Lower your premiums.

Keep your peace of mind.

# Introducing Balance Plans from Kaiser Permanente

(4/1/08—6/1/08 effective dates)



Just the right coverage at just the right price.



Finding the right health coverage can be a challenge.

#### You don't want to pay a lot for coverage you don't need.

But you don't want to be left unprotected.

### Now there's a solution!



## Not sure you need coverage?

#### Do the math.

Did you know that paying health insurance premiums for over seven years could cost you less than one hospital stay without health coverage?\*

\* Based on average national cost for one hospital stay (\$7,588) and current Personal Advantage rate for single male age 25-29 in Balance HMO 5,000.

#### Introducing Balance.

With Kaiser Permanente's new Balance plans, you'll get just the right coverage at just the right price. From a health company you can trust.

With rates starting at around just \$65 a month, Balance plans are our lowest priced Personal Advantage plans. So you'll get the coverage you need, at a price you can afford.

### Balance your benefits with your budget.

At Kaiser Permanente, we believe you shouldn't have to give up all your benefits to make health insurance affordable. With Balance plans, you'll enjoy the coverage you'd expect from Kaiser Permanente, including:

- Doctor's office visits
- Hospital stays
- Prescription drugs
- Preventive care
- An Out-of-Pocket Maximum to keep you protected

#### You're covered for preventive care

You'll be covered for the things you need to stay healthy, like annual exams and screenings. In fact, you won't pay a thing for preventive services like routine mammograms, pap tests, and immunizations.<sup>2</sup> Compare these benefits to what you get with similar priced plans from other health insurers!

#### Just the right coverage

To keep your rates lower, you won't have to pay for a lot of extra coverage that not everyone needs. For example, Balance plans don't include coverage for maternity. If you'd like a more detailed comparison of the new Balance plans benefits to our other plans, just read the Balance Plan Acknowledgement Form in your application.

### Choose *your* perfect Balance.

When it comes to health coverage, one size doesn't fit all.
With Balance, you can choose from two types of coverage—
HMO plans or plans with a Health Savings Account (HSA) option.
In all, you'll have seven plans to choose from.

<sup>&</sup>lt;sup>1</sup> For male in Balance HMO 5,000. Rates vary by plan, age, and gender.

<sup>&</sup>lt;sup>2</sup> Office visit copay may apply.

#### Balance HMO Plan Rates (4/1/08—6/1/08 effective dates)

#### Balance HMO 2,000

|         | •              |                     |
|---------|----------------|---------------------|
| Age     | Subscr<br>Male | iber only<br>Female |
| 0-2     | \$78           | \$82                |
| 3-11    | \$78           | \$82                |
| 12-19   | \$79           | \$82                |
| 20-24   | \$89           | \$110               |
| 25-29   | \$109          | \$139               |
| 30-34   | \$115          | \$178               |
| 35-39   | \$133          | \$209               |
| 40-44   | \$151          | \$212               |
| 45-49   | \$186          | \$229               |
| 50-54   | \$213          | \$258               |
| 55-59   | \$277          | \$295               |
| 60-64** | \$360          | \$338               |

#### Balance HMO 3,000

| Age     | Subscri<br>Male | iber only<br>Female |
|---------|-----------------|---------------------|
| 0-2     | \$70            | \$76                |
| 3-11    | \$70            | \$76                |
| 12-19   | \$72            | \$76                |
| 20-24   | \$83            | \$101               |
| 25-29   | \$100           | \$128               |
| 30-34   | \$106           | \$164               |
| 35-39   | \$123           | \$193               |
| 40-44   | \$139           | \$193               |
| 45-49   | \$170           | \$208               |
| 50-54   | \$196           | \$235               |
| 55-59   | \$255           | \$271               |
| 60-64** | \$331           | \$310               |

#### **Balance HMO Plans**

If you're looking for low premiums and predictable out-of-pocket costs, our new Balance HMO plans are a great choice. Rates start around just \$65 a month.<sup>1</sup> And you'll only pay a copay for services like primary and specialty care visits, after-hours urgent care, and emergency room visits. You'll also pay just a copay for generic prescription drugs.

With Balance HMO plans, you'll have five options to choose from. To make your decision simple, the only differences among the plans are the Annual Deductible and in some cases, the Out-of-Pocket Maximum. You can choose from a \$2,000, \$3,000, \$5,000, \$7,500, or \$10,000 deductible. The higher the deductible, the lower your monthly premium.

#### Balance HMO 5,000

| Age     | Subscr<br>Male | iber only<br>Female |
|---------|----------------|---------------------|
| 0-2     | \$63           | \$66                |
| 3-11    | \$63           | \$66                |
| 12-19   | \$64           | \$66                |
| 20-24   | \$72           | \$87                |
| 25-29   | \$89           | \$110               |
| 30-34   | \$92           | \$141               |
| 35-39   | \$108          | \$165               |
| 40-44   | \$121          | \$168               |
| 45-49   | \$147          | \$180               |
| 50-54   | \$171          | \$204               |
| 55-59   | \$218          | \$235               |
| 60-64** | \$285          | \$268               |

#### Balance HMO 7,500

| Age     | Subscri<br>Male | iber only<br>Female |
|---------|-----------------|---------------------|
| 0-2     | \$63            | \$64                |
| 3-11    | \$63            | \$64                |
| 12-19   | \$63            | \$64                |
| 20-24   | \$70            | \$84                |
| 25-29   | \$86            | \$104               |
| 30-34   | \$89            | \$133               |
| 35-39   | \$102           | \$157               |
| 40-44   | \$115           | \$159               |
| 45-49   | \$140           | \$171               |
| 50-54   | \$161           | \$191               |
| 55-59   | \$206           | \$220               |
| 60-64** | \$267           | \$252               |

#### Balance HMO 10,000

| 5 | A |
|---|---|
|   |   |

| Age     | Subscri<br>Male | ber only<br>Female |
|---------|-----------------|--------------------|
| 0-2     | \$62            | \$63               |
| 3-11    | \$62            | \$63               |
| 12-19   | \$62            | \$64               |
| 20-24   | \$69            | \$82               |
| 25-29   | \$84            | \$100              |
| 30-34   | \$86            | \$126              |
| 35-39   | \$100           | \$150              |
| 40-44   | \$112           | \$152              |
| 45-49   | \$134           | \$163              |
| 50-54   | \$154           | \$183              |
| 55-59   | \$197           | \$211              |
| 60-64** | \$255           | \$239              |

<sup>\*\*</sup> If you are 65 or older, please inquire about our coverage for Medicare-eligible members at 1-888-468-0100.

| Deductible  Coinsurance Out-of-Pocket Max  S5,000  Maximum Benefit While Covered ¹  S3,000,000  Coinsurance  Plan pays 70% after Annual Deductible  Benefits Benefits shown with copays are not subject to deductible. You pay amount shown unals beductible  Office Services  ■ Primary Care ■ Specialty Care ■ Specialty Care ■ Preventive Services ² ■ Plan pays 100% ■ Maternity (obstetrician/midwife)  Outpatient Services ■ Laboratory Services ■ Laboratory Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Physical and Other Professional Charges ■ Emergency Services ■ Emergency Services ■ Emergency Facility ■ Physical and Other Professional Charges ■ Emergency Room Visit (per visit: copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ Physician and Other Professional Charges ■ Hospital (facility charge) ■ Physician and Other Professional Charges  Plan pays 70%  Mental Health Services ■ Laboratory Room Visit (per visit: copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Outpatient Services ■ Laboratory Therapy 3 ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Physician and Other Professional Phar pays 70%  Mental Health Services ■ Outpatient Mental Health Professional Phar pays 70% ■ Phar Pays 70          | 2008 Balance HMO Plan benefit summaries   | Balance HMO 2,000    |
|--|---|----------------------|
| Maximum Benefit While Covered ¹ Coinsurance Plan pays 70% after Annual Deductible Benefits Benefits shown with copays are not subject to deductible. You pay amount shown unless otherwise noted.  Office Services ■ Primary Care ■ Specialty Care ■ Specialty Care ■ Preventive Services ■ Preventive Services ■ Preventive Services ■ Plan pays 100% ■ Maternity (bostetriclan/midwlfe)  Outpatient Services ■ Radiology Services (MRI, CT, PET, others) ■ Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Theraples - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Surgery Facility ■ Plan pays 70% ■ Outpatient Surgery Facility ■ Physician and Other Professional Charges  ■ Emergency Services ■ Emergency Services ■ Emergency Room Visit (per visit: copay waived if admitted) ■ Affect-Hours Urgent Care (per visit) ■ Ambulance (per trip)  Inpatient Services ■ Hospital facility charge) ■ Maternity (hospital delivery) ■ Plan pays 70%  Mental Health Services ■ Unique the Health Services ■ Unique the Health Services ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional Pharmacy Services - 30 day supply ■ Ceneric Drugs— Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Darable Medical Equipment/Prosthetics and Orthotics⁴ ■ Durable Medical Equipment/Prosthetics and Orthotics⁴ ■ Durable Medical Equipment/Prosthetics and Orthotics⁴ ■ Plan pays 70% Plan pays 70%  | Deductible  | \$2,000              |
| Benefits Benefits shown with copays are not subject to deductible. You pay amount shown unless otherwise noted  Office Services  ■ Primary Care  ■ Specialty Care  ■ Specialty Care  ■ Preventive Services  ■ Preventive Services  ■ Laboratory Services  ■ Laboratory Services  ■ Laboratory Services  ■ Radiology Services (MRI, CT, PET, others)  ■ Plan pays 70%  ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy)  ■ Plan pays 70%  ■ Mater-Hours Urgent Care (per visit)  ■ After-Hours Urgent Care (per visit)  ■ After-Hours Urgent Care (per visit)  ■ After-Hours Urgent Care (per visit)  ■ Plan pays 70%  ■ Maternity (nospital delivery)  ■ Physician and Other Professional Charges  ■ Hospital (facility charge)  ■ Maternity (nospital delivery)  ■ Outpatient Services  ■ Uutpatient Group Therapy 3  ■ Outpatient Group Therapy 3  ■ Outpatient Mental Health Facility - 30 days per calendar year  ■ Plan pays 70%  ■           | Coinsurance Out-of-Pocket Max   | \$5,000              |
| Benefits Benefits shown with copays are not subject to deductible. You pay amount shown unless otherwise noted.  Office Services  ■ Primary Care ■ Specialty Care ■ Specialty Care ■ Maternity (obstatriclan/midwife)  Outpatient Services ■ Laboratory Services ■ Reabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Physician and Other Professional Charges  ■ Emergency Services ■ Emergency Services ■ Emergency Room Visit (per visit: copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Anbulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Group Therapy³ ■ Outpatient Group Therapy³ ■ Outpatient Mental Health? ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Drable Medical Equipment/Prosthetics and Orthotics¹ ■ Durable Medical Equipment/Prosthetics and Orthotics¹ ■ Durable Medical Equipment/Prosthetics and Orthotics¹  Plan pays 70% Plan pay          | Maximum Benefit While Covered <sup>1</sup>  | \$3,000,000          |
| Office Services  ■ Primary Care  ■ Specialty Care  ■ Specialty Care  ■ Preventitive Services 2  ■ Maternity (obstetrician/midwife)  Outpatient Services  ■ Laboratory Services  ■ High Tech Radiology Services (MRI, CT, PET, others)  ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy)  ■ No Plan pays 70%  ■ Hospital Outpatient Surgery Facility  ■ Hospital Outpatient Facility  ■ Plan pays 70%  ■ Plan pays 70%  ■ Plan pays 70%  ■ Emergency Services  ■ Emergency Room Visit (per visit; copay walved if admitted)  ■ Arribulance (per trip)  ■ Ambulance (per trip)  Inpatient Services  ■ Hospital (facility charge)  ■ Maternity (hospital delivery)  ■ Plan pays 70%  Mental Health Services  ■ Outpatient Mental Health 2  ■ Outpatient Mental Health 4  ■ Outpatient Mental Health Facility - 30 days per calendar year  ■ Inpatient Mental Health Facility - 30 days per calendar year  ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply  ■ Generic Drugs — Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics <sup>4</sup> Plan pays 70%  Plan pays 70%  | Coinsurance   |                      |
| ■ Primary Care ■ Specialty Care ■ Preventive Services ² ■ Ina pays 100% No Coverage  Outpatient Services ■ Laboratory Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Nehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Hospital Outpatient Facility ■ Hospital Outpatient Facility ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges  Emergency Services ■ Emergency Room Visit (per visit; copay walved if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Group Therapy 3 ■ Motopatial (facility charge) ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Prand Non-Preferred Drugs ■ Brand Reported Professional Orthotics 4 ■ Durable Medical Equipment/Prosthetics and Orthotics 4 ■ Plan pays 70%  Plan pays 70%  | Benefits Benefits shown with copays are not subject to deductible. You pay amount sho |                      |
| ■ Specialty Care ■ Preventive Services ■ Maternity (obstetrician/midwife)  Outpatient Services ■ Laboratory Services ■ Laboratory Services ■ Laboratory Services ■ Laboratory Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Plan pays 70% ■ Plan pays 70% ■ Plan pays 70% ■ Plan pays 70% ■ Hospital Outpatient Facility ■ Plan pays 70% ■ Materity (Forwist: copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ After-Hours Urgent Care (per visit) ■ After-Hours Urgent Care (per visit) ■ Antiquation (per trip) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Uotpatient Mental Health  Sélo copay ■ Inpatient Mental Health  Sélo copay ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per          | Office Services   |                      |
| ■ Preventive Services <sup>2</sup> ■ Maternity (obstetrician/midwife)  Outpatient Services ■ Laboratory Services ■ Laboratory Services ■ Radiology Services (MRI, CT, PET, others) ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Plan pays 70% ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Plan pays 70% ■ Outpatient Surgery Facility ■ Plan pays 70% ■ Outpatient Surgery Facility ■ Plan pays 70% ■ Mater-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ S150 copay ■ Anti-Hours Urgent Care (per visit) ■ Anti-Hours Urgent Care (per visit) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Plan pays 70% ■ Maternity (hospital Health Services ■ Urgatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Non-Freferred Drugs ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ | ■ Primary Care  | \$40 copay           |
| ■ Maternity (obstetrician/midwife)  Outpatient Services ■ Laboratory Services ■ Laboratory Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Surgery Facility ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges ■ Emergency Services ■ Emergency Services ■ Emergency Room Visit (per visit: copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  ■ Outpatient Mental Health 3 ■ Outpatient Mental Health 1-2 ■ Outpatient Mental Health 1-3 ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Frofessional ■ Pharmacy Services - 30 day supply ■ Generic Drugs— Kalser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Preferred Drugs ■ Brand Ron-Preferred Drugs ■ Brand Ron-Preferred Drugs ■ Brand Ron-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  | ■ Specialty Care  | \$50 copay           |
| ■ Laboratory Services ■ Laboratory Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Plan pays 70% ■ Hospital Surgery Facility ■ Plan pays 70% ■ Hospital Outpatient Facility ■ Plan pays 70% ■ Material Care (per visit) ■ Ambulance (per trip) ■ Tibo copay ■ Material (facility charge) ■ Materialty (hospital delivery) ■ Plan pays 70% ■ Materialty (hospital delivery) ■ Plan pays 70% ■ Materialty (hospital delivery) ■ Plan pays 70% ■ Materialty (hospital Health Services ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Preferred Drugs ■ Brand Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics <sup>4</sup> Plan pays 70%   |   | Plan pays 100%       |
| ■ Laboratory Services ■ Radiology Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Surgery Facility ■ Hospital Outpatient Facility ■ Plan pays 70% ■ Hospital Outpatient Facility ■ Plan pays 70% ■ Maternity (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ After-Hours Urgent Care (per visit) ■ Anbulance (per trip) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health <sup>3</sup> ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics <sup>4</sup> Plan pays 70%  | ■ Maternity (obstetrician/midwife)  | No Coverage          |
| ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Hospital Outpatient Facility ■ Plan pays 70% ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges  Emergency Services ■ Emergency Room Visit (per visit: copay walved if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ S150 copay ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ Plan pays 70%  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health¹ ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs— Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  | Outpatient Services   |                      |
| ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Surgery Facility ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges  Emergency Services ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Plan pays 70%  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Mental Health³ ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Plan pays 70% ■ Plan pays 70%  Mail Order available ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  | ■ Laboratory Services   | Plan pays 70%        |
| ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Surgery Facility ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges ■ Physician and Other Professional Charges  ■ Emergency Services ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ The pays 70% ■ Hospital (facility charge) ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  ■ Outpatient Mental Health ■ Services ■ Outpatient Mental Health ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Frofessional  Phan pays 70% ■ Phan pays 70%  | ■ Radiology Services  | Plan pays 70%        |
| ■ Outpatient Surgery Facility ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges  ■ Emergency Services ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ S150 copay ■ Ambulance (per trip) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges ■ Hospital (facility charge) ■ Physician and Other Professional Charges ■ Outpatient Mental Health Services ■ Outpatient Mental Health 3 ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kalser Permanente Medical Centers/Designated Community Pharmacies ■ S20 copay/\$30 copay ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  | ■ High Tech Radiology Services (MRI, CT, PET, others)                                 | Plan pays 70%        |
| ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges  Emergency Services ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional ■ Inpatient Mental Health Professional ■ Plan pays 70% ■ Mail Order available ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Plan pays 70%   | ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy)       | Plan pays 70%        |
| ■ Physician and Other Professional Charges  Emergency Services ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Plan pays 70%  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Group Therapy³ ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Deraway Services ■ Defaultible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  | ■ Outpatient Surgery Facility   | Plan pays 70%        |
| Emergency Services  ■ Emergency Room Visit (per visit; copay waived if admitted)  ■ After-Hours Urgent Care (per visit)  ■ Ambulance (per trip)  Inpatient Services  ■ Hospital (facility charge)  ■ Maternity (hospital delivery)  ■ Physician and Other Professional Charges  Mental Health Services  ■ Outpatient Mental Health³  ■ Outpatient Mental Health 3  ■ Outpatient Mental Health Facility - 30 days per calendar year  ■ Inpatient Mental Health Professional  Plan pays 70%  Pharmacy Services - 30 day supply  ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%   | ■ Hospital Outpatient Facility  | Plan pays 70%        |
| ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional ■ Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Plan pays 70%  | ■ Physician and Other Professional Charges  | Plan pays 70%        |
| ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) ■ Ambulance (per trip) ■ \$150 copay ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Plan pays 70% ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges ■ Outpatient Mental Health Services ■ Outpatient Mental Health³ ■ \$60 copay ■ Outpatient Group Therapy³ ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional ■ Plan pays 70% ■ Inpatient Mental Health Professional ■ Plan pays 70% ■ Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only) ■ Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴ ■ Plan pays 70%   | Emergency Services  |                      |
| ■ Ambulance (per trip)  Inpatient Services ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Plan pays 70%   | ■ Emergency Room Visit (per visit; copay waived if admitted)                          | \$150 copay          |
| Inpatient Services  Hospital (facility charge) Maternity (hospital delivery) Physician and Other Professional Charges  Mental Health Services Outpatient Mental Health³ Outpatient Group Therapy³ Inpatient Mental Health Professional Plan pays 70%  Pharmacy Services - 30 day supply Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies Brand Non-Preferred Drugs Brand Non-Preferred Drugs Deductible (Brand Drugs only)  Other Services Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  | ■ After-Hours Urgent Care (per visit)   | \$60 copay           |
| ■ Hospital (facility charge) ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Plan pays 70%  No Coverage Plan pays 70%  Mental Health Services ■ Outpatient Mental Health³ ■ \$60 copay ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Plan pays 70%  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Plan pays 70%  Plan pays 70%  | ■ Ambulance (per trip)  | \$150 copay          |
| ■ Maternity (hospital delivery) ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Non-Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  No Coverage Plan pays 70%  **60 copay Plan pays 70%  Plan pays 70%  Mail Order available \$20 copay/\$30 copay \$40 copay/\$50 copay Not Applicable ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%   | Inpatient Services  |                      |
| ■ Physician and Other Professional Charges  Mental Health Services ■ Outpatient Mental Health³ ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Mail Order available \$20 copay/\$30 copay \$40 copay/\$50 copay Not Applicable \$500 Brand Rx Deductible  | ■ Hospital (facility charge)  | Plan pays 70%        |
| Mental Health Services  ■ Outpatient Mental Health³ ■ Outpatient Group Therapy³ ■ Inpatient Mental Health Facility - 30 days per calendar year ■ Inpatient Mental Health Professional  Plan pays 70%  Pharmacy Services - 30 day supply ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible (Brand Drugs only)  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Plan pays 70%  | ■ Maternity (hospital delivery)   | No Coverage          |
| ■ Outpatient Mental Health³  ■ Outpatient Group Therapy³  ■ Inpatient Mental Health Facility - 30 days per calendar year  ■ Inpatient Mental Health Professional  Plan pays 70%  Plan pays 70%  Plan pays 70%  Pharmacy Services - 30 day supply  ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%   | ■ Physician and Other Professional Charges  |                      |
| ■ Outpatient Group Therapy³  ■ Inpatient Mental Health Facility - 30 days per calendar year  ■ Inpatient Mental Health Professional  Pharmacy Services - 30 day supply  ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  \$60 copay  Plan pays 70%  Mail Order available  \$20 copay/\$30 copay  \$40 copay/\$50 copay  Not Applicable  \$500 Brand Rx Deductible  | Mental Health Services  |                      |
| ■ Inpatient Mental Health Facility - 30 days per calendar year  ■ Inpatient Mental Health Professional  Plan pays 70%  Pharmacy Services - 30 day supply  ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  Plan pays 70%  Plan pays 70%  | ■ Outpatient Mental Health³   | \$60 copay           |
| ■ Inpatient Mental Health Professional  Plan pays 70%  Pharmacy Services - 30 day supply  ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  | ■ Outpatient Group Therapy³   | \$60 copay           |
| Pharmacy Services - 30 day supply  Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  Brand Preferred Drugs  Brand Non-Preferred Drugs  Deductible (Brand Drugs only)  Other Services  Durable Medical Equipment/Prosthetics and Orthotics <sup>4</sup> Mail Order available  \$20 copay/\$30 copay  \$40 copay/\$50 copay  Not Applicable  \$500 Brand Rx Deductible  | ■ Inpatient Mental Health Facility - 30 days per calendar year                        | Plan pays 70%        |
| ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  \$20 copay/\$30 copay \$40 copay/\$50 copay Not Applicable \$500 Brand Rx Deductible   |   |                      |
| ■ Generic Drugs—Kaiser Permanente Medical Centers/Designated Community Pharmacies  ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  \$20 copay/\$30 copay \$40 copay/\$50 copay Not Applicable \$500 Brand Rx Deductible   | Pharmacy Services - 30 day supply   | Mail Order available |
| ■ Brand Preferred Drugs  ■ Brand Non-Preferred Drugs  ■ Deductible (Brand Drugs only)  Other Services  ■ Durable Medical Equipment/Prosthetics and Orthotics⁴  \$40 copay/\$50 copay  Not Applicable  \$500 Brand Rx Deductible  |   |                      |
| ■ Brand Non-Preferred Drugs  Deductible (Brand Drugs only)  Not Applicable \$500 Brand Rx Deductible  Other Services  Durable Medical Equipment/Prosthetics and Orthotics⁴  Plan pays 70%  |   |                      |
| ■ Deductible (Brand Drugs only) \$500 Brand Rx Deductible  Other Services ■ Durable Medical Equipment/Prosthetics and Orthotics⁴ Plan pays 70%   | -   |                      |
| ■ Durable Medical Equipment/Prosthetics and Orthotics <sup>4</sup> Plan pays 70%   | -   |                      |
|  | Other Services  |                      |
| ■ Vision Exam  No Coverage   | ■ Durable Medical Equipment/Prosthetics and Orthotics <sup>4</sup>                    | Plan pays 70%        |
|  |   | No Coverage          |

<sup>1.</sup> Some benefits may have limitations. 2. Deductible does not apply. Office visit copay may apply.

<sup>3.</sup> Limited to 48 visits individual and group therapy combined per calendar year. 4. Limited to \$2,500 combined per calendar year.

| Balance HMO 3,000                        | Balance HMO 5,000                        | Balance HMO 7,500                        | Balance HMO 10,000                       |
|--|--|--|--|
| \$3,000                                  | \$5,000                                  | \$7,500                                  | \$10,000                                 |
| \$6,000                                  | \$10,000                                 | \$10,000                                 | \$10,000                                 |
| \$3,000,000                              | \$3,000,000                              | \$3,000,000                              | \$3,000,000                              |
| Plan pays 70% after<br>Annual Deductible |
|  |  |  |  |
| \$40 copay                               | \$40 copay                               | \$40 copay                               | \$40 copay                               |
| \$50 copay                               | \$50 copay                               | \$50 copay                               | \$50 copay                               |
| Plan pays 100%                           | Plan pays 100%                           | Plan pays 100%                           | Plan pays 100%                           |
| No Coverage                              | No Coverage                              | No Coverage                              | No Coverage                              |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
|  |  |  |  |
| \$150 copay                              | \$150 copay                              | \$150 copay                              | \$150 copay                              |
| \$60 copay                               | \$60 copay                               | \$60 copay                               | \$60 copay                               |
| \$150 copay                              | \$150 copay                              | \$150 copay                              | \$150 copay                              |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| No Coverage                              | No Coverage                              | No Coverage                              | No Coverage                              |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
|  |  |  |  |
| \$60 copay                               | \$60 copay                               | \$60 copay                               | \$60 copay                               |
| \$60 copay                               | \$60 copay                               | \$60 copay                               | \$60 copay                               |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| Mail Order available                     | Mail Order available                     | Mail Order available                     | Mail Order available                     |
| \$20 copay/\$30 copay                    | \$20 copay/\$30 copay                    | \$20 copay/\$30 copay                    | \$20 copay/\$30 copay                    |
| \$40 copay/\$50 copay                    | \$40 copay/\$50 copay                    | \$40 copay/\$50 copay                    | \$40 copay/\$50 copay                    |
| Not Applicable                           | Not Applicable                           | Not Applicable                           | Not Applicable                           |
| \$500 Brand Rx Deductible                |
| Dlan 2 200                               | Dlan                                     | Disc. 2007                               | Disc. v. v. 700/                         |
| Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            | Plan pays 70%                            |
| No Coverage                              | No Coverage                              | No Coverage                              | No Coverage                              |

This is a summary description and is not intended to replace the Individual Agreement or Personal Advantage Evidence of Coverage, which contain the complete provisions of this coverage. Some services require preauthorization. Applicants subject to medical review.

# Balance HealthInvestor (HSA) Plans

Looking for low premiums, plus the tax advantages and investment opportunity of a Health Savings Account? Check out our new Balance HealthInvestor (HSA) Plans.

Rates start around just \$80 a month, 1 and you'll enjoy surprisingly low deductibles. And of course, there's the Health Savings Account (HSA).

When you choose a Balance HSA Plan, you can enjoy the many benefits of a HSA:

- Use the money you contribute to your HSA to pay for qualified medical expenses.
- The money you contribute to your HSA can be excluded from your taxable income.
- Any investment earnings in your HSA accumulate tax-free and can carry over from year to year.

You'll have two Balance HSA plans to choose from. One with a low \$1,200 deductible and 100% coinsurance, and the other with a low \$2,000 deductible and 80% coinsurance.

### How do Balance HSA Plans work?

All services—including office visits—except preventive care will be subject to the deductible. So for most services, you'll pay the full cost of your care at the

time of service—until your out-of-pocket costs have reached your deductible. After you've met your deductible, then you'll pay your coinsurance. (If your coinsurance is 100%, you'll pay nothing; if it's 80%, you'll pay 20% of the cost for services.) For preventive care like an annual physical or well-child care, you'll always pay just a

\$15 copay. For preventive services like mammograms and immunizations, and you'll pay nothing.

For more information about how HealthInvestor (HSA) plans work, and to learn more about HSAs, you can refer to your Personal Advantage enrollment booklet.

#### Balance HSA Plan Rates (4/1/08—6/1/08 effective dates)

#### Balance HSA 1,200

| Age     | Subscri<br>Male | ber only<br>Female |
|---------|-----------------|--------------------|
| 0-2     | \$80            | \$84               |
| 3-11    | \$80            | \$84               |
| 12-19   | \$81            | \$84               |
| 20-24   | \$93            | \$121              |
| 25-29   | \$118           | \$157              |
| 30-34   | \$125           | \$206              |
| 35-39   | \$148           | \$244              |
| 40-44   | \$171           | \$249              |
| 45-49   | \$216           | \$268              |
| 50-54   | \$253           | \$305              |
| 55-59   | \$330           | \$354              |
| 60-64** | \$435           | \$409              |

#### Balance HSA 2,000

| Age     | Subscri<br>Male | iber only<br>Female |
|---------|-----------------|---------------------|
| 0-2     | \$72            | \$79                |
| 3-11    | \$72            | \$79                |
| 12-19   | \$75            | \$79                |
| 20-24   | \$84            | \$111               |
| 25-29   | \$108           | \$141               |
| 30-34   | \$112           | \$186               |
| 35-39   | \$131           | \$216               |
| 40-44   | \$151           | \$220               |
| 45-49   | \$190           | \$237               |
| 50-54   | \$222           | \$269               |
| 55-59   | \$289           | \$309               |
| 60-64** | \$379           | \$356               |

<sup>\*\*</sup> If you are 65 or older, please inquire about our coverage for Medicare-eligible members at 1-888-468-0100.

| 2008 Balance HSA Plan benefit summaries |  |  |  |  |
|---|--|--|--|--|
|   | Balance HSA 1,200                                    | Balance HSA 2,000                        |  |  |
| Annual Deductible                       | \$1,200  | \$2,000                                  |  |  |
| Out-of-Pocket Maximum                   | \$1,200  | \$4,000                                  |  |  |
| Coinsurance                             | Plan pays 100% after<br>Annual Deductible            | Plan pays 80% after<br>Annual Deductible |  |  |
| Maximum Benefit while Covered           | \$3,000,000  |  |  |  |
| Preventive Visits                       | \$15 Copay   |  |  |  |
| Preventive Services                     | Plan pays 100%<br>(Annual Deductible not applicable) |  |  |  |
| All Other Covered Services              | Subject to Annual Deductible and Coinsurance         |  |  |  |

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

<sup>&</sup>lt;sup>1</sup> For male in Balance HSA 2,000. Rates vary by plan, age, and gender.

# Find balance in mind, body, and spirit.

No matter which Personal Advantage plan you choose, Kaiser Permanente will be your partner in total health. You'll get care for the whole you, and have access to benefits you can use every day. Like discounts on gym membership, chiropractic care, massage therapy, and Weight Watchers®. And services like 24-hour health coaches, health education classes, online health tools, and more.

You'll also have access to the doctors at our 15 Kaiser Permanente Medical Centers, plus over 1,600 affiliated privatepractice doctors in their own offices all over metro-Atlanta.

When you get care at our medical centers, you can save time by seeing a doctor, getting lab tests or X-rays, and picking up a prescription *all in the same building.*<sup>2</sup> You'll also enjoy secure, timesaving access to parts of your health record online, including the ability to e-mail your doctor's office, view most lab results, review past office visit information, and more 24/7!

#### Want to learn more?

If you'd like to learn more about Kaiser Permanente Personal Advantage, take a look at your Enrollment Booklet. Most of the information in the booklet—including how all our HMO and HealthInvestor (HSA) plans work—also applies to the new Balance plans. (Of course, benefits and rates will be different.) You'll find more information about:

- Where you can get care
- Details about Health Savings Accounts
- The advantages of Kaiser Permanente

To apply, or get more information, talk to your broker or call Kaiser Permanente at 1-800-792-2034 Monday-Friday 8 a.m.-5 p.m.

Apply today!



<sup>&</sup>lt;sup>2</sup> Most Kaiser Permanente Medical Centers.

Personal Advantage 1-800-792-2034

# Add Balance to *your* life. Apply today!