

Principal Benefits for Kaiser Permanente Senior Advantage with Part D (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)*

Senior Advantage is for Members entitled to Medicare, providing the advantages of combined Medicare and Health Plan benefits. Enrollment in this Senior Advantage with Part D plan means that you are automatically enrolled in Medicare Part D.

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
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Professional Services (Plan Provider office visits)	You Pay
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Routine preventive care:

Physical exams	\$10 per visit
Family planning visits	\$10 per visit
Scheduled prenatal care visits and first postpartum visit	\$10 per visit
Eye refraction exams and glaucoma screening	\$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
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Outpatient surgery and certain other outpatient procedures	\$10 per procedure
Allergy injection visits	No charge
Allergy testing visits	\$10 per visit
X-rays, annual mammograms, and lab tests	No charge
Manual manipulation of the spine	\$10 per visit

Health education:

Individual visits	\$10 per visit
Group educational programs	No charge

Hospitalization Services	You Pay
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Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No charge
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Emergency Health Coverage	You Pay
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Emergency Department and Out-of-Area Urgent Care visits	\$50 per visit (does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition)
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Ambulance Services	You Pay
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Ambulance Services	No charge
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Prescription Drug Coverage	You Pay
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Most covered outpatient items in accord with our drug formulary guidelines:

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
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Covered DME for home use in accord with our DME formulary and Medicare guidelines	No charge
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Mental Health Services		You Pay
Inpatient psychiatric hospitalization: first 190 days per lifetime in accord with Medicare guidelines. Thereafter, up to 45 days per calendar year		No charge
Outpatient individual and group visits		\$10 per individual visit \$5 per group visit
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 (part-time, intermittent)		No charge
Other		You Pay
Eyewear purchased from plan optical sales offices every 24 months		Amount in excess of \$150 Allowance
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
Prosthetic and orthotic devices or ostomy and urological supplies in accord with Medicare guidelines		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 an explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).