

**Proposed Benefit Summary**  
**133411 Southeastern CA Conf Seventh-day Adven**

**Principal Benefits for Kaiser Permanente Traditional Plan (1/1/11—12/31/11)**

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

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 .....

No charge

Allergy testing visits .....

\$10 per visit

Most vaccines (immunizations) .....

No charge

X-rays and lab tests.....

No charge

Health education:

Individual visits .....

No charge

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 for covered Services (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

from Plan Pharmacies or from our mail-order service.....

\$15 for up to a 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

continued

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
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).