

DISCLOSURE FORM PART ONE — PRINCIPAL BENEFITS FOR
KAISER PERMANENTE TRADITIONAL PLAN (7/1/10—6/30/11)

The Services described below are covered only if all the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member)	\$1,500 per calendar year
For any one Member in a Family of two or more Members	\$1,500 per calendar year
For an entire Family of two or more Members	\$3,000 per calendar year

Deductible or Lifetime Maximum

None

Professional Services (Plan Provider office visits)

You Pay

Routine preventive care:

Physical exams	\$10 per visit
Well-child visits (through age 23 months)	No charge
Family planning visits	\$10 per visit
Scheduled prenatal care visits and first postpartum visit	No charge
Eye exams for refraction	\$10 per visit
Hearing tests	\$10 per visit
Flexible sigmoidoscopies	\$10 per visit

Primary and specialty care visits

\$10 per visit

Urgent care visits

\$10 per visit

Physical, occupational, and speech therapy

\$10 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures

\$10 per procedure

Allergy injection visits

\$5 per visit

Allergy testing visits

\$10 per visit

Most vaccines (immunizations)

No charge

X-rays and lab tests

No charge

Health education:

Individual visits

\$10 per visit

Group educational programs

No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, lab tests, and drugs

No charge

Emergency Health Coverage

You Pay

Emergency Department visits

\$50 per visit

Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient (see "Hospitalization Services" for inpatient Cost Sharing)

Ambulance Services

You Pay

Ambulance Services

No charge

Prescription Drug Coverage

You Pay

Most covered outpatient items in accord with our drug formulary guidelines

from Plan Pharmacies or from our mail-order service:

Generic items

\$5 for up to a 100-day supply

Brand-name items

\$15 for up to a 100-day supply

Durable Medical Equipment		You Pay
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines		
		No charge
Mental Health Services		You Pay
Inpatient psychiatric hospitalization and intensive psychiatric treatment programs		
		No charge
Outpatient individual and group visits		
		\$10 per individual visit \$5 per group visit
Chemical Dependency Services		You Pay
Inpatient detoxification		
		No charge
Outpatient individual visits.....		
		\$10 per visit
Outpatient group visits		
		\$5 per visit
Home Health Services		You Pay
Home health care (up to 100 visits per calendar year)		
		No charge
Other		You Pay
Eyewear purchased from plan optical sales offices every 24 months		
		Amount in excess of \$150 Allowance
Hearing aid(s) every 36 months.....		
		Amount in excess of \$1,000 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period).....		
		No charge
All covered Services related to infertility treatment		
		50% Coinsurance
Hospice care		
		No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).