



## Kaiser Permanente HMO BENEFITS AND SERVICES

Medical services provided or arranged by your Kaiser Permanente physician.

### MEMBER PAYS

#### Prosper HMO 100% \$2000 Low Rx effective 01/01/2010

Deductible (Contract Year Single/Family)	\$2,000/\$4,000
Coinsurance	None
Out of Pocket Maximum (Contract Year Single/Family)	\$1,000/\$2,000

#### OUTPATIENT CARE

Office Visits-Primary Care Physician	\$25 per visit
Allergy treatment	\$5 per visit
Office Visits-Specialist	\$35 per visit
• Vision Exams available through affiliated providers	\$35 per visit
Prenatal Care	No Charge
Outpatient surgery	No Charge <sup>1</sup>
Urgent Care Visits	\$45 per visit
• Laboratory and diagnostic testing, X-rays	No Charge <sup>1</sup>
Physical, Speech, and Occupational Therapy	No Charge <sup>1</sup>
• 20 visits per calendar year	

#### PREVENTIVE SERVICES

Preventive Adult Physical primary care exam	No Charge
Preventive Well Child Care primary care exam	No Charge
Preventive Mammogram and PAP screening	No Charge
Preventive Lab and X-ray screening	No Charge

#### DIAGNOSTIC SERVICES

• Laboratory and diagnostic testing, X-rays	No Charge <sup>1</sup>
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#### HOSPITAL INPATIENT CARE

Inpatient Services	No Charge <sup>1</sup>
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#### EMERGENCY SERVICES (Fee waived if admitted)

Emergent use of any Emergency Room <sup>2</sup>	\$150 per visit
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#### AMBULANCE SERVICES

Only when transportation in any other vehicle would endanger your health	No Charge <sup>1</sup>
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#### BIOLOGICALLY BASED MENTAL ILLNESSES

Inpatient Services (does not include residential services)	No Charge <sup>1</sup>
Outpatient Services	\$35 per visit

#### MENTAL HEALTH SERVICES

Inpatient Services (does not include residential services)	No Charge <sup>1</sup>
Outpatient Services	\$35 per visit

#### CHEMICAL DEPENDENCY SERVICES

Inpatient Services-detoxification in a specialized facility (does not include residential services)	No Charge <sup>1</sup>
Outpatient Services	\$35 per visit

#### ALTERNATE CARE

Home Health Services	No Charge <sup>1</sup>
Hospice Home Care/Respite Care	No Charge
Skilled care in a Skilled Nursing Facility	No Charge <sup>1</sup>
• Up to 100 days per calendar year	

#### INFERTILITY SERVICES

• Inpatient	30% <sup>1</sup>
• Outpatient	30%



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## MEMBER PAYS

### **PRESCRIPTION DRUGS**

• Covered Formulary Drugs and Accessories up to a 31 day supply at Kaiser Permanente and affiliated network facilities	\$20 generic \$45 brand
• Up to 62 day supply of maintenance drugs by mail order from the Kaiser Permanente Mail Order Pharmacy	

### **DURABLE MEDICAL EQUIPMENT (DME), EXTERNAL PROSTHETICS AND ORTHOTICS**

Medicare approved durable medical equipment	20%
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### **CHIROPRACTIC SERVICES**

Up to 20 visits per calendar year with American Specialty Health Network providers	\$25 per visit
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### **EXTENDED DEPENDENT COVERAGE**

- Dependents are covered up to age 23 at the end of the month
- Full-Time Students are covered up to age 23 at the end of the month

<sup>1</sup>When a plan deductible is indicated, services are subject to deductible.

<sup>2</sup>Services for emergencies are covered at any emergency room. Medical services received at non-plan Emergency facilities that do not meet the HMO definition are not eligible for coverage.

#### **This summary of benefits contains highlights only.**

This is not a contract. Specific benefits, exclusions and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive when you become a member. For specific questions about coverage, existing Members may call our Customer Relations Department at (216) 621-7100 or toll-free at 1-800-686-7100. New Members may call a Kaiser Permanente Representative at (216) 479-5770 or toll-free at 1-800-400-1907. Our TTY line is (216) 635-4444 for the hearing impaired.

#### **Out of Pocket Maximum**

The Plan's Deductible, any benefit specific deductible, and the following benefits do not apply towards the satisfaction of the Out of Pocket Maximum: Copayments and Coinsurance on services that are not Basic Health Care Services, such as but not limited to: Skilled Nursing, Durable Medical Equipment/Prosthetics and Orthotics, and Prescription Drug Benefits.

#### **General Exclusions including but not limited to:**

Services that are not medically necessary; services and supplies not provided, arranged or authorized by a Plan Physician; services that are the financial responsibility of an employer or services or a government agency is required by law to provide; services provided under any Workers' Compensation or employer's liability law; certain physical examinations, cardiac rehabilitation, custodial or intermediate care, long term rehabilitative services including physical, speech and occupational therapy; artificial conception: services other than artificial insemination, for conception by artificial means, including but not limited to in vitro fertilization, ovum transplants, gamete intrafallopian transfer, zygote intrafallopian transfer; services related to the procurement and storage of donor semen and storage; services related to sexual reassignment services to reverse voluntary, surgically induced infertility; experimental or investigational services, non-human and artificial organs and their implantation; specialized behavioral modification programs for chronic conditions; alternative medical services including acupuncture, naturopathy, and massage therapy; hypnotherapy and hypnotic anesthesia; cosmetic surgery or services.

## **Health Plan Drug Formulary**

Kaiser Foundation Health Plan of Ohio uses a closed drug formulary. The medications included in the Kaiser Permanente Formulary are chosen by a group of Kaiser Permanente physicians, pharmacists, and nurses known as the Pharmacy and Therapeutics Committee. This Committee meets regularly to evaluate and choose those medications that are effective, safe, and useful in caring for our members. Non-formulary drugs may be approved for coverage if certain criteria are met. Please note that some Kaiser Permanente health benefit plans provide coverage of non-formulary drugs at a higher non-formulary copayment.

Not all health benefit plans include coverage for prescription drugs. Some drugs may be excluded from coverage. Some plans have limitations on the dollar amount of coverage. Some medications may have quantity restrictions limiting the amount of the drug you can receive per prescription or copayment. Coverage of certain formulary medications may also be subject to restrictions established by the Pharmacy and Therapeutics Committee.

For more information regarding our prescription drug benefit procedures or your benefit, please call our Customer Relations Department at 216-621-7100 or 1-800-686-7100 or visit **kaiserpermanente.org** to view the Member Drug Formulary.

## **Additional Kaiser Permanente Services**

At Kaiser Permanente, we believe that the best way to ensure a bright future for you and your family is to build on your greatest asset—your health. This simple philosophy is at the heart of what we do, and it's one that's always worth remembering. Now is the time to make sure your health is top of mind. Take advantage of everything your plan has to offer so you can stay healthy and enjoy whatever changes life brings. After all, good health is everything.

As a Kaiser Permanente member, you will have access to complimentary services and discount programs\*. All subscribers receive a subscription to Partners in Health, our member magazine that contains articles addressing current health issues, health and wellness topics, as well as self-care topics. Subscribers may also request a copy of our Healthwise Handbook, which is a self-care manual that includes basic guidelines on recognizing and coping with some of the most common health problems. To supplement these two publications, members have access to our web site, **kaiserpermanente.org**. Through **kaiserpermanente.org**, members can access comprehensive, physician-reviewed information on a variety of health topics, search for specific topics in our health and drug encyclopedias, complete a total health assessment, and more. Members who receive care at Kaiser Permanente medical centers can also use our Web site to check most lab test results, schedule non-urgent primary care appointments, refill prescriptions, order ID cards, and e-mail questions to their Kaiser Permanente practitioner or a member service representative. In addition, members can always call our 24-Hour Care Line to receive advice and assistance.

\*Some extra products and services are provided by entities other than Kaiser Permanente and are not covered services under Kaiser Permanente's benefit plans. Kaiser Permanente disclaims any liability for these products and services, and we may discontinue offering these services at any time. While the formal grievance and appeals process is not applicable to these discounted products and services, should a problem arise with these services you may call Customer Relations at 1-800-686-7100 or 1-877-676-6677 (TTY/TDD) and we will direct you as appropriate.