

2011 PLAN HIGHLIGHTS

Use this brochure to compare plans
and choose the one that's best for you.

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- Benefit highlights
- Choosing a health plan

BENEFIT HIGHLIGHTS

| | COPAYMENT | | |
|--|---------------------------------------|---------------------|---------------------|
| | 25 | 40 | 50 |
| Features | | | |
| Annual deductible | None | | |
| Annual out-of-pocket maximum | \$2,500 | \$3,000 | \$3,500 |
| Benefits | | | |
| Preventive care | | | |
| Immunizations | No charge | | |
| Routine physical exam | No charge | | |
| Well-child visit (0–23 months) | No charge | | |
| Well-woman visit | No charge | | |
| Mammogram screening | No charge | | |
| Outpatient services (per visit or procedure) | | | |
| Primary care/Specialty office visit | \$25 copay | \$40 copay | \$50 copay |
| Most X-rays and lab tests | \$10 copay | | |
| MRI, CT, and PET | \$50 copay | | |
| Outpatient surgery | \$100 copay | \$200 copay | \$250 copay |
| Inpatient hospital care | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, and medication | \$200 copay per day | \$350 copay per day | \$500 copay per day |
| Maternity | | | |
| Coverage varies. Please consult the plan's <i>Membership Agreement</i>. | | | |
| Maternity care | Covered | | |
| Emergency and urgent care | | | |
| Emergency Department visit (waived if admitted) | \$100 copay | | \$150 copay |
| Urgent care visit | \$25 copay | \$40 copay | \$50 copay |
| Ambulance service | \$100 copay | \$200 copay | \$300 copay |
| Prescription drugs | | | |
| Plan pharmacy (up to a 30-day supply) | Generic: \$10 copay/Brand: \$35 copay | | Not covered |
| Mail-order (up to a 100-day supply) | Generic: \$20 copay/Brand: \$70 copay | | Not covered |

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For more information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form* enclosed in this kit. Detailed information about your plan is included in the *Membership Agreement* or *Certificate of Insurance*, which will be mailed to you upon acceptance or upon request.

| DEDUCTIBLE | | | | | |
|---|--|--|------------|------------------------------------|------------------------------------|
| 20/500 | 25/1000 | 30/1500 | 40/2000 | 40/3000 NM ¹ | 50/5000 NM ¹ |
| Features | | | | | |
| \$500 | \$1,000 | \$1,500 | \$2,000 | \$3,000 | \$5,000 |
| \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$6,000 | \$7,500 |
| Benefits Services not subject to deductible unless otherwise indicated | | | | | |
| Preventive care | | | | | |
| No charge | | | | | |
| No charge | | | | | |
| No charge | | | | | |
| No charge | | | | | |
| No charge | | | | | |
| Outpatient services (per visit or procedure) | | | | | |
| \$20 copay | \$25 copay | \$30 copay | \$40 copay | | \$50 copay (after deductible) |
| \$10 copay (after deductible) | | | | | |
| \$10 copay (after deductible) | \$50 copay (after deductible) | | | | |
| \$50 copay (after deductible) | \$150 copay (after deductible) | \$250 copay (after deductible) | | 20% coinsurance (after deductible) | 30% coinsurance (after deductible) |
| Inpatient hospital care | | | | | |
| \$100 copay per day (after deductible) | \$250 copay per day (after deductible) | \$500 copay per day (after deductible) | | 20% coinsurance (after deductible) | 30% coinsurance (after deductible) |
| Maternity Coverage varies. For details, please consult the plan's <i>Membership Agreement</i> or <i>Certificate of Insurance</i> . | | | | | |
| Covered (after deductible) | | | | Not covered | |
| Emergency and urgent care | | | | | |
| \$100 copay (after deductible) | | \$150 copay (after deductible) | | | |
| \$20 copay | \$25 copay | \$30 copay | \$40 copay | | \$50 copay (after deductible) |
| \$150 copay (after deductible) | | | | | |
| Prescription drugs | | | | | |
| Generic: \$10 copay/Brand: \$35 copay | | | | | Not covered |
| Generic: \$20 copay/Brand: \$70 copay | | | | | Not covered |

Note: For services subject to a deductible, you will have to pay health care expenses out of pocket until you meet your deductible. For information describing the benefits and limitations, cost-sharing amounts, premiums, and dental plans, please review the details in your enrollment material. To request a copy of the *Membership Agreement* or *Certificate of Insurance* for a particular plan, please call us at 1-800-324-7684 or contact your broker.

¹ These plans are offered by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).

| HSA-QUALIFIED DEDUCTIBLE | | | | |
|---|--|------------------------------------|--|---------------------------------|
| 0/1500 with HSA | 0/2700 with HSA | 30/2700 with HSA | 40/4000 NM with HSA ¹ | 0/5000 WM with HSA ¹ |
| Features | | | | |
| \$1,500 | \$2,700 | | \$4,000 | \$5,000 |
| \$3,000 | \$5,000 | \$5,250 | \$5,600 | \$5,000 |
| Benefits Services not subject to deductible unless otherwise indicated | | | | |
| Preventive care | | | | |
| No charge | | | | |
| No charge | | | | |
| No charge | | | | |
| No charge | | | | |
| No charge | | | | |
| Outpatient services (per visit or procedure) | | | | |
| No charge (after deductible) | | \$30 copay (after deductible) | \$40 copay (after deductible) | No charge (after deductible) |
| \$10 copay (after deductible) | | | | No charge (after deductible) |
| \$50 copay (after deductible) | | | | No charge (after deductible) |
| \$150 copay (after deductible) | \$200 copay (after deductible) | 30% coinsurance (after deductible) | | No charge (after deductible) |
| Inpatient hospital care | | | | |
| \$300 copay per day (after deductible) | \$400 copay per day (after deductible) | 30% coinsurance (after deductible) | | No charge (after deductible) |
| Maternity Coverage varies. For details, please consult the plan's <i>Membership Agreement</i> or <i>Certificate of Insurance</i> . | | | | |
| Covered (after deductible) | | | Not covered | Covered (after deductible) |
| Emergency and urgent care | | | | |
| \$100 copay (after deductible) | | 30% coinsurance (after deductible) | \$150 copay (after deductible) | No charge (after deductible) |
| No charge (after deductible) | | \$30 copay (after deductible) | \$40 copay (after deductible) | No charge (after deductible) |
| \$100 copay (after deductible) | | | \$150 copay (after deductible) | No charge (after deductible) |
| Prescription drugs | | | | |
| Generic: \$10 copay/Brand: \$35 copay (after deductible) | | Not covered | Generic: \$10 copay/Brand: \$35 copay (after deductible) | No charge (after deductible) |
| Generic: \$20 copay/Brand: \$70 copay (after deductible) | | Not covered | Generic: \$20 copay/Brand: \$70 copay (after deductible) | No charge (after deductible) |

Get a faster response when you apply online. It's easy and convenient!
 Visit buykp.org/96166 or call your agent or broker.

CHOOSE A PLAN THAT FITS YOUR NEEDS

We offer several types of health coverage for individuals and families. All feature quality care—the main difference is how you pay for it.

Copayment plans

- No deductible
- Set charges for doctor's office visits

With copayment plans, you pay specific charges (or copayments) for certain covered services, so you know your out-of-pocket costs for doctor's office visits and prescriptions in advance. And since you don't have to meet a deductible, you can pay copayments for many covered services from the first day of coverage. See the *Copayment Plans* brochure for details.

Our copayment plans:

- Copayment 25
- Copayment 40
- Copayment 50

Deductible plans

- Annual deductibles
- Lower premiums

These plans offer lower monthly premiums in exchange for your sharing more of the costs in copayments, deductibles, and coinsurance. See the *Deductible Plans* brochure for more information.

Our deductible plans:

- Deductible 20/500
- Deductible 25/1000
- Deductible 30/1500
- Deductible 40/2000
- Deductible 40/3000 NM¹
- Deductible 50/5000 NM¹

HSA-qualified deductible plans

- Annual deductibles
- Pay for health care with tax-deductible dollars

These plans offer quality medical coverage, some of our lowest premiums, and a tax-free way to build savings for qualified medical expenses.² See the *HSA-Qualified Deductible Plans* brochure for details.

Our HSA-qualified plans:

- Deductible 0/1500 with HSA
- Deductible 0/2700 with HSA
- Deductible 30/2700 with HSA
- Deductible 40/4000 NM with HSA¹
- Deductible 0/5000 WM with HSA¹

¹ These plans are underwritten by Kaiser Permanente Insurance Company (KPIC). KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).

² Tax references relate to federal income tax only. Please consult a tax adviser for tax savings information.

Kaiser Permanente for Individuals and Families

To get a free quote, contact your agent or broker, visit buykp.org/96166, or call a sales representative at **1-800-324-7684**.