

# Kaiser Permanente HMO BENEFITS AND SERVICES

Deductible (SingleFamily)   \$1,000/\$2,000   20%   Coinsurance   Coinsu	Medical services provided or arranged by your Kaiser Permanente physician.	MEMBER PAYS
Deductible (Single/Family)	Small Group Prosper Plan 10 eff 1/1/2009	
Out PATIENT CARE           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           - Vision Exams available through affiliated providers         \$35 per visit           - Vision Exams available through affiliated providers         \$0 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         No Charge           Preventive SERVICES SERVICES         Preventive Mult Child Care primary care exam           Preventive Mult Child Care primary care exam         No Charge           Preventive Malmogram and PAP screening         No Charge           Preventive Malmogram and PAP screening         No Charge           DIAGNOSTIC SERVICES         20% after deductible           HOSPITAL INPATIENT CARE         Inpatient Services           Inpatient Services provided at a Plan Facility         20% after deductible           Emergency Services provided at a Plan Facility         20% after deductible           BIOLOG		\$1000/\$2000
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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 Well Child Care primary care exam     No Charge       Preventive Mammogram and PAP screening     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       ***INSPITAL INPATIENT CARE**     ***       Inpatient Services     20% after deductible       ***Emergency Services provided at a Plan Facility     20%       Emergency Services provided at a Plan Facility     20%       Emergency Services provided at a Plan Facility     20% after deductible       **DIOGICALLY BASED MENTAL ILLNESSES     ***       Inpatient Services     335 per visit       ***ENTAL HEALTH SERVICES**     ***	OUTPATIENT CARE	
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'	INFERTILITY SERVICES	
• Outpatient 30%	Inpatient	30% <sup>1</sup>
	Outpatient	30%



## Kaiser Permanente HMO BENEFITS AND SERVICES

Medical services provided or arranged by your Kaiser Permanente physician.

#### **MEMBER PAYS**

MEMBER 17.10
\$25 generic
\$45 brand
20%
\$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

#### 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.

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

<sup>&</sup>lt;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.

## **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.