

# PLAN FINDER FOR HSA-QUALIFIED PLANS

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

I WANT a plan with a **lower monthly rate** that lets me control my costs through a **tax-advantaged** health savings account (HSA). I'm in good health and prefer to have a **deductible** and pay for services as I need them. I want access to routine preventive services that only require a copay to help me stay healthy and identify potential health issues early.

## HSA-QUALIFIED PLANS

Lowest monthly premium  
of any of our HSA-qualified plans

No charge for most services  
after satisfying the deductible

Lowest calendar-year deductible  
of any of our HSA-qualified plans

### \$30/\$2,700 Deductible Plan with HSA

- Annual out-of-pocket maximum: \$5,250/individual or \$10,500/family
- Medical calendar-year deductible: \$2,700/individual or \$5,450/family
- Preventive care office visit:<sup>1</sup> \$30 per visit
- Nonpreventive office visit: \$30 per visit after deductible
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: 30% coinsurance per admission after deductible
- Emergency services: 30% coinsurance per admission after deductible
- Prescription drugs:
  - \$10 generic after deductible
  - \$30 brand after deductible

### \$0/\$2,700 Deductible Plan with HSA

- Annual out-of-pocket maximum: \$2,700/individual or \$5,450/family
- Medical calendar-year deductible: \$2,700/individual or \$5,450/family
- Preventive care office visit:<sup>1</sup> no charge per visit
- Nonpreventive office visit: no charge per visit after deductible
- Most lab and X-rays: no charge per encounter after deductible
- Hospital care: no charge per admission after deductible
- Emergency services: no charge per admission after deductible
- Prescription drugs:
  - no charge for generic after deductible
  - no charge for brand after deductible

### \$0/\$1,500 Deductible Plan with HSA

- Annual out-of-pocket maximum: \$1,500/individual or \$3,000/family
- Medical calendar-year deductible: \$1,500/individual or \$3,000/family
- Preventive care office visit:<sup>1</sup> no charge per visit
- Nonpreventive office visit: no charge per visit after deductible
- Most lab and X-rays: no charge per encounter after deductible
- Hospital care: no charge per admission after deductible
- Emergency services: no charge per admission after deductible
- Prescription drugs:
  - no charge for generic after deductible
  - no charge for brand after deductible

<sup>1</sup>Preventive care office visits are not subject to the deductible. Preventive care services include well-child visits from 0 to 23 months, scheduled prenatal care, and vaccines (immunizations).

# HSA-QUALIFIED 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	\$30/\$2,700 DEDUCTIBLE PLAN W/HSA	\$0/\$2,700 DEDUCTIBLE PLAN W/HSA	\$0/\$1,500 DEDUCTIBLE PLAN W/HSA
Medical calendar-year deductible			
Individual	\$2,700	\$2,700	\$1,500
Family	\$5,450	\$5,450	\$3,000
Annual out-of-pocket maximum			
Individual	\$5,250	\$2,700	\$1,500
Family	\$10,500	\$5,450	\$3,000
Lifetime benefit maximum	None	None	None
<b>PROFESSIONAL SERVICES (PLAN PROVIDER OFFICE VISITS)</b>			
Primary and specialty care visits (includes routine and urgent care appointments)	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Well-child visits from 0 to 23 months	\$10 per visit <sup>1</sup>	No charge <sup>1</sup>	No charge <sup>1</sup>
Family planning visits	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Scheduled prenatal care	\$10 per visit <sup>1</sup>	No charge <sup>1</sup>	No charge <sup>1</sup>
First postpartum visit	\$10 after deductible	No charge after deductible	No charge after deductible
Eye exams	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Hearing tests	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Chiropractic office visits	Not covered	Not covered	Not covered
Physical, occupational, and speech therapy visits	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
<b>OUTPATIENT SERVICES</b>			
Outpatient surgery	30% coinsurance per procedure after deductible	No charge per procedure after deductible	No charge per procedure after deductible
Allergy injection visits	\$5 per visit after deductible	No charge after deductible	No charge after deductible
Vaccines (immunizations)	No charge <sup>1</sup>	No charge <sup>1</sup>	No charge <sup>1</sup>
Most X-rays and lab tests	\$10 per encounter after deductible	No charge after deductible	No charge after deductible
Health education			
Individual visits	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Group visits	No charge per class after deductible	No charge per class after deductible	No charge per class after deductible
<b>HOSPITALIZATION SERVICES</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	30% coinsurance per admission after deductible	No charge per admission after deductible	No charge per admission after deductible
<b>EMERGENCY HEALTH COVERAGE</b>			
Emergency Department visits	30% coinsurance per admission after deductible (waived if admitted directly to the hospital)	No charge per admission after deductible	No charge per admission after deductible

<sup>1</sup>These services are not subject to the deductible.

# HSA-QUALIFIED PLANS – FEATURES AT A GLANCE

FEATURES	\$30/\$2,700 DEDUCTIBLE PLAN W/HSA	\$0/\$2,700 DEDUCTIBLE PLAN W/HSA	\$0/\$1,500 DEDUCTIBLE PLAN W/HSA
<b>AMBULANCE SERVICES</b>			
Emergency ambulance services	\$100 per trip after deductible	No charge per trip after deductible	No charge per trip after deductible
<b>PRESCRIPTION DRUG COVERAGE</b>			
Covered items in accord with our drug formulary when obtained at Plan pharmacies			
Generic drugs	\$10 up to a 30-day supply after deductible	No charge up to a 100-day supply after deductible	No charge up to a 100-day supply after deductible
Brand-name drugs	\$30 up to a 30-day supply after deductible	No charge up to a 100-day supply after deductible	No charge up to a 100-day supply after deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>			
DME used in the home in accord with our DME formulary	Not covered	Not covered	Not covered
<b>MENTAL HEALTH SERVICES</b>			
Inpatient psychiatric care	30% coinsurance per admission after deductible (up to 30 days per calendar year)	No charge per admission after deductible (up to 30 days per calendar year)	No charge per admission after deductible (up to 30 days per calendar year)
Outpatient visits			
Individual visits	\$30 per visit (up to 20 visits per calendar year)	No charge per visit after deductible (up to 20 visits per calendar year)	No charge per visit after deductible (up to 20 visits per calendar year)
Group therapy visits	\$15 per visit (up to 20 visits per calendar year)	No charge per visit after deductible (up to 20 visits per calendar year)	No charge per visit after deductible (up to 20 visits per 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, Deductibles, Copayments, and Coinsurance" section of the <i>Membership Agreement</i> .			
<b>CHEMICAL DEPENDENCY SERVICES</b>			
Inpatient detoxification	30% coinsurance per admission after deductible	No charge per admission after deductible	No charge per admission after deductible
Outpatient individual therapy visits	\$30 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Outpatient group therapy visits	\$5 per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission after deductible	No charge per admission after deductible	No charge per admission after deductible
<b>HOME HEALTH SERVICES</b>			
Home health care (up to 100 two-hour visits per calendar year)	No charge per visit after deductible	No charge per visit after deductible	No charge per visit after deductible
<b>OTHER</b>			
Skilled nursing facility care (100 days per benefit period)	30% coinsurance per admission after deductible	No charge per admission after deductible	No charge per admission after deductible
Hospice care	No charge per visit after deductible	No charge per visit after deductible	No charge per visit after deductible

# HSA-QUALIFIED PLANS – 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 \$30/\$2,700 Deductible Plan with HSA

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	\$67	\$139	\$131	\$188	\$226
25–29	\$77	\$151	\$137	\$188	\$226
30–34	\$96	\$196	\$162	\$231	\$291
35–39	\$108	\$211	\$175	\$231	\$291
40–44	\$141	\$280	\$215	\$301	\$410
45–49	\$162	\$329	\$244	\$301	\$410
50–54	\$219	\$429	\$303	\$371	\$512
55–59	\$219	\$429	\$303	\$400	\$526
60–64	\$263	\$514	\$368	\$439	\$570
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	\$63
Two children, up to age 18	\$125
Three or more children, up to age 18	\$179

### Monthly rates for \$0/\$2,700 Deductible Plan with HSA

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	\$76	\$156	\$148	\$212	\$254
25–29	\$87	\$170	\$155	\$212	\$254
30–34	\$109	\$221	\$183	\$260	\$328
35–39	\$122	\$238	\$197	\$260	\$328
40–44	\$158	\$315	\$242	\$338	\$461
45–49	\$182	\$371	\$275	\$338	\$461
50–54	\$246	\$483	\$341	\$418	\$576
55–59	\$246	\$483	\$341	\$450	\$592
60–64	\$295	\$579	\$414	\$493	\$641
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	\$70
Two children, up to age 18	\$141
Three or more children, up to age 18	\$202

# HSA-QUALIFIED PLANS – RATES AT A GLANCE

## Monthly rates for \$0/\$1,500 Deductible Plan with HSA

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	\$94	\$194	\$184	\$263	\$316
25–29	\$108	\$211	\$192	\$263	\$316
30–34	\$135	\$274	\$227	\$323	\$407
35–39	\$151	\$295	\$245	\$323	\$407
40–44	\$196	\$392	\$301	\$421	\$573
45–49	\$226	\$461	\$342	\$421	\$573
50–54	\$306	\$600	\$423	\$519	\$715
55–59	\$306	\$600	\$423	\$559	\$735
60–64	\$367	\$719	\$515	\$613	\$797
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	\$88
Two children, up to age 18	\$175
Three or more children, up to age 18	\$251

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.