

Proposed Benefit Summary
228761 United Industrial Service Workers of A

Principal Benefits for Kaiser Permanente Traditional Plan (1/1/08—12/31/08)

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 Southern 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 Unit of one Member)..... \$1,500 per calendar year
- For any one Member in a Family Unit of two or more Members \$1,500 per calendar year
- For an entire Family Unit of two or more Members \$3,000 per calendar year

Deductible or Lifetime Maximum None

Professional Services (Plan Provider office visits) You Pay

- Primary and specialty care visits (includes routine and Urgent Care appointments) \$20 per visit
- Routine preventive physical exams \$20 per visit
- Well-child preventive care visits (through age 23 months) \$5 per visit
- Family planning visits \$20 per visit
- Scheduled prenatal care visits and first postpartum visit..... \$5 per visit
- Routine preventive refraction exams \$20 per visit
- Routine preventive hearing tests \$20 per visit
- Physical, occupational, and speech therapy visits \$20 per visit

Outpatient Services You Pay

- Outpatient surgery and certain other outpatient procedures \$20 per procedure
- Allergy injection visits No charge
- Allergy testing visits..... \$20 per visit
- Vaccines (immunizations) No charge
- X-rays and lab tests No charge
- Health education:
 - Individual visits \$20 per visit
 - Group educational programs No charge

Hospitalization Services You Pay

- Room and board, surgery, anesthesia, X-rays, lab tests, and drugs \$250 per admission

Emergency Health Coverage You Pay

- Emergency Department visits \$50 per visit (does not apply if admitted directly to the hospital as an inpatient)

Ambulance Services You Pay

- Ambulance Services \$50 per trip

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 \$10 for up to a 100-day supply

Mental Health Services You Pay

- Inpatient psychiatric hospitalization (up to 30 days per calendar year)..... \$250 per admission
- Outpatient visits:
 - Up to a total of 20 individual and group visits per calendar year \$20 per individual visit
\$10 per group visit
 - Up to 20 additional group visits that meet the Medical Group criteria in the same calendar year..... \$10 per group visit

Note: Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses as described in the *EOC*.

continued

Chemical Dependency Services	You Pay
Inpatient detoxification	\$250 per admission
Outpatient individual visits	\$20 per visit
Outpatient group visits	\$5 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year)	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
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).