

**Kaiser Permanente HMO  
2008 Benefits Summary**

General Provisions	Co-payments/Coinsurance
Deductible	None
Out-of-pocket maximum	Accrual period: calendar year \$1,500 individual
Lifetime benefit maximum	Unlimited
Benefits	Co-payments/Coinsurance
Physician's office visit	\$20 co-pay
Primary doctor's office	\$20 co-pay
Specialist's office	\$20 co-pay
Routine adult physicals	\$20 co-pay
Laboratory services (Diagnostic tests, labs, x-rays)	Plan pays 100%
Inpatient hospital (Semi-private room, board, tests, medications)	Plan pays 100% after \$100 co-pay per stay
Outpatient hospital	\$20 co-pay
Emergency room visit (for true emergency)	\$100 co-pay (waived if admitted)  "Emergency" - the sudden onset of a medical or behavioral condition that causes sufficiently severe symptoms or pain. In the absence of immediate medical attention, the emergency could be expected to result in: <ul style="list-style-type: none"> <li>➤ placing the health of the person in serious jeopardy (or placing others in jeopardy in the case of a behavioral condition)</li> <li>➤ serious dysfunction of any organ or body part</li> <li>➤ serious disfigurement</li> <li>➤ serious impairment to bodily functions</li> </ul>
Maternity care (pre-natal and post-natal)	\$5 co-pay per pre-natal visit and first post-partum visit
Well-baby care/immunizations	\$5 co-pay
Chiropractic care	\$15 co-pay Maximum of 30 visits per year American Specialty Network Provider 1-800-678-9133
Physical therapy	\$20 co-pay
Mental health treatment	<b><u>Inpatient:</u></b> \$100 co-pay up to 30 days per year <b><u>Outpatient:</u></b> \$20 co-pay up to 20 visits per year
Substance abuse treatment	<b><u>Inpatient:</u></b> \$100 co-pay for inpatient detoxification \$100 co-pay for transition residential recovery services up to 60 days per year, 120 days per 5 year period <b><u>Outpatient:</u></b> \$20 co-pay
Prescription drug coverage	Retail: 100 day supply \$10 generic co-pay \$30 brand-name co-pay