

## Disclosure Form Part One — 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) .....	\$10 per visit
Routine preventive physical exams .....	\$10 per visit
Well-child preventive care visits (through age 23 months) .....	No charge
Family planning visits .....	\$10 per visit
Scheduled prenatal care visits and first postpartum visit .....	No charge
Routine preventive refraction exams .....	\$10 per visit
Routine preventive hearing tests .....	\$10 per visit
Physical, occupational, and speech therapy visits .....	\$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
Vaccines (immunizations) .....	No charge
X-rays and lab tests .....	No charge
Health education:	
Individual visits .....	\$10 per visit
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 .....	\$35 per visit (does not apply if admitted directly to the hospital as an inpatient)
-----------------------------------	--

### Ambulance Services

You Pay

Ambulance Services .....	No charge
--------------------------	-----------

### 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
--	---------------------------------

### Durable Medical Equipment (DME)

You Pay

Covered DME for home use in accord with our DME formulary guidelines .....	No charge
--	-----------

### Mental Health Services

You Pay

Inpatient psychiatric hospitalization (up to 45 days per calendar year) .....	No charge
Outpatient individual and group visits .....	\$10 per individual visit \$5 per group visit

continued

<b>Mental Health Services</b>	<b>You Pay</b>
-------------------------------	----------------

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

<b>Chemical Dependency Services</b>	<b>You Pay</b>
-------------------------------------	----------------

Inpatient detoxification .....	No charge
Outpatient individual visits.....	\$10 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

<b>Home Health Services</b>	<b>You Pay</b>
-----------------------------	----------------

Home health care (up to 100 visits per calendar year) .....	No charge
---	-----------

<b>Other</b>	<b>You Pay</b>
--------------	----------------

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

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).

## YOUR KAISER PERMANENTE CHIROPRACTIC BENEFIT

Chiropractic services are administered by American Specialty Health Plans of California, Inc. (ASH Plans).

When you need chiropractic care, follow these simple steps:

1. Find an ASH Plans Participating Chiropractor near you
  - Online at [ashcompanies.com](http://ashcompanies.com)
  - Or call **1-800-678-9133 (1-877-710-2746 TTY)**, weekdays from 5 a.m. to 6 p.m. Pacific Time.
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

Services	Copayments and Office Visit Maximums
<p>Chiropractic services are covered when a Participating Chiropractor finds that the services are medically necessary to treat or diagnose neuromusculoskeletal disorders. You can obtain services from any ASH Plans Participating Chiropractor without a referral from a Plan physician.</p>	<p><b>Office visit copayment:</b> \$5 per visit  <b>Office visit limit:</b> 20 visits per calendar year  <b>Chiropractic appliance benefit:</b> Chiropractic appliances are provided up to a maximum of \$50 per calendar year when prescribed and provided by an ASH Plans Participating Chiropractor as part of your chiropractic care.</p>
<p><b>Office visits:</b> Covered services are limited to medically necessary chiropractic services authorized and provided by an ASH Plans Participating Chiropractor.</p>	
<p><b>X-rays and laboratory tests:</b> Medically necessary X-rays and laboratory tests are covered at no charge when prescribed as part of your chiropractic care by a Participating Chiropractor and provided by an appropriately licensed Participating Provider that has contracted with ASH Plans to provide those services.</p>	
Participating Chiropractors	
<p>ASH Plans contracts with Participating Chiropractors and other Participating Providers to provide covered chiropractic services, including laboratory tests, X-rays, and chiropractic appliances. You must receive covered services from a Participating Provider, except for Emergency Chiropractic Services and services that are not available from Participating Providers that are prior authorized by ASH Plans. The list of Participating Chiropractors is available on the ASH Plans Web site at <a href="http://ashcompanies.com">ashcompanies.com</a> or from the ASH Plans Member Services Department at <b>1-800-678-9133</b>. The list of Participating Chiropractors is subject to change at any time without notice.</p>	
<p><b>How to obtain services:</b> To obtain covered services, call a Participating Chiropractor to schedule an initial examination. If additional services are required, your Participating Chiropractor will prepare a treatment plan. The ASH Plans Clinical Services Manager will authorize the treatment plan if the services are medically necessary chiropractic services for you. ASH Plans will disclose to you, upon request, the process that it uses to authorize a treatment plan. If you have questions or concerns, please contact ASH Plans Member Services Department.</p>	
Emergency Chiropractic Services	
<p>Covered chiropractic services provided for the sudden and unexpected onset of an injury or condition affecting the neuromusculoskeletal system that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a reasonable layperson with no special knowledge of health, medicine, or chiropractic care could reasonably expect that a delay of immediate chiropractic care could result in (1) placing your (or your unborn child's) health in serious jeopardy, (2) serious impairment to your bodily functions, or (3) serious dysfunction of any bodily organ or part.</p>	

This is a summary and is intended to highlight only the most frequently asked questions about the benefit, including copayments.

**This benefit is not to be offered in an HSA plan.** Please refer to the *Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic benefit, including exclusions and limitations and Emergency Chiropractic Services.

