## BENEFITS AND SERVICES

### Tier 1
- Provider Network: MEMBER PAYS

### Tier 2
- Provider Network: MEMBER PAYS

### Tier 3
- Provider Network: MEMBER PAYS

### Prosper PC 70% 1500 Low RX effective 1/1/2010

#### Deductible (Calendar Year, Single/Family)
- Tier 1: $1,000/$2,000
- Tier 2: $1,500/$3,000
- Tier 3: $2,000/$4,000

#### Coinsurance
- Tier 1: None
- Tier 2: 30%
- Tier 3: 50%

#### Out-of-Pocket Maximum (Calendar Year, Single/Family)
- Tier 1: $1,000/$2,000
- Tier 2: $2,000/$4,000
- Tier 3: $5,000/$10,000

#### Lifetime Maximum
- Tier 1: None
- Tier 2: $2,000,000
- Tier 3: $2,000,000

### OUTPATIENT CARE

#### Office Visits—Primary Care Physician
- Member Pays: $15 copay
- Covered under Tier 1

#### Office Visits—Specialist
- Member Pays: $35 copay
- Covered under Tier 1

#### Vision exams through affiliated providers
- Member Pays: $35 copay
- Covered under Tier 1

#### Outpatient Surgery
- Member Pays: $45 copay
- Covered under Tier 1

#### Physical, Speech and Occupational Therapy
- Member Pays: Limited to 20 visits per therapy per calendar year

#### Urgent Care Office Visits
- Member Pays: Limited to 20 visits per therapy per calendar year

#### Laboratory and diagnostic testing, X-rays
- Member Pays: Limited to $1,000 per calendar year

#### Laboratory and diagnostic testing, X-rays Screening
- Member Pays: Limited to $1,000 per calendar year

#### Preventive Mammogram and PAP screening
- Member Pays: Limited to $1,000 per calendar year

#### LABORATORY AND RADIOLOGICAL SERVICES

#### HOSPITAL INPATIENT CARE

#### EMERGENCY SERVICES (Fee waived if admitted)

#### AMBULANCE SERVICES

#### BIOLoGICALLY BASED MENTAL ILLNESSES

#### MENTAL HEALTH

## Updated October 2009

- KPOH-126283923
## BENEFITS AND SERVICES

### CHEMICAL DEPENDENCY & ALCOHOL RELATED SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 Provider Network</th>
<th>Tier 2 Provider Network</th>
<th>Tier 3 Provider Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient-Specialized Hospital (does not include residential services)</td>
<td>No Charge after deductible</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$35 copay</td>
<td>$50 copay</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

### TRANSPLANTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 Provider Network</th>
<th>Tier 2 Provider Network</th>
<th>Tier 3 Provider Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient-including follow-up care</td>
<td>No Charge after deductible</td>
<td>Covered under Tier 1</td>
<td>Covered under Tier 1</td>
</tr>
<tr>
<td>Outpatient-including follow-up care</td>
<td>$35 copay</td>
<td>Covered under Tier 1</td>
<td>Covered under Tier 1</td>
</tr>
</tbody>
</table>

### ALTERNATE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 Provider Network</th>
<th>Tier 2 Provider Network</th>
<th>Tier 3 Provider Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Services</td>
<td>No Charge after deductible</td>
<td>30% after deductible</td>
<td>50%³ after deductible</td>
</tr>
<tr>
<td>Hospice Home Care/Respite Care</td>
<td>No Charge after deductible</td>
<td>30% after deductible</td>
<td>50%³ after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>No Charge after deductible</td>
<td>30% after deductible</td>
<td>50%³ after deductible</td>
</tr>
<tr>
<td></td>
<td>100 day maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Tier 1 Provider Network</th>
<th>Tier 2 Provider Network</th>
<th>Tier 3 Provider Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>• durable medical equipment and devices</td>
<td>20%</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited to $2,000¹</td>
<td></td>
</tr>
</tbody>
</table>

### CHIROPRACTIC SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 Provider Network</th>
<th>Tier 2 Provider Network</th>
<th>Tier 3 Provider Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic services</td>
<td>$25 copay³</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited to 20 visits per calendar year¹</td>
<td>Limited to 20 visits per calendar year¹</td>
</tr>
</tbody>
</table>

### 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

### PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>KP and Affiliated Pharmacies</th>
<th>Participating Pharmacies</th>
<th>Non Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacies located in one of the 10 Kaiser Permanente medical facilities in Northeast Ohio; and dozens of independent pharmacies that contract with Kaiser.</td>
<td>This network includes nearly 60,000 pharmacies* nationwide including large drugstore chains and independently owned pharmacies such as Costco, Drug Mart, Giant Eagle, Kmart, Marc's, Rite Aid, Target, Wal-Mart, Walgreens and more.</td>
<td>Any Pharmacy that is not in Tier 1 or Tier 2 is considered Tier 3 (out-of-network)</td>
</tr>
<tr>
<td>For a current list of all pharmacies, refer to the provider directory included with enrollment materials, or visit kp.org.</td>
<td>*Kaiser Permanente contracts with the MedImpact Medcare Pharmacy Network</td>
<td>Whether your drug is listed on the preferred drug list or not, you will be charged the actual cost of the medication.</td>
</tr>
</tbody>
</table>

### Formulary

**Prescription medications included on the Kaiser Permanente preferred drug list**

- $15 generic/$40 brand

**Nonformulary**

- $30 generic/$60 brand

**Mail order is handled through the Kaiser Permanente Direct Mail service only.**

- 62-day supply formulary medication: 1x formulary copay
- 90-day supply nonformulary medication: 2x nonformulary copay
Added Choice® POS

BENEFITS AND SERVICES

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2†</th>
<th>Tier 3†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Network</td>
<td>Provider Network</td>
<td>Provider Network</td>
</tr>
<tr>
<td>MEMBER PAYS</td>
<td>MEMBER PAYS</td>
<td>MEMBER PAYS</td>
</tr>
</tbody>
</table>

† Payments are based upon the Maximum Allowable Charge (MAC) for covered services. Maximum Allowable Charge is the lesser of the Negotiated Rate, the Usual, Customary and Reasonable Charge or the Actual Billed Charge. The Member is responsible for any charges that exceed MAC for out-of-network services.

‡ Combined Tier 2 and Tier 3 maximum benefit.

Services for emergencies are covered at any emergency room at the Tier 1 benefit level. Emergency medical services that do not meet Tier 1 definition are eligible for coverage at the appropriate Tier 2 or Tier 3 coinsurance level of benefits provided through Kaiser Permanente Insurance Company (KPIC). Emergency Room surcharge fees are not covered by KPIC.

1 Combined Tier 2 and Tier 3 maximum benefit.

Services for emergencies are covered at any emergency room at the Tier 1 benefit level. Emergency medical services that do not meet Tier 1 definition are eligible for coverage at the appropriate Tier 2 or Tier 3 coinsurance level of benefits provided through Kaiser Permanente Insurance Company (KPIC). Emergency Room surcharge fees are not covered by KPIC.

2 Services for emergencies are covered at any emergency room at the Tier 1 benefit level. Emergency medical services that do not meet Tier 1 definition are eligible for coverage at the appropriate Tier 2 or Tier 3 coinsurance level of benefits provided through Kaiser Permanente Insurance Company (KPIC). Emergency Room surcharge fees are not covered by KPIC.

General Exclusions

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 (EOC) and Certificate of Insurance (COI) 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.

Plan Deductibles do not contribute to the satisfaction of the Tier 1, Tier 2, and Tier 3 Out-of-Pocket Maximums, unless otherwise noted. Copayments and per visit deductibles are not subject to, nor do they contribute toward satisfaction of the Tier 2 and 3 Deductibles or Out-of-Pocket Maximums. Plan Deductibles do not cross accumulate across Tiers 1, 2, or 3, unless otherwise stated.

Group Exclusions and Limitations within Tier 1: Services not medically necessary; services and supplies not approved by an Ohio Permanente Medical Group physician or an affiliated physician; services that are the financial responsibility of an employer or services that 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 and investigational procedures, 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 and services.

Group Exclusions and Limitations within Tier 2 and Tier 3: Hearing and vision exams, treatment for involuntary infertility, emergency services as defined by Kaiser Permanente Tier 1, transplants and transplant related services, durable medical equipment, prosthetic devices and orthotic appliances. Certain services may be subject to precertification. Kaiser Permanente Insurance Company, (KPIC), will make no payment for treatment, confinement or supplies to the extent such treatment services or supplies were provided arranged, paid for or payable by Kaiser Foundation Health Plan of Ohio.

Basic Coverage Information: Any person may cancel coverage within 72 hours after having signed the agreement or offer to enroll in the plan. Cancellation occurs when written notice of cancellation is given to Kaiser Permanente or its agents or representatives. The notice of cancellation shall be considered given when the prospective subscriber mails a letter to Kaiser Permanente.

Added Choice® is jointly underwritten by Kaiser Foundation Health Plan of Ohio and Kaiser Permanente Insurance Company (KPIC). This benefit chart is a summary only. Details on benefit coverage are contained in the Evidence of Coverage (EOC) and Certificate of Insurance (COI) you will receive when you become a member. The EOC and COI are the binding documents between Health Plan and its Members. In the case of a conflict between this benefit chart and the EOC or COI, the EOC and COI will prevail. Precertification is required for some services provided by Preferred Provider Organization and Out-of-Network providers. Details are contained in the COI. For specific questions about coverage, Existing Members should call our Customer Relations Department at (216) 621-7100 or toll-free at 1-800-686-7100. New Members should call a Kaiser Permanente Representative at (216) 479-5770 or toll-free 1-800-400-1907. Our TTY line is (216) 635-4444 for the hearing impaired.