Benefit Summary - Actives
Kaiser Foundation Health Plan, Inc.
Foothill-De Anza CCD – Group 857

Principal Benefits for Kaiser Permanente Traditional Plan (7/1/09—6/30/10)

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 Northern 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	$10 per visit
Well-child visits (through age 23 months)	$5 per visit
Family planning visits	$10 per visit
Scheduled prenatal care visits and first postpartum visit	$5 per visit
Eye refraction exams	$10 per visit
Hearing tests	$10 per visit
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
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	$50 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:	
Generic items	$5 for up to a 100-day supply
Brand-name items	$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

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Mental Health Services	You Pay
Outpatient visits:	
Up to a total of 20 individual and group visits per calendar year	$10 per individual visit $5 per group visit
Up to 20 additional group visits that meet the Medical Group criteria in the same calendar year	$5 per group visit

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

Chemical Dependency Services	You Pay
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

Home Health Services	You Pay
Home health care (up to 100 visits per calendar year)	No charge

Other	You Pay
Hearing aid(s) every 36 months	Amount in excess of $500 Allowance per aid
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).