

# PLAN FINDER FOR COPAYMENT PLANS

Use this Plan Finder to help find a plan that best suits your lifestyle and financial needs.

I **WANT** to be able to visit my doctor regularly, so a plan with **no deductible** and **fixed copayments** for office visits is best for me. I'm willing to pay a **higher** monthly rate for a plan that offers broad coverage and predictable out-of-pocket costs.

## COPAYMENT PLANS

Moderate monthly rate  
Predictable out-of-pocket costs

Higher monthly rate  
Predictable out-of-pocket costs

### \$50 Copayment Plan

- Annual out-of-pocket maximum: \$3,500/individual or \$7,000/family
- No medical deductible
- Office visit: \$50 per visit
- Most lab and X-rays: \$10 per encounter
- Hospital care: \$500 per day
- Emergency services: \$150 per visit
- Prescription drugs:
  - Most prescription drugs not covered

### \$25 Copayment Plan

- Annual out-of-pocket maximum: \$2,500/individual or \$5,000/family
- No medical deductible
- Office visit: \$25 per visit
- Most lab and X-rays: \$10 per encounter
- Hospital care: \$200 per day
- Emergency services: \$100 per visit
- Prescription drugs:
  - \$10 generic
  - \$35 brand after \$250 pharmacy deductible

# COPAYMENT PLANS – FEATURES AT A GLANCE

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. Detailed information about your plan is included in the *Membership Agreement*, which will be mailed to you upon acceptance.

FEATURES	\$50 COPAYMENT PLAN	\$25 COPAYMENT PLAN
Medical calendar-year deductible		
Individual	None	None
Family	None	None
Pharmacy calendar-year deductible	None	\$250 for brand-name drugs
Annual out-of-pocket maximum		
Individual	\$3,500	\$2,500
Family	\$7,000	\$5,000
Lifetime benefit maximum	None	None
<b>PROFESSIONAL SERVICES (PLAN PROVIDER OFFICE VISITS)</b>		
Primary and specialty care visits (includes routine and urgent care appointments)	\$50 per visit	\$25 per visit
Well-child visits from 0 to 23 months	\$15 per visit	No charge
Family planning visits	\$50 per visit	\$25 per visit
Scheduled prenatal care and first postpartum visit	\$15 per visit	No charge
Eye exams	\$50 per visit	\$25 per visit
Hearing tests	\$50 per visit	\$25 per visit
Chiropractic office visits	Not covered	Not covered
Physical, occupational, and speech therapy visits	\$50 per visit	\$25 per visit
<b>OUTPATIENT SERVICES</b>		
Outpatient surgery	\$250 per procedure	\$100 per procedure
Allergy injection visits	\$5 per visit	\$5 per visit
Vaccines (immunizations)	No charge	No charge
Most X-rays and lab tests	\$10 per encounter	\$10 per encounter
Health education		
Individual visits	\$50 per visit	\$25 per visit
Group visits	No charge	No charge
<b>HOSPITALIZATION SERVICES</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$500 per day	\$200 per day
<b>EMERGENCY HEALTH COVERAGE</b>		
Emergency Department visits	\$150 per visit (\$150 copayment is waived if admitted directly to the hospital)	\$100 per visit (\$100 copayment is waived if admitted directly to the hospital)

# COPAYMENT PLANS – FEATURES AT A GLANCE

FEATURES	\$50 COPAYMENT PLAN	\$25 COPAYMENT PLAN
<b>AMBULANCE SERVICES</b>		
Emergency ambulance services	\$300 per trip	\$100 per trip
<b>PRESCRIPTION DRUG COVERAGE</b>		
Covered items in accord with our drug formulary when obtained at Plan pharmacies	Most prescription drugs are not covered.	Brand-name items and compounded products are subject to a \$250 drug deductible; see the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the <i>Membership Agreement</i> for details.
Generic drugs		\$10 up to a 100-day supply
Brand-name drugs		\$35 up to a 100-day supply after \$250 drug deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
DME used in the home in accord with our DME formulary	Not covered	Not covered
<b>MENTAL HEALTH SERVICES</b>		
Inpatient psychiatric care	\$500 per day (up to 30 days per calendar year)	\$200 per day (up to 30 days per calendar year)
Outpatient visits		
Individual visits	\$50 per visit (up to 20 individual/group visits per calendar year)	\$25 per visit (up to 20 individual/group visits per calendar year)
Group therapy visits	\$25 per visit (up to 20 individual/group visits per calendar year)  Up to 20 additional group therapy visits that meet Medical Group criteria in the same calendar year	\$12 per visit (up to 20 individual/group visits per calendar year)  Up to 20 additional group therapy visits that meet Medical Group criteria in the same calendar year
Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits, Copayments, and Coinsurance" section of the <i>Membership Agreement</i> .		
<b>CHEMICAL DEPENDENCY SERVICES</b>		
Inpatient detoxification	\$500 per day	\$200 per day
Outpatient individual therapy visits	\$50 per visit	\$25 per visit
Outpatient group therapy visits	\$5 per visit	\$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	\$100 per admission
<b>HOME HEALTH SERVICES</b>		
Home health care (up to 100 two-hour visits per calendar year)	No charge	No charge
<b>OTHER</b>		
Skilled nursing facility care	No charge (up to 100 days per benefit period)	No charge (up to 100 days per benefit period)
Hospice care	No charge	No charge

# COPAYMENT PLANS – MONTHLY RATES AT A GLANCE

## Rate Area 1

The monthly rate you pay for your coverage depends on your age, which Kaiser Permanente rate area you live in based on your ZIP code, and how many family members are covered.<sup>1</sup> If you add dependents, drop dependents, or move to a new residence and change ZIP codes, your monthly rate may change.<sup>2</sup>

Please verify that you have received the booklet for the appropriate rate area by confirming that the subscriber's home ZIP code is listed under **Rate Area 1** of the ZIP code service area chart on the back cover of this booklet. If the subscriber's home ZIP code is not listed there, please contact our Member Service Call Center at **1-800-464-4000** for information on other rate areas.

### Monthly rates for \$50 Copayment Plan

Use the age of the younger subscriber or spouse.<sup>1</sup>

Category Age	Subscriber only	Subscriber + spouse	Subscriber + one child	Subscriber + two or more children	Subscriber, spouse + one or more children
19–24	\$151	\$329	\$301	\$449	\$518
25–29	\$171	\$350	\$301	\$473	\$594
30–34	\$190	\$386	\$350	\$499	\$673
35–39	\$204	\$426	\$350	\$529	\$673
40–44	\$229	\$467	\$359	\$553	\$683
45–49	\$251	\$490	\$384	\$559	\$683
50–54	\$290	\$584	\$430	\$578	\$755
55–59	\$332	\$647	\$468	\$608	\$755
60–64	\$368	\$737	\$498	\$698	\$854
65+ <sup>4</sup>	\$842	\$1,684	\$1,188	\$1,595	\$1,950

### Monthly child-only rates<sup>3</sup>

One child, up to age 18	\$130
Two children, up to age 18	\$259
Three or more children, up to age 18	\$418

### Monthly rates for \$25 Copayment Plan

Use the age of the younger subscriber or spouse.<sup>1</sup>

Category Age	Subscriber only	Subscriber + spouse	Subscriber + one child	Subscriber + two or more children	Subscriber, spouse + one or more children
19–24	\$194	\$423	\$387	\$577	\$665
25–29	\$219	\$449	\$387	\$607	\$763
30–34	\$244	\$496	\$450	\$641	\$864
35–39	\$262	\$547	\$450	\$679	\$864
40–44	\$294	\$600	\$461	\$710	\$877
45–49	\$323	\$629	\$494	\$718	\$877
50–54	\$373	\$750	\$552	\$742	\$970
55–59	\$427	\$831	\$601	\$781	\$970
60–64	\$473	\$946	\$640	\$896	\$1,096
65+ <sup>4</sup>	\$959	\$1,918	\$1,343	\$1,817	\$2,222

### Monthly child-only rates<sup>3</sup>

One child, up to age 18	\$167
Two children, up to age 18	\$333
Three or more children, up to age 18	\$537

Rates are effective through December 31, 2007. To be eligible for coverage, you must pass a medical review.

<sup>1</sup>Rates are based on the age of the younger spouse. For example, if one person is 44 and the other is 39, your household's rate would be based on age 39.

<sup>2</sup>If your change results in a different premium amount, the new amount becomes effective the first month following your change.

<sup>3</sup>Rates are for child(ren) up to age 18 as of January 1 of each year.

<sup>4</sup>If you are eligible for Medicare, you may qualify for lower monthly rates under Kaiser Permanente Senior Advantage. Please call **1-800-290-3829** for more information.