

## 2025 SAIF Kaiser Permanente medical plan

	Completes the Wellness Rewards Program requirements*		Does not complete the Wellness Rewards Program requirements*	
Coverage level	SAIF monthly cost	Employee monthly cost	SAIF monthly cost	Employee monthly cost
Employee only	\$829.67	\$0.00	\$779.67	\$50.00
Employee + spouse or domestic partner	\$1,659.33	\$0.00	\$1,559.33	\$75.00
Employee + child(ren)	\$1,493.40	\$0.00	\$1,418.40	\$100.00
Employee + family	\$2,489.00	\$0.00	\$2,339.00	\$150.00
Monthly spouse/domestic partner premium share	Employee monthly cost			
Spouse/partner has no access to other employer-sponsored medical coverage	\$0			
Spouse/partner is enrolling in your SAIF medical plan as a secondary plan	\$150			
Spouse/partner is enrolling in your SAIF medical plan in lieu of their employer's plan	\$300			
Deductible & out-of-pocket expenses	Copay or coinsurance (Kaiser network)			
Annual individual deductible	\$400			
Annual family deductible	\$800			
Annual individual out-of-pocket maximum	\$2,500			
Annual family out-of-pocket maximum	\$5,000			
Preventive care services	Copay or coinsurance (Kaiser network)			
Routine preventive physical exam (adult, well baby, and well child)	\$0✓			
Immunizations	\$0✓			
Annual gynecological exams, pap tests exam	\$0✓			
X-ray and lab for preventive care	\$0✓			
Colorectal cancer screening, including exam, bowel preparation medications, colonoscopy, sigmoidoscopy, and fecal occult test	\$0✓			
Mammogram	\$0✓			
Screening prostate-specific antigen (PSA) test (not including monitoring or ultrasensitive tests)	\$0✓			
Diabetes (following services HbA1c, retinal exam, urine test for kidney function, diabetic exams of mouth, teeth, and feet)	\$0✓			
Tobacco cessation (8-12 weeks of treatment per attempt at quitting tobacco use. Only if in conjunction with a Kaiser tobacco cessation program approved by Kaiser that uses nicotine replacement therapy)	\$0✓			

Professional and outpatient services	Copay or coinsurance (Kaiser network)
Office visits and primary care provider**	\$25✓
Office visits to specialist	\$35✓
Naturopathic services (no visit limit)**	\$25✓
Chiropractic services (30 visit limit)	\$25✓
Acupuncture (24 visit limit)	\$25✓
Massage therapy (12 visit limit)	\$25✓
Physical, speech, occupational therapy (20 visits per therapy per year)	\$35✓
Laboratory	10%✓
Outpatient surgery visit	10%✓
Chemotherapy/radiation therapy visit	\$35✓
X-ray, imaging, and special diagnostic procedures	10%
CT, MRI, PET scans	10%
Telehealth	Copay or coinsurance (Kaiser network)
Video and phone visits with a provider	Covered in full✓
Maternity care	Copay or coinsurance (Kaiser network)
Scheduled prenatal care visits and postpartum visits	\$0✓
Laboratory	10%✓
X-ray, imaging, and special diagnostic procedures	10%
Inpatient hospital services	\$100/day, up to \$500 per admission✓
Fertility services	Copay or coinsurance (Kaiser network)
<ul style="list-style-type: none"> <li>Covered medical services are subject to a \$20,000 lifetime benefit maximum.</li> <li>Covered pharmacy services are subject to a \$10,000 lifetime benefit maximum.</li> <li>Fertility services accumulate toward the member's out-of-pocket maximum.</li> </ul>	50%
Medical, equipment, supplies, devices	Copay or coinsurance (Kaiser network)
Durable medical equipment	10%
Hospital services	Copay or coinsurance (Kaiser network)
Inpatient hospital services	\$100/day, up to \$500 per calendar year✓
Outpatient facility	10%✓
Emergency and urgent services	Copay or coinsurance (Kaiser network)
Emergency services (for emergency medical conditions only)	\$150✓ Copay waived if admitted to hospital
Urgent care services (for non-life-threatening illness or minor injury)	\$35✓

Ambulance services (for emergency transportation only per transport)	\$150✓
<b>Skilled nursing care</b>	<b>Copay or coinsurance (Kaiser network)</b>
Inpatient skilled nursing services (up to 100 days per calendar year)	\$0
<b>Mental health and chemical dependency services</b>	<b>Copay or coinsurance (Kaiser network)</b>
Inpatient hospital and residential services	\$100/day, up to \$500/calendar year✓
Outpatient provider services**	\$25✓
<b>Prescription drugs</b>	<b>Copay or coinsurance (Kaiser network)</b>
<b>Prescription drugs (up to 30-day supply)</b>	
Generic	\$10✓
Preferred brand	\$30✓
Non-preferred brand	50% up to \$100 max✓
<b>Mail-order prescription drugs (up to 90-day supply)</b>	
Generic	\$20✓
Preferred brand	\$60✓
Non-preferred brand	50% up to \$200 max✓
Administered medications, including injections (all outpatient settings)	10%
Nurse treatment room visits to receive injections	\$10✓

\* **Wellness Rewards Program:** To qualify for the medical plan premium waiver in 2026, you'll need to complete two required activities and two additional activities within the Wellness Rewards Program year—running from October 1, 2024, to September 30, 2025. Spouses/partners are not required to participate in the Wellness Rewards Program requirements. Employees hired between April 1 and September 30 are exempt from the Wellness Rewards Program requirements for this program year but are encouraged to participate. The Wellness Rewards Program requirements include:

1. Complete the **Health Check** survey in Virgin Pulse
2. Complete a **preventive care activity** and document it in Virgin Pulse. The preventive care attestation form can be found under the Benefits tab or My Care Checklist in Virgin Pulse. You do not need to submit documentation from your provider. Preventive care activities can include a biometric screening, annual exam, dental exam, vision exam, cancer screening, mental health counseling or coaching appointment, or any other health exam recommended by your health care provider.
3. Complete **TWO** of the following of your choice:
  - Earn 32,000 points in Virgin Pulse
  - Participate in two corporate challenges in Virgin Pulse
  - Complete two Journeys in Virgin Pulse
  - Join meQuilibrium and complete the initial assessment
  - Complete a meQuilibrium re-assessment

\*\* \$5 per visit for the first three outpatient visits combined for primary care, mental/behavioral health, substance abuse services, and other qualified visits.

✓ No deductible needs to be met prior to receiving this benefit.

*This is not an all-inclusive summary of SAIF's policies with this health care provider. This is a summary only; it does not fully describe your benefits coverage. For detailed information on your benefits, refer to the online Kaiser Group Agreement and Evidence of Coverage.*