



Kaiser Permanente HMO BENEFITS AND SERVICES

Medical services provided or arranged by your Kaiser Permanente physician.

MEMBER PAYS

Small Group Prosper Plan 10 eff 1/1/2009

Deductible (Single/Family)	\$1000/\$2000
Coinsurance	20%
Out of Pocket Maximum (Single/Family)	\$4,000/\$8,000

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	20% after deductible
Urgent Care Office Visits	\$45 per visit
Physical, Speech, and Occupational Therapy	20% after deductible
• Up to 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	20% after deductible
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HOSPITAL INPATIENT CARE

Inpatient Services	20% after deductible
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EMERGENCY SERVICES (Fee waived if admitted)

Emergency Services provided at a Plan Facility	20%
Emergency Services provided at a non-Plan Facility ²	20%

AMBULANCE SERVICES

Only when transportation in any other vehicle would endanger your health	20% after deductible
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BIOLOGICALLY BASED MENTAL ILLNESSES

Inpatient Services	20% after deductible
Outpatient Services	\$35 per visit

MENTAL HEALTH SERVICES

Inpatient - 30 days per calendar year	20% after deductible
Outpatient - 20 visit maximum	
• Individual Therapy	\$35 per visit
• Group Therapy	\$17 per visit

CHEMICAL DEPENDENCY SERVICES

• Detoxification in a specialized facility--1 admit per year	20% after deductible
Outpatient	
• Detoxification	\$35 per visit
• Individual Therapy	\$35 per visit

ALTERNATE CARE

Home Health Services	20% after deductible
Hospice Home Care/Respite Care	No Charge
Skilled care in a Skilled Nursing Facility	20% after deductible
• Up to 100 days per calendar year	

INFERTILITY SERVICES

• Inpatient	30% ¹
• Outpatient	30%



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PRESCRIPTION DRUGS

- Covered Formulary Drugs and Accessories up to a 31 day supply at Kaiser Permanente and affiliated network facilities
- Up to 62 day supply of maintenance drugs by mail order from the Kaiser Permanente Mail Order Pharmacy

\$25 generic
\$45 brand

DURABLE MEDICAL EQUIPMENT

Medicare approved durable medical equipment

20%

CHIROPRACTIC SERVICES

Up to 20 visits per calendar year with American Specialty Health Network providers

\$25 per visit

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

¹When a plan deductible is indicated, services are subject to deductible.

²Services 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 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 Kaiser Permanente 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

As a Kaiser Permanente member, you will have access to complimentary services and discount programs. All subscribers receive a copy of our Healthwise Handbook and subscription to our *Partners in Health* magazine. The Healthwise Handbook is a self-care manual that includes basic guidelines on recognizing and coping with some of the most common health problems. *Partners in Health* is a magazine containing articles addressing current health issues, health and wellness topics, as well as self-care topics. To supplement these two publications, all members have access to our website, **kaiserpermanente.org**, and our telephone advice line. Through **kaiserpermanente.org** members can access information on featured health topics, search for specific topics in our health and drug encyclopedias, participate in discussion boards, schedule non-urgent appointments, refill prescriptions, order ID cards, and email questions to an advice nurse, pharmacist, and/or member service representative. Members also have access to our Telephone Advice line 24 hours a day, 7 days a week. Kaiser Permanente registered nurses with training in various medical specialties staff the phone lines.

Kaiser Permanente believes that health care does not necessarily begin and end in the doctor's office. We believe that the integration of self-care skills into our everyday interactions with our members can produce some powerful and positive outcomes resulting in healthier and more satisfied members.