

2005 benefits summary for:
Kaiser Permanente Group \$12 Plan

	Member pays
Deductible	None
Lifetime maximum	None
Annual supplemental charges maximum per calendar year	\$1,500 per member \$4,500 per family unit (3 or more members)
Preventive services	
Well baby visits	\$12 registration fee per visit
Immunizations	No charge for most immunizations (some have a 50% copayment)
Physicals routine and school	\$12 registration fee per visit
Outpatient services	
Office visits doctors' & other health professionals'	\$12 registration fee per visit
Lab, X-ray, and diagnostic testing	10% of applicable charges
Outpatient surgery and procedures	\$12 registration fee per visit
Routine obstetrical care prenatal, delivery, and mother's care in the hospital following delivery	No charge upon confirmation of pregnancy
Abortions elective or medically indicated	\$12 per visit (elective abortions limited to two per lifetime)
Administered drugs	No charge for most drugs that require skilled administration by medical personnel. Members must pay their office visit charge for the visit.
FDA-approved contraceptive drugs and devices	50% of applicable charges
Inpatient services	
Hospital (room and board)	No charge
Doctors' medical and surgical services	No charge
Anesthesia services	No charge
Lab, X-ray, and diagnostic testing	No charge
Administered drugs	No charge for most drugs administered during a covered hospital stay
Skilled nursing care	No charge up to 60 days per benefit period.
Mental health services	
Outpatient up to 24 visits/calendar year	20% of applicable charges
Inpatient up to 30 days/calendar year	20% of applicable charges
Chemical dependency services	
Outpatient	\$12 registration fee per visit
Inpatient	No charge
Emergency services (for initial treatment only) & ambulance services	
At a facility within the Hawaii service area	\$25 per visit, plus other applicable plan charges
At a facility outside the Hawaii service area	20% of R&C*, plus other applicable plan charges
Ambulance services	20% of R&C*, plus any charges above R&C*
Additional services	
Optical 1 one pair eyeglasses OR contacts every 24 months; eyeglass lens change after 12 months	No charge for lenses; frames (amounts over \$40) OR contacts (amounts over \$45); professional fees (amounts over \$70); and lens options
Prescription drugs - drug 10	\$10 for each prescription not exceeding a 30-day consecutive supply (excludes contraceptive drugs and devices)
Prescription drug mail order incentive	Members may purchase mail order refills for most maintenance drugs for a 90 consecutive day supply upon payment of two drug copayments. The mail order program does not apply to certain drugs and mailing is limited to addresses inside the state of Hawaii.
Implanted internal prosthetics, devices, and aids	50% of applicable charges
Dependent coverage up to age 19	Unmarried dependent children are covered up to their 19 th birthday
Student coverage up to age 25	Unmarried dependent children who are full-time students and have the same legal address as the subscriber are covered up to their 25 th birthday
All care and services need to be coordinated by a Kaiser Permanente physician	

*R&C - Reasonable & Customary