

Lower your premiums. Choose your savings.
Keep your peace of mind.

Introducing **Now** plans from Kaiser Permanente

(4/1/09–6/1/09 effective dates)



Just the right coverage
at just the right price

KAISER PERMANENTE®  **thrive**

Finding the right health coverage can be a challenge.

**You don't want to pay a lot for coverage you don't need,
and you don't want to compromise quality.**

You also don't want to be left unprotected.

So, what do you want? You want the right plan, and the right plan is **Now.**



It's better to have coverage and not need it than need coverage and not have it.

Crunch the numbers.

Did you know that paying health care premiums for more than seven years could cost you less than one hospital stay without health coverage?¹

¹ Based on average national cost for one hospital stay (\$7,588) and Now plan rate for single male age 12–19 in Now 10000 plan. Rates vary by the plan you choose, your age and gender, and how many family members are enrolling.

With Kaiser Permanente's new **Now** plans, you'll get the right coverage at the right price, from a health care company you can trust. With rates starting at just **\$55 a month**, **Now** plans are our lowest-priced Kaiser Permanente for Individuals and Families plans.²

The peace of mind you need – at a price you can afford

At Kaiser Permanente, we believe health care plans should offer quality coverage at a fair price. With **Now** plans, you'll enjoy the coverage you'd expect from Kaiser Permanente, including:

- doctor's office visits
- maternity
- hospital stays
- lab and X-ray services
- preventive care
- prescription drugs (optional)

You'll only pay a copay for services like primary and specialty care visits, maternity care, after-hours urgent care, and Emergency Room visits. If your plan includes prescription drug coverage, you'll pay a copay for your choice of generic or brand. And all benefits that are available for a copay

are not subject to the annual deductible. That means you can pay just a copay for these services from the first day of coverage.

Preventive care to help keep you healthy

You'll be covered for the benefits you need to stay healthy, like annual exams and screenings. And you won't have to pay a thing for preventive services like routine mammograms, Pap tests, and immunizations.³ These services are all available at no charge—and you don't have to meet a deductible first.

The right coverage for your individual needs

To keep your rates lower, our **Now** plans let you only pay for the coverage you need.

Some people need prescription drug coverage; other people don't. Why pay for benefits you don't need? That's why we offer you the option.

With **Now**, you can choose from 11 plans, seven plans with prescription drug coverage and four without. With **Now**, you have choices—good choices.

² Rate is valid for single male age 12–19 in Now 10000 plan. Rates vary by plan, age, and gender.

³ Office visit copay may apply.



Getting care is easy

Getting care at Kaiser Permanente is convenient and easy.

You can choose your own Kaiser Permanente doctor who will take the time to get to know you and your health needs. You can self-refer to select specialties including Ob/Gyn, dermatology, behavioral health, optometry, and ophthalmology.

You'll have access to doctors at our 15 Kaiser Permanente medical centers, plus more than 1,800 affiliated private practice doctors in their own offices all over metro-Atlanta.

And you don't have to run all over town when you need care. When you visit our medical centers, you can often save time by seeing your doctor, getting lab tests or X-rays, and picking up a prescription all in the same building. Same-day appointments are often available.

Manage your health from your computer

Imagine e-mailing your doctor's office with a question you forgot to ask or checking your lab results as soon as they're available. No phone calls, no waiting for the mail to come. You can manage your health on your schedule.

Now you can manage many of your health care needs from the convenience of your own computer. My Health Manager is a secure link on kp.org where you can access your health records or request routine appointments—all at a time that's convenient for you.¹

My Health Manager is available 24 hours a day, seven days a week—and registering is quick and easy.

With My Health Manager, you can:

- E-mail your doctor's office.
- View most test results as soon as they're available.
- Receive health reminders for checkups and immunizations.
- Receive reminders to refill your prescriptions.
- Order prescription refills online (most can be mailed to you postage-paid).
- Request, cancel, or review routine appointments.
- See a list of your allergies and recent immunizations.
- Review recent office visits, including recommended follow-up steps.

With My Health Manager, you're in charge of your own health.

¹ Available to members receiving care at Kaiser Permanente Medical Centers.



Choices, choices, choices

All our new **Now** plans have many things in common—they all offer affordable rates, quality coverage, and predictable out-of-pocket costs. We realize that one size doesn't fit all with health care plans. And with 11 plans to choose from, you're sure to find a good fit for your personal situation.

How to choose from so many options? First, decide whether you want prescription drug coverage. If you do, our **Now Plus** plans with prescription coverage are the place to start. If not, take a look at our **Now** plans without prescription coverage.

Then all you have to determine is what annual deductible amount you prefer. The higher the deductible, the lower your monthly premium.

And remember that no matter which plan you choose, you'll enjoy the same quality coverage you've come to expect from Kaiser Permanente.

Now Plus plans with prescription coverage

Our **Now Plus** plans offer you a choice of brand or generic drugs for a copay. There is a prescription drug deductible for brand drugs only.

Rates start at just **\$65 per month**.¹

Now plans without prescription coverage

Pay only for what you need.

Most health coverage plans automatically include prescription drug coverage. But if you don't need it, then why pay for it? These four **Now** plans offer the same quality coverage, except prescription drugs, at our lowest rates.

Rates start at just **\$55 a month**.²

¹ Rate is valid for single male age 12–19 in Now 10000 Plus plan. Rates vary by the plan you choose, your age and gender, and how many family members are enrolling.

² Rate is valid for single male age 12–19 in Now 10000 plan. Rates vary by the plan you choose, your age and gender, and how many family members are enrolling.

Rates for **Now Plus** plans with prescription drug coverage (4/1/09–6/1/09 effective dates)

Now Premier Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$187	\$197	N/A		N/A		N/A	N/A	N/A
12–19	\$187	\$197	\$380	\$387	\$646	\$842	\$383	\$574	\$846
20–24	\$215	\$309	\$406	\$499	\$675	\$864	\$524	\$715	\$984
25–29	\$265	\$392	\$456	\$584	\$726	\$919	\$661	\$850	\$1,118
30–34	\$281	\$494	\$472	\$687	\$741	\$930	\$779	\$966	\$1,236
35–39	\$327	\$556	\$518	\$748	\$787	\$978	\$885	\$1,076	\$1,342
40–44	\$364	\$530	\$549	\$698	\$809	\$896	\$954	\$1,139	\$1,398
45–49	\$453	\$562	\$621	\$724	\$855	\$967	\$1,047	\$1,217	\$1,453
50–54	\$524	\$636	\$681	\$793	\$904	\$1,062	\$1,162	\$1,320	\$1,539
55–59	\$681	\$734	\$842	\$897	\$1,062	\$1,291	\$1,373	\$1,530	\$1,752
60–64	\$894	\$842	\$1,061	\$999	\$1,296	\$1,381	\$1,784	\$1,951	\$2,185

Now 500 Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$140	\$149	N/A		N/A		N/A	N/A	N/A
12–19	\$140	\$149	\$284	\$294	\$487	\$633	\$288	\$433	\$635
20–24	\$162	\$232	\$306	\$378	\$508	\$655	\$396	\$540	\$744
25–29	\$202	\$296	\$345	\$443	\$548	\$692	\$497	\$641	\$845
30–34	\$210	\$374	\$355	\$519	\$559	\$703	\$585	\$730	\$932
35–39	\$247	\$419	\$391	\$564	\$595	\$738	\$666	\$811	\$1,013
40–44	\$274	\$400	\$414	\$526	\$611	\$676	\$721	\$857	\$1,055
45–49	\$341	\$425	\$468	\$544	\$645	\$727	\$792	\$917	\$1,093
50–54	\$396	\$480	\$515	\$598	\$680	\$803	\$876	\$992	\$1,161
55–59	\$515	\$552	\$635	\$678	\$803	\$975	\$1,035	\$1,154	\$1,321
60–64	\$675	\$635	\$800	\$753	\$979	\$1,042	\$1,345	\$1,473	\$1,649

Now 1000 Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$119	\$128	N/A		N/A		N/A	N/A	N/A
12–19	\$119	\$128	\$245	\$250	\$419	\$542	\$248	\$371	\$545
20–24	\$138	\$201	\$263	\$323	\$435	\$561	\$339	\$461	\$637
25–29	\$172	\$253	\$296	\$377	\$469	\$592	\$426	\$549	\$723
30–34	\$183	\$321	\$305	\$444	\$479	\$603	\$503	\$626	\$797
35–39	\$211	\$360	\$336	\$485	\$508	\$634	\$571	\$695	\$866
40–44	\$235	\$342	\$354	\$452	\$523	\$579	\$617	\$736	\$903
45–49	\$293	\$362	\$400	\$467	\$554	\$623	\$679	\$786	\$938
50–54	\$341	\$411	\$441	\$513	\$585	\$685	\$752	\$853	\$996
55–59	\$441	\$472	\$544	\$580	\$685	\$836	\$887	\$990	\$1,133
60–64	\$578	\$544	\$687	\$645	\$838	\$893	\$1,154	\$1,263	\$1,413

Now 2000 Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$90	\$93	N/A		N/A		N/A	N/A	N/A
12–19	\$90	\$93	\$179	\$184	\$308	\$400	\$183	\$273	\$401
20–24	\$101	\$147	\$194	\$239	\$322	\$413	\$250	\$341	\$468
25–29	\$127	\$186	\$217	\$278	\$346	\$437	\$314	\$405	\$534
30–34	\$133	\$235	\$225	\$327	\$353	\$445	\$370	\$463	\$588
35–39	\$157	\$266	\$249	\$356	\$374	\$466	\$419	\$512	\$640
40–44	\$173	\$252	\$262	\$333	\$386	\$425	\$453	\$541	\$668
45–49	\$216	\$270	\$296	\$344	\$407	\$460	\$500	\$579	\$691
50–54	\$250	\$302	\$326	\$377	\$431	\$506	\$552	\$627	\$733
55–59	\$326	\$348	\$400	\$427	\$506	\$615	\$653	\$729	\$834
60–64	\$425	\$400	\$506	\$476	\$616	\$657	\$850	\$930	\$1,041

Rates for **Now Plus plans** with prescription drug coverage (4/1/09–6/1/09 effective dates)

Now 4000 Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$77	\$81	N/A		N/A		N/A	N/A	N/A
12–19	\$77	\$81	\$159	\$163	\$272	\$353	\$162	\$242	\$355
20–24	\$92	\$132	\$172	\$211	\$286	\$367	\$220	\$300	\$414
25–29	\$113	\$165	\$192	\$248	\$306	\$387	\$280	\$358	\$471
30–34	\$117	\$209	\$199	\$291	\$312	\$395	\$328	\$408	\$522
35–39	\$138	\$234	\$218	\$316	\$332	\$413	\$373	\$453	\$567
40–44	\$153	\$224	\$231	\$295	\$342	\$378	\$402	\$480	\$591
45–49	\$190	\$237	\$261	\$303	\$361	\$406	\$442	\$513	\$612
50–54	\$221	\$269	\$288	\$335	\$382	\$449	\$489	\$557	\$648
55–59	\$288	\$309	\$355	\$378	\$449	\$545	\$579	\$645	\$739
60–64	\$377	\$355	\$447	\$422	\$546	\$584	\$751	\$824	\$922

Now 6000 Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$72	\$75	N/A		N/A		N/A	N/A	N/A
12–19	\$72	\$75	\$147	\$152	\$253	\$328	\$150	\$225	\$329
20–24	\$85	\$122	\$159	\$195	\$265	\$340	\$204	\$278	\$384
25–29	\$104	\$153	\$179	\$230	\$284	\$359	\$259	\$332	\$437
30–34	\$109	\$194	\$184	\$270	\$290	\$366	\$304	\$378	\$484
35–39	\$128	\$217	\$202	\$293	\$308	\$383	\$346	\$420	\$526
40–44	\$142	\$208	\$215	\$273	\$317	\$351	\$373	\$446	\$548
45–49	\$177	\$220	\$242	\$281	\$334	\$377	\$410	\$476	\$568
50–54	\$205	\$249	\$267	\$311	\$354	\$416	\$453	\$516	\$601
55–59	\$267	\$287	\$329	\$351	\$416	\$506	\$537	\$598	\$685
60–64	\$350	\$329	\$415	\$391	\$507	\$541	\$696	\$765	\$855

Now 10000 Plus

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$65	\$68	N/A		N/A		N/A	N/A	N/A
12–19	\$65	\$68	\$133	\$137	\$229	\$297	\$136	\$203	\$298
20–24	\$77	\$111	\$144	\$177	\$240	\$308	\$185	\$252	\$348
25–29	\$95	\$138	\$162	\$209	\$257	\$325	\$235	\$301	\$396
30–34	\$99	\$176	\$167	\$244	\$262	\$332	\$276	\$343	\$438
35–39	\$116	\$196	\$183	\$265	\$279	\$347	\$313	\$380	\$476
40–44	\$128	\$188	\$194	\$248	\$287	\$318	\$337	\$404	\$496
45–49	\$160	\$199	\$219	\$255	\$303	\$341	\$371	\$431	\$514
50–54	\$186	\$226	\$242	\$281	\$321	\$377	\$411	\$468	\$545
55–59	\$242	\$260	\$298	\$318	\$377	\$458	\$486	\$542	\$621
60–64	\$317	\$298	\$376	\$354	\$459	\$490	\$631	\$693	\$775

Rates for **Now plans** without prescription drug coverage (4/1/09–6/1/09 effective dates)

Now 2000

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$80	\$83	N/A		N/A		N/A	N/A	N/A
12–19	\$80	\$83	\$160	\$164	\$276	\$358	\$163	\$245	\$359
20–24	\$90	\$131	\$173	\$214	\$288	\$370	\$224	\$305	\$419
25–29	\$113	\$166	\$194	\$249	\$310	\$391	\$281	\$362	\$478
30–34	\$119	\$211	\$202	\$293	\$316	\$398	\$331	\$414	\$526
35–39	\$140	\$238	\$223	\$319	\$335	\$417	\$375	\$458	\$572
40–44	\$155	\$226	\$234	\$298	\$345	\$380	\$406	\$484	\$597
45–49	\$194	\$241	\$265	\$307	\$364	\$411	\$447	\$518	\$619
50–54	\$224	\$270	\$292	\$338	\$385	\$452	\$494	\$561	\$656
55–59	\$292	\$311	\$358	\$382	\$452	\$551	\$585	\$653	\$746
60–64	\$380	\$358	\$452	\$426	\$551	\$587	\$761	\$832	\$932

Now 4000

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$68	\$71	N/A		N/A		N/A	N/A	N/A
12–19	\$68	\$71	\$138	\$142	\$237	\$308	\$141	\$211	\$309
20–24	\$80	\$115	\$150	\$184	\$249	\$320	\$192	\$262	\$361
25–29	\$98	\$143	\$168	\$216	\$267	\$338	\$244	\$312	\$410
30–34	\$102	\$182	\$173	\$253	\$272	\$344	\$286	\$355	\$455
35–39	\$120	\$204	\$190	\$275	\$289	\$360	\$325	\$395	\$494
40–44	\$133	\$195	\$202	\$257	\$298	\$330	\$350	\$419	\$515
45–49	\$166	\$207	\$227	\$264	\$314	\$354	\$385	\$447	\$533
50–54	\$192	\$234	\$251	\$292	\$333	\$391	\$426	\$485	\$565
55–59	\$251	\$269	\$309	\$330	\$391	\$475	\$505	\$562	\$644
60–64	\$329	\$309	\$390	\$367	\$476	\$509	\$654	\$718	\$803

Now 6000

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$62	\$65	N/A		N/A		N/A	N/A	N/A
12–19	\$62	\$65	\$127	\$131	\$218	\$282	\$130	\$193	\$283
20–24	\$74	\$105	\$137	\$168	\$228	\$293	\$176	\$240	\$331
25–29	\$90	\$132	\$154	\$198	\$245	\$310	\$223	\$286	\$376
30–34	\$94	\$167	\$159	\$232	\$250	\$315	\$262	\$326	\$417
35–39	\$110	\$187	\$174	\$252	\$265	\$330	\$298	\$362	\$453
40–44	\$122	\$179	\$185	\$236	\$273	\$302	\$321	\$384	\$472
45–49	\$152	\$190	\$208	\$242	\$288	\$325	\$353	\$410	\$489
50–54	\$176	\$215	\$230	\$267	\$305	\$358	\$390	\$445	\$518
55–59	\$230	\$247	\$283	\$302	\$358	\$435	\$463	\$515	\$590
60–64	\$301	\$283	\$358	\$337	\$436	\$466	\$600	\$659	\$737

Now 10000

Age	Subscriber only		Subscriber + child		Subscriber + children		Subscriber + spouse	Subscriber, spouse + child	Subscriber, spouse + children
	Male	Female	Male	Female	Male	Female			
0–11	\$55	\$58	N/A		N/A		N/A	N/A	N/A
12–19	\$55	\$58	\$113	\$116	\$194	\$252	\$115	\$172	\$252
20–24	\$65	\$94	\$122	\$150	\$203	\$261	\$157	\$214	\$295
25–29	\$80	\$117	\$137	\$177	\$218	\$276	\$199	\$255	\$335
30–34	\$84	\$149	\$141	\$207	\$222	\$281	\$233	\$290	\$371
35–39	\$98	\$166	\$155	\$225	\$236	\$294	\$265	\$322	\$403
40–44	\$109	\$160	\$165	\$210	\$243	\$269	\$286	\$342	\$420
45–49	\$135	\$169	\$186	\$216	\$257	\$289	\$314	\$365	\$435
50–54	\$157	\$191	\$205	\$238	\$272	\$319	\$348	\$396	\$461
55–59	\$205	\$220	\$252	\$269	\$319	\$388	\$412	\$459	\$526
60–64	\$268	\$252	\$318	\$300	\$389	\$415	\$534	\$587	\$656

Now Plus plans with prescription coverage

Benefit Category	Now Premier Plus	Now 500 Plus
Annual Deductible (individual/family)	None	\$500 / \$1,500
Out-of-Pocket Maximum (coinsurance) (individual/family)	None	\$2,000 / \$6,000
Lifetime Benefit Maximum ¹	Unlimited	\$6 million
Benefits		
Office Services <ul style="list-style-type: none"> ■ Primary Care ■ Specialty Care ■ Preventive Screenings² 	\$30 per visit \$50 per visit Plan pays 100%	\$40 per visit \$60 per visit Plan pays 100%
Pharmacy Services – 30 day supply <ul style="list-style-type: none"> ■ Prescription Drugs – Generic (Kaiser Permanente pharmacy/network pharmacy) ■ Prescription Drugs – Brand (Kaiser Permanente pharmacy/network pharmacy) ■ Pharmacy Deductible (brand drugs only) (individual/family) 	\$15 / \$21 \$40 / \$46 \$200 / \$600	\$15 / \$21 \$40 / \$46 \$300 / \$600
Outpatient Services (Kaiser Permanente Medical Center/non-Kaiser Permanente facility) <ul style="list-style-type: none"> ■ Laboratory Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Outpatient Surgery Facility 	\$0 / \$100 \$0 / \$100 \$50 / \$100 \$100	Plan pays 100% / 70% Plan pays 100% / 70% Plan pays 70% Plan pays 70%
Inpatient Services <ul style="list-style-type: none"> ■ Hospital (facility charge) ■ Physician and Other Professional Charges 	\$500 Plan pays 100%	Plan pays 70% Plan pays 70%
Maternity Services <ul style="list-style-type: none"> ■ Maternity (obstetrician/midwife)³ ■ Maternity (hospital delivery)³ 	\$1,000 \$2,000	\$1,500 \$3,000
Emergency Services <ul style="list-style-type: none"> ■ Emergency Room Visit (per visit; copay waived if admitted) ■ Ambulance (per trip) 	\$150 \$150	\$250 \$250
Other Services <ul style="list-style-type: none"> ■ Physical/Occupational Therapy (20 visits per year combined) 	\$50	Plan pays 70%

Note: Benefits with a copay are not subject to the deductible. Benefits with coinsurance are subject to the deductible.

¹ Some benefits may have limitations.

² Office visit copay may apply. Well-child visit: no charge up to age 2

³ Maternity charges for members are for Ob/Gyn and/or midwife services (pre/post-natal and delivery) and for inpatient facility charge. Other charges may apply for other professional services.

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.

Now 1000 Plus	Now 2000 Plus	Now 4000 Plus	Now 6000 Plus	Now 10000 Plus
\$1,000 / \$3,000	\$2,000 / \$6,000	\$4,000 / \$12,000	\$6,000 / \$18,000	\$10,000 / \$30,000
\$2,000 / \$6,000	\$5,000 / \$9,000	\$5,000 / \$9,000	\$5,000 / \$9,000	\$5,000 / \$9,000
\$6 million	\$6 million	\$6 million	\$6 million	\$6 million
\$40 per visit \$60 per visit Plan pays 100%	\$40 per visit \$60 per visit Plan pays 100%	\$40 per visit \$60 per visit Plan pays 100%	\$40 per visit \$60 per visit Plan pays 100%	\$40 per visit \$60 per visit Plan pays 100%
\$15 / \$21 \$40 / \$46 \$300 / \$600	\$15 / \$21 \$40 / \$46 \$300 / \$600	\$15 / \$21 \$40 / \$46 \$300 / \$600	\$15 / \$21 \$40 / \$46 \$300 / \$600	\$15 / \$21 \$40 / \$46 \$300 / \$600
Plan pays 100% / 70% Plan pays 100% / 70% Plan pays 70% Plan pays 70%	Plan pays 100% / 70% Plan pays 100% / 70% Plan pays 70% Plan pays 70%	Plan pays 100% / 70% Plan pays 100% / 70% Plan pays 70% Plan pays 70%	Plan pays 100% / 70% Plan pays 100% / 70% Plan pays 70% Plan pays 70%	Plan pays 100% / 70% Plan pays 100% / 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%
\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000
\$250 \$250	\$250 \$250	\$250 \$250	\$250 \$250	\$250 \$250
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%

Now plans without prescription coverage

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.

Benefit Category	Now 2000	Now 4000	Now 6000	Now 10000
Annual Deductible (individual/family)	\$2,000 / \$6,000	\$4,000 / \$12,000	\$6,000 / \$18,000	\$10,000 / \$30,000
Out-of-Pocket Maximum (coinsurance) (individual/family)	\$5,000 / \$9,000	\$5,000 / \$9,000	\$5,000 / \$9,000	\$5,000 / \$9,000
Lifetime Benefit Maximum¹	\$6 million	\$6 million	\$6 million	\$6 million
Benefits				
Office Services				
■ Primary Care	\$40 per visit	\$40 per visit	\$40 per visit	\$40 per visit
■ Specialty Care	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
■ Preventive Screenings ²	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Pharmacy Services – 30 day supply				
■ Prescription drugs (generic/brand)	No coverage ³	No coverage ³	No coverage ³	No coverage ³
■ Pharmacy Deductible	No coverage	No coverage	No coverage	No coverage
Outpatient Services (Kaiser Permanente Medical Center/ non-Kaiser Permanente facility)				
■ Laboratory Services	Plan pays 100% / 70%	Plan pays 100% / 70%	Plan pays 100% / 70%	Plan pays 100% / 70%
■ Radiology Services	Plan pays 100% / 70%	Plan pays 100% / 70%	Plan pays 100% / 70%	Plan pays 100% / 70%
■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
■ Outpatient Surgery Facility	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Inpatient Services				
■ Hospital (facility charge)	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Maternity Services				
■ Maternity (obstetrician/midwife) ⁴	\$1,500	\$1,500	\$1,500	\$1,500
■ Maternity (hospital delivery) ⁴	\$3,000	\$3,000	\$3,000	\$3,000
Emergency Services				
■ Emergency Room Visit (per visit; copay waived if admitted)	\$250	\$250	\$250	\$250
■ Ambulance (per trip)	\$250	\$250	\$250	\$250
Other Services				
■ Physical/Occupational Therapy (20 visits per year combined)	Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%

Note: Benefits with a copay are not subject to the deductible. Benefits with coinsurance are subject to the deductible.

¹ Some benefits may have limitations. ²Office visit copay may apply. Well-child visit: no charge up to age 2

³ Some exceptions may apply as set out in the *Evidence of Coverage* or as required by law.

⁴ Maternity charges for members are for Ob/Gyn and/or midwife services (pre/post-natal and delivery) and for inpatient facility charge. Other charges may apply for other professional services.



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