

KAISER PERMANENTE FOR INDIVIDUALS AND FAMILIES

	\$30 COPAYMENT	\$2,000 DEDUCTIBLE (70%) w/Rx	\$2,000 DEDUCTIBLE (70%)	\$5,000 DEDUCTIBLE (70%)	\$2,000 DEDUCTIBLE w/HSA OPTION (100%)	\$2,000 DEDUCTIBLE w/HSA OPTION (80%)
GENERAL SERVICES	(This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. Exclusions and limitations do apply. For specific information about health plan benefits, see the <i>Membership Agreement</i> , which is supplied upon enrollment.)					
Preventive services	Preventive services are at no charge with all these plans.					
Primary care visits	\$30	\$30			Fully covered after meeting deductible	20% after meeting deductible
Specialty care visits	\$40	\$50				Not covered ¹
Prescriptions	Not covered ¹	\$15/\$30/50% ²	Not covered ¹	Not covered ¹		20% after meeting deductible
Urgent/after-hours care in designated facilities	\$75	\$75				Diagnostic – 20% after meeting deductible
Emergency care	\$150	30% after meeting deductible				Diagnostic / Therapeutic – 20% after meeting deductible
Hospitalization	20%					
Laboratory	Diagnostic – Fully covered	Diagnostic – Fully covered (not subject to deductible)				
X-rays	Diagnostic – Fully covered Therapeutic - \$40	Diagnostic / Therapeutic – 30% after meeting deductible				
FINANCIAL FEATURES						
Individual deductible	None	\$2,000	\$5,000	\$2,000		
Family deductible		\$6,000	\$15,000	\$4,000		
Individual out-of-pocket maximum³	\$3,000	\$5,000		\$2,000	\$5,000	
Family out-of-pocket maximum³	\$7,500	\$10,000		\$4,000	\$10,000	
Lifetime maximum coverage	Unlimited lifetime coverage					
MONTHLY PREMIUMS	(Starting rates shown are for subscribers 24-years-old or younger. Rates are effective January 1, 2007, subject to change, and increase with the subscriber's age.)					
Singles starting at	\$140.50	\$99.48	\$91.27	\$71.82	\$120.16	\$95.82
Couples starting at	\$281.02	\$198.94	\$182.51	\$143.64	\$240.31	\$191.64
Parent and children starting at	\$323.15	\$228.79	\$209.90	\$165.19	\$276.36	\$220.38
Families starting at	\$463.66	\$328.24	\$301.14	\$237.00	\$396.51	\$316.20

¹ The Kaiser Permanente Pharmacy Advantage provides prescribed and over-the-counter (OTC) drugs in our medical office pharmacies at competitive rates.

² After meeting \$200 deductible: \$15 copay for preferred generic / \$30 copay for preferred brand name / 50% coinsurance for non-preferred drugs

³ In the three deductible plans, the deductible amount does not count towards meeting the out-of-pocket maximum.

In the two HSA-qualified plans, the deductible does count towards meeting the out-of-pocket maximum.