



## Important notice

Health plans are undergoing many changes due to the passage of the Patient Protection and Affordable Care Act. At Kaiser Permanente, we want to help you keep informed about how the federal health reform law affects your individual and family coverage.

We are currently working to implement the new federal health reform law in accordance with the schedule outlined by Congress. While many key aspects of the legislation will phase in over the next several years, some provisions will impact your benefits effective October 1, 2010. Among these provisions are: an expanded list of preventive care services, covered in network with no cost sharing; no lifetime maximums for designated essential health benefits; and the continuation of insurance coverage for dependent children up to age 26.

The information in this notice changes some of the information in the enclosed enrollment kit, which outlines our Kaiser Permanente for Individuals and Families coverage effective October 1, 2010, through December 31, 2011. There may be additional benefit and eligibility revisions based on further clarification from our federal regulators. If so, we will keep you informed of these changes.

If you have questions, please call **1-800-494-5314**, 8 a.m. to 8 p.m., Monday through Friday, and 9 a.m. to 5 p.m., Saturday, or call your broker.

Thank you for your interest in Kaiser Permanente.

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# CHOOSE A PLAN

## HMO PLANS

What HMO plans offer and how they work



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# Value. Simplicity. Choice.



Our HMO plans offer all three. If you're looking for great value and simplicity, then choosing one of our HMO plans could be your best option.

You can choose from six plans, each with different coverage and rates. With a Kaiser Permanente HMO plan, you'll enjoy time-saving convenience and high-quality, personalized care. Our HMO plans offer the flexibility you need, with affordable choices ranging from plans with low copays and low deductibles to plans with higher out-of-pocket costs but lower monthly premiums.

- If you want low copays and low deductibles and are willing to pay a higher monthly premium, consider our Premier Plan or Plan 500.
- If you want to keep your monthly premium at a minimum and are willing to pay more when you need care and service, consider Plan 1000, Plan 2000, Plan 3000, or Plan 5000.

No matter which plan you choose, you can see a doctor for as low as \$30. And the deductibles only apply to specific benefits. Services listed for a copayment are not subject to the medical deductible.

# Why choose an HMO plan?

With quality coverage and low premiums, you're sure to find a plan that fits your budget.

- **Affordable coverage.** Copays for primary care visits are only \$30. And no matter which plan you choose, your affordable monthly premiums include coverage for preventive care, hospitalization, and prescriptions.
- **Wide selection of doctors.** In addition to the doctors at our 17 Kaiser Permanente medical centers, you'll have access to 1,200 affiliated doctors practicing in their own offices all over town.
- **Personalized care.** You have the freedom to choose your own personal physician and to change your mind for any reason. You'll have a caring doctor who takes the time to listen and get to know you—so you can get the personalized care you deserve.
- **Online features.** You can order most prescription refills, schedule routine appointments, e-mail your doctor's office, and view most lab results and past office visit information right from home at [kp.org](https://www.kp.org).<sup>1</sup>
- **Convenience.** You can often save time by seeing a doctor and getting lab, X-ray, and pharmacy services all in one building at most Kaiser Permanente medical centers. You can also see a doctor at night or on weekends at one of many locations or get nurse advice 24 hours a day by phone.<sup>1</sup>

- **Simplicity.** You won't have to worry about filing claims when you visit our medical centers or any of our affiliated doctors and hospitals.
- **Access.** You'll have direct access to all specialty departments within Kaiser Permanente medical centers—no referral needed. This includes specialties like Ob/Gyn, dermatology, and behavioral health.



<sup>1</sup> Available to members receiving care at Kaiser Permanente medical centers

# Benefit highlights

	Premier	Plan 500	Plan 1000
Features			
Annual deductible (individual/family)	None	\$500/\$1,500	\$1,000/\$3,000
Annual out-of-pocket maximum (individual/family)	None	\$2,000/\$6,000	
Lifetime benefit maximum	Unlimited		
Benefits			
Benefits with copays not subject to deductible Benefits with coinsurance subject to deductible			
Preventive care (not subject to deductible—office visit copay may apply)			
Immunizations	No charge		
Well-child visit (to age 2)	No charge		
Certain preventive screenings	No charge		
Mammogram	No charge		
Outpatient services (per visit or procedure)			
Primary care/Specialist office visit	\$30 copay/\$50 copay		
Most X-rays and lab tests	No charge		
MRI, CT, and PET	\$100 copay	30% coinsurance	
Outpatient surgery	\$100 copay	30% coinsurance	
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	\$500 per admission	30% coinsurance	
Maternity (other charges will apply for professional services)			
Obstetrician/Midwife	\$1,000 copay		
Hospital delivery	\$2,000 copay		
Emergency and urgent care			
Emergency Room visit (waived if admitted)	\$150 copay		
Urgent care visit	\$60 copay		
Ambulance service	\$150 copay		
Prescription drugs			
Pharmacy deductible (individual/family)	\$200/\$600		
Generic drugs (Kaiser Permanente pharmacy/network pharmacy)	\$15 copay/\$21 copay (after pharmacy deductible)		
Brand drugs (Kaiser Permanente pharmacy/network pharmacy)	\$30 copay/\$36 copay (after pharmacy deductible)		
Other services			
Vision exam	\$50 copay		

This plan summary is intended to only highlight some of the principal provisions of our plans. Please refer to your *Evidence of Coverage* for more details of your plan or for specific limitations and exclusions. Certain underwriting guidelines apply. Applicants are subject to medical review.

	Plan 2000	Plan 3000	Plan 5000
Features			
Annual deductible (individual/family)	\$2,000/\$6,000	\$3,000/\$9,000	\$5,000/\$15,000
Annual out-of-pocket maximum (individual/family)	\$2,000/\$6,000		
Lifetime benefit maximum	Unlimited		
Benefits			
Benefits with copays not subject to deductible Benefits with coinsurance subject to deductible			
Preventive care (not subject to deductible—office visit copay may apply)			
Immunizations	No charge		
Well-child visit (to age 2)	No charge		
Certain preventive screenings	No charge		
Mammogram	No charge		
Outpatient services (per visit or procedure)			
Primary care/Specialist office visit	\$30 copay/\$50 copay		
Most X-rays and lab tests	No charge		
MRI, CT, and PET	30% coinsurance		
Outpatient surgery	30% coinsurance		
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	30% coinsurance		
Maternity (other charges will apply for professional services)			
Obstetrician/Midwife	\$1,000 copay		
Hospital delivery	\$2,000 copay		
Emergency and urgent care			
Emergency Room visit (waived if admitted)	\$150 copay		
Urgent care visit	\$60 copay		
Ambulance service	\$150 copay		
Prescription drugs			
Pharmacy deductible (individual/family)	\$200/\$600	\$500/\$1,500	
Generic drugs (Kaiser Permanente pharmacy/network pharmacy)	\$15 copay/\$21 copay (after pharmacy deductible)		
Brand drugs (Kaiser Permanente pharmacy/network pharmacy)	\$30 copay/\$36 copay (after pharmacy deductible)		
Other services			
Vision exam	\$50 copay		

# How our HMO plans work

## Meet Wayne Taylor

Wayne is a single 32-year-old who's in great shape and very proactive about his health.<sup>1</sup> Except for annual checkups and preventive tests, he rarely needs to see his doctor. Wayne wants to maintain his good health and be sure that he will be covered for any serious illnesses or injuries—while paying lower premiums. Wayne enrolls in Plan 5000.

- **Preventive care:** Because preventive care is no charge and not subject to the deductible, Wayne pays only a \$30 office visit copay for his annual checkup. His flu shot is no charge.
- **Meeting the deductible:** Since Wayne has a \$5,000 medical deductible, he pays full charges until his covered medical expenses total \$5,000.
- **Copayments and coinsurance:** Wayne breaks his toe playing basketball, which necessitates a trip to the Emergency Room. Since Emergency Room visits are not subject to the deductible, Wayne can pay a \$150 copay. However, when Wayne has minor surgery as an outpatient, this procedure is subject to the deductible. Since Wayne has not met his deductible yet, he pays full charge for the surgery.



<sup>1</sup> This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan.





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**GOOD**  
HEALTH

[kp.org](http://kp.org)

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