.