

KAISER PERMANENTE

Carriers Name: Kaiser Permanente

Plan Name: Traditional HMO

Stability & Integration are the Keys

Kaiser Permanente is a federally qualified, exclusive group practice, HMO founded in 1945. Unlike many HMO's, Kaiser Permanente physicians practice together as an integrated medical group enabling each to focus on his or her specialty while relying on the skills and advice of trusted peers as needed. As a nonprofit organization, Kaiser Permanente is committed to serving the interests of its members above all else.

Service Area

Kaiser Permanente members living within the Southern California approved service area have access to 11 medical centers for hospital services and over 90 medical offices throughout California. Most Kaiser Permanente medical offices include a full range of services including x-rays, pharmacies and laboratories all under one roof and many offer evening & weekend appointments. Members and their families are free to receive emergency, urgent or routine care at any Kaiser Permanente facility nationwide.

Choice of Physician

Each family member is encouraged to choose a primary care physician from the Kaiser Permanente Office or affiliated physician that is most convenient for them. Members may change their selection or physician at any time. At Kaiser Permanente, Primary Care Physicians make arrangements for a member to see a specialist without the delay of an administrative review. Some specialists such as OB/GYN and dermatology can often be seen without a referral. (Please refer to the Kaiser Permanente Guidebook for a listing of medical office locations and services).

In an Emergency

Emergency services are available at a Plan hospital Emergency Department 24 hours per day, seven days per week. An emergency is when you reasonably believe you are experiencing a medical crisis so severe that, without immediate medical attention, serious impairment, severe dysfunction, or death could result. If you think you have an emergency medical condition and you cannot safely go to a Plan hospital, call 911 or go to the nearest hospital.

If you are admitted to a non-Plan hospital, you or a member of your family must notify Kaiser Permanente within 24 hours or as soon as reasonably possible.

For plan details please refer to the Evidence of Coverage Brochure or to obtain a listing of Kaiser Permanente facilities, please call Customer Service at (800) 464-4000 available 7 days a week from 7:00 am to 7:00 pm or visit our website at: www.kaiserpermanente.org.

KAISER PERMANENTE:

Summary of Benefits

	<i>Current Benefits</i>
DEDUCTIBLES	
Individual Coverage	None
Family Coverage	None
Calendar Year OUT-of-POCKET MAXIMUM	
Individual Coverage	\$1,500
Family Coverage (<i>For family coverage, the full family Out-of-Pocket Maximum must be met before the enrollee or covered dependents can receive 100% benefits for covered services.</i>)	\$3,000
LIFETIME MAXIMUM	
Lifetime Maximum	None
PROFESSIONAL SERVICES	
Office visits and consultations	100%
Specialist visits and consultations	100%
Laboratory, X-rays and diagnostics	100%
PREVENTIVE CARE	
Annual Routine Physical Exam Office Visit (<i>age 3 and over</i>)	100%
Annual Pap test (<i>laboratory work</i>)	100%
Mammography screening	100%
Laboratory, X-rays, diagnostics, immunizations and vaccinations	100%
OUTPATIENT SERVICES	
Outpatient surgery/treatment	100%
Renal Dialysis	100%
HOSPITALIZATION SERVICES	
Inpatient Services - Non Emergency	100%
Inpatient visits and consultations	100%
Surgeons and assistants, anesthesiologist, pathologists, radiologists	100%
Semi-private room and board, medically necessary services and supplies, including subacute care	100%
AMBULANCE SERVICES	
Ambulance Services	100%
DURABLE MEDICAL EQUIPMENT	
Prosthetic appliances and home medical equipment	100% Basic Coverage Only
MENTAL HEALTH SERVICES (PSYCHIATRIC)	
Inpatient	100% up to 45 days per for non-mental healthy parity diagnosis: unlimited days for certain mental health parity diagnosis
Outpatient severe mental health conditions (<i>including initial visit and psychological testing</i>)	100%; unlimited visits for certain mental health parity diagnosis
Outpatient non-severe mental health conditions	100% up to 20 visits per calendar year

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Summary of Benefits

Current Benefits

CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)

Inpatient	100% detox; \$100 copay for residential recovery services
Outpatient visits (<i>up to 20 visits per calendar year combined with non-severe mental health visits</i>)	100% as prescribed by plan physician

WELL-BABY CARE

Well-Baby Care (<i>birth through and including age 2</i>)	100%
Immunizations	100%

FAMILY PLANNING

Family planning counseling	100%
Elective Abortion	100%
Tubal ligation, vasectomy	100%

PHYSICAL MEDICINE

Office visits and related services, such as physical therapy and occupational therapy	100% for short term treatment
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SKILLED NURSING FACILITY (SNF) SERVICES

Semi-private accommodations in freestanding SNF (for hospital SNF unit, see "Hospitalization Services")	100% up to 100 days per calendar year
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DIABETES CARE

Equipment, devices and supplies	100%
Self-management training and education	100%

OTHER

Acupuncture Services	Not Covered
Chiropractic	Not Covered
Hearing Aids	\$500 allowance per aid/every 36 months

PRESCRIPTION DRUGS

Prescription drugs (retail)	\$5 copay up to 100 day supply (50% for sexual dysfunctional drugs limited to 27 doses for a 100 day supply)
Prescription drugs (mail)	\$5 copay up to 100 day supply (50% for sexual dysfunctional drugs limited to 27 doses for a 100 day supply)

KAISER PERMANENTE:

Limitations & Exclusions

The following is a brief summary of your Limitations and Exclusions. Please refer to the Evidence of Coverage for detailed information about what is covered under each benefit.

Exclusions

The services and supplies listed below are excluded from coverage unless otherwise indicated in your Evidence of Coverage. All service and supplies relating to an excluded service or supply are also not covered, even if they would otherwise be covered. NOTE: Additional exclusions that apply only to a particular service or supply are listed in the description of that service or supply in the “Benefits” section of your Evidence of Coverage.

- ◆ Physical examinations related to employment, insurance, licensing, court orders, parole, or probation.
- ◆ Chiropractic services and supplies.
- ◆ Plastic surgery or other cosmetic services and supplies.
- ◆ Custodial Care
- ◆ Dental care and dental X-Rays.
- ◆ Services and supplies that an employer is required by law to provide.
- ◆ Experimental or investigational services.
- ◆ Services and supplies that a government agency is required by law to provide.
- ◆ Care in an intermediate care facility.
- ◆ Care for conditions arising from military service that is reasonably available from the Veteran Administration.
- ◆ Routine foot care services and supplies that are not medically necessary.
- ◆ Services and supplies not available in our Service Area.
- ◆ Services or supplies covered by worker’s compensation or an employer’s liability law.
- ◆ Services related to conception, pregnancy, or delivery in connection with a surrogacy arrangement.
- ◆ Sexual reassignment surgery.
- ◆ Transportation and living expenses.

Limitations

We will use our best efforts to provide or arrange for our Member’s health care needs in the event of unusual circumstances that delay or render impractical the provision of services and supplies, such as major disaster, epidemic, war, riot, civil insurrection, disability of a large share of personnel at a plan facility, complete or partial destruction of facilities, and labor disputes not involving Health Plan, Kaiser Foundation Hospitals, or Medical Group Physicians will not have any liability for any delay or failure in providing covered services and supplies. In the care of a labor dispute involving Health Plan, Kaiser Foundation Hospitals, or Medical Group, we may postpone care until the dispute is resolved if delaying your care is safe and will not result in harmful health consequences.

For personal reasons, some Members may refuse to accept services and supplies recommended by their Plan Physician for a particular condition. If you refuse to accept the treatment recommended by your Plan Physician, he or she will advise you if there is no other professionally acceptable alternative. You may get a second opinion from another Plan Physician. If you still refuse the recommended treatment, Health Plan and Plan Providers have no further responsibility to provide or cover any alternative treatment you may request.

For further information about benefits, copayments, limitations and services in your area, please refer to your Disclosure Form and Evidence of Coverage.