

Benefit Summary
857 Foothill-De Anza Community College District
Active Contract 1

Principal Benefits for Kaiser Permanente Traditional Plan (7/1/11—6/30/12)

The Services described below are covered only if all of 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 Services, 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

Most primary and specialty care consultations and exams	\$20 per visit
Routine physical maintenance exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling	No charge
Scheduled prenatal care exams and first postpartum follow-up consultation and exam	No charge
Eye exams for refraction.....	No charge
Hearing exams	No charge
Urgent care consultations and exams	\$20 per visit
Physical, occupational, and speech therapy	\$20 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures	\$20 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including vaccines)	No charge
Most X-rays and laboratory tests.....	No charge
Health education:	
Covered individual health education counseling	No charge
Covered health educational programs	No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
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Emergency Health Coverage		You Pay
Emergency Department visits.....		\$50 per visit
Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Sharing)		
Ambulance Services		You Pay
Ambulance Services.....		No charge
Prescription Drug Coverage		You Pay
Covered outpatient items in accord with our drug formulary guidelines:		
Most generic items from a Plan Pharmacy	\$5 for up to a 30-day supply, \$10 for a 31- to 60-day supply, or \$15 for a 61- to 100-day supply	
Most generic refills from our mail-order service	\$5 for up to a 30-day supply or \$10 for a 31- to 100-day supply	
Most brand-name items from a Plan Pharmacy	\$10 for up to a 30-day supply, \$20 for a 31- to 60-day supply, or \$30 for a 61- to 100-day supply	
Most brand-name refills from our mail-order service.....	\$10 for up to a 30-day supply or \$20 for a 31- to 100-day supply	
Durable Medical Equipment		You Pay
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines.....		No charge
Mental Health Services		You Pay
Inpatient psychiatric hospitalization		No charge
Outpatient mental health evaluation and treatment.....		\$20 per individual visit \$10 per group visit
Chemical Dependency Services		You Pay
Inpatient detoxification.....		No charge
Individual outpatient chemical dependency counseling and treatment		\$20 per visit
Group outpatient chemical dependency counseling and treatment		\$5 per visit
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).

IMPORTANT NOTICE

Except for certain services, non-Medicare members who live, or are traveling, outside the service area must receive covered services from Health Plan providers inside their home regions service area (Northern or Southern California).

Non-Medicare members living or traveling outside the service area may get the following services outside the service area, as described in the Evidence of Coverage.

Authorized Referrals are allowed when covered services are not available from Health Plan providers.

Durable Medical Equipment:

The following durable medical equipment is covered if a member comes to Kaiser Permanente facility to pick them up:

- Standard curved handle cane
- Standard crutches
- For diabetes blood testing, blood glucose monitors and their supplies (such as blood glucose monitor test strips, lancets, and lancet devices) from a *Plan Pharmacy* Insulin pumps and supplies to operate the pump (but not including insulin or any other drugs), after completion of training and education on the use of the pump
- Nebulizers and their supplies for the treatment of pediatric asthma
- Peak flow meters from a Plan Pharmacy
- Any other equipment, other than the items listed above, are not covered even if the member is willing to come into the service area to pick it up (this includes oxygen and electronic items that require periodic maintenance).
- Health Plan only delivers and maintains equipment to addresses inside the service area.

Emergency Care and Emergency Ambulance Services are covered anywhere in the world.

Home Health:

Members can be received at a location other than a member's home as long as the services are provided inside the service area (for example at a friend or relative's home inside the service area).

Hospice Care:

Members can get hospice care at a location other than a member's home within the service area, or at a location inside California but within 15 miles or 30 minutes from the service area (including at a friend's or relative's home) even if the member lives there temporarily.

Post-stabilization Care is covered if the care is authorized by Health Plan in advance.

Outpatient prescription drugs that are eligible for our mail order service can be mailed anywhere in the United States.

Prosthetic/Orthotic Devices can be picked up from a contracted vendor inside the service area.

Ostomy and/or urological supplies can be mailed to Kaiser Permanente members who are in any of the 50 states, as well as Guam, Puerto Rico, the Virgin Islands and Washington D.C.

Visiting Members: For those that travel to other Kaiser Permanente services area please refer to the attached Visiting Member Brochure