The Difference Card

SUMMARY OF BENEFITS

Institute on Aging | **Kaiser** | **7/1/2025** to **6/30/2026**

HMO Plan (California)

Swipe card for benefit listed under the "Difference Card Pays" column.

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	KAISER BENEFIT
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	Remaining Amount	First $3,000	Deductible and Coinsurance
Specialist Office Visit Copay	Remaining Amount	First $3,000	Deductible and Coinsurance
Preventive Care / Screening / Immunization	No Charge		
Urgent Care	Remaining Amount	First $3,000	Deductible and Coinsurance
PHARMACY			
Retail Prescriptions	$25/$50/$125/$75	50%	30% to $50/$100/$250 20% to $150
Mail Order Prescriptions	$25/$50/$125	50%	30% to $50/$100/$250
DIAGNOSTIC PROCEDURES			
Diagnostic Test- Lab Bloodwork	Remaining Amount	First $3,000	Deductible and Coinsurance
Diagnostic Test X-Ray	Remaining Amount	First $3,000	Deductible and Coinsurance
Complex Imaging (CT/Pet Scans, MRIs)	Remaining Amount	First $3,000	Deductible and Coinsurance
HOSPITAL SERVICES			
Emergency Room Care	Remaining Amount	First $3,000	Deductible and Coinsurance
Outpatient Surgery	Remaining Amount	First $3,000	Deductible and Coinsurance
Inpatient Hospital	Remaining Amount	First $3,000	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		
In-Network Individual Deductible	$0	$3,000	$3,000
In-Network Family Deductible	$3,000	$3,000	$6,000
In-Network Individual Coinsurance Limit	$3,000	$0	30% to $3,000
In-Network Family Coinsurance Limit	$6,000	$0	30% to $6,000

In-Network Family Multiplier 2 **Mail Order Multiplier** 2

All claims must be submitted within 3 months of the end of the deductible accumulation period.

Terminated members must submit claims within 3 months of the termination date.

Information on this document based on carrier SBC.

Please have your provider swipe the Difference Card for the following amounts:

Primary Care Swipe -	First $3,000
Specialist Swipe -	First $3,000
UC & ER Visit Swipe -	First $3,000
Deductible Expenses -	First $3,000
RX Copay -	50%

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims

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