

Sold Benefit Summary
602931 Synod of the Pacific

Principal Benefits for Kaiser Permanente Traditional Plan (11/1/10—10/31/11)

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	\$20 per visit
Well-child 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
Eye exams for refraction	\$20 per visit
Hearing tests	\$20 per visit
Flexible sigmoidoscopies	\$20 per visit

Primary and specialty care visits

\$20 per visit

Urgent care visits.....

\$20 per visit

Physical, occupational, and speech therapy

\$20 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures

\$20 per procedure

Allergy injection visits

\$3 per visit

Allergy testing visits

\$20 per visit

Most 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

\$100 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

\$50 per trip

Prescription Drug Coverage

You Pay

Most covered outpatient items in accord with our drug formulary guidelines:

Generic items from a Plan Pharmacy

\$10 for up to a 30-day supply, \$20 for a 31- to 60-day supply, or \$30 for a 61- to 100-day supply

Generic refills from our mail-order service

\$10 for up to a 30-day supply or \$20 for a 31- to 100-day supply

continued

Prescription Drug Coverage		You Pay
Brand-name items from a Plan Pharmacy		\$20 for up to a 30-day supply, \$40 for a 31- to 60-day supply, or \$60 for a 61- to 100-day supply
Brand-name refills from our mail-order service		\$20 for up to a 30-day supply or \$40 for a 31- to 100-day supply
Durable Medical Equipment		You Pay
Most covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines		20% Coinsurance
Mental Health Services		You Pay
Inpatient psychiatric hospitalization and intensive psychiatric treatment programs.....		\$250 per admission
Outpatient individual and group visits.....		\$20 per individual visit \$10 per group visit
Chemical Dependency Services		You Pay
Inpatient detoxification.....		\$250 per admission
Outpatient individual visits		\$20 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
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
Chiropractic Services (30 visits per calendar year)		You Pay
Kaiser Permanente contracts with American Specialty Health Plans of California, Inc. (ASH Plans) for chiropractic services. You can obtain services from any participating ASH Plan Chiropractor without a referral from your Kaiser Plan Physician. Your ASH Chiropractor coordinates authorization of all services and claims with ASH Plans directly; you simply pay your copayment at each visit. You can obtain a listing of Participating Chiropractors by calling the ASH Plans Member Services Department at 1-800-678-9133. You may also find a Participating Chiropractor by logging onto the ASH Plans Web site at www.ashcompanies.com		\$15 per visit

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).