

2007 HMO benefit summaries	Premier Plan	Plan 500
<b>Deductible</b> - Individual / Family	None	\$500 / \$1,500
<b>Coinsurance Out-of-Pocket Max</b> - Individual / Family	Not Applicable	\$2,000 / \$6,000
<b>Maximum Benefit While Covered</b> <sup>1</sup>	Unlimited	Unlimited
<b>Coinsurance</b>	Not Applicable	Plan pays 70% after Annual Deductible
<b>Benefits</b> ▶ <i>Benefits shown with copays are not subject to deductible. You pay amount shown unless otherwise noted.</i>		
<b>Office Services</b>		
■ Primary Care	\$30 copay	\$30 copay
■ Specialty Care	\$50 copay	\$50 copay
■ Special Procedures (Cardiac Stress Tests, EMG, others)	\$50 copay	Plan pays 70%
■ Preventive Services <sup>2</sup>	Plan pays 100%	Plan pays 100%
■ Maternity (obstetrician/midwife) <sup>3</sup>	\$1,000 copay	\$1,000 copay
<b>Outpatient Services</b>		
■ Laboratory Services	Plan pays 100%	Plan pays 100%
■ Radiology Services	Plan pays 100%	Plan pays 100%
■ High Tech Radiology Services (MRI, CT, PET, others)	\$100 copay	Plan pays 70%
■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy)	\$50 copay	Plan pays 70%
■ Outpatient Surgery Facility	\$100 copay	Plan pays 70%
■ Hospital Outpatient Facility	\$100 copay	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 70%
<b>Emergency Services</b>		
■ Emergency Room Visit (per visit; copay waived if admitted)	\$150 copay	\$150 copay
■ After-Hours Urgent Care (per visit)	\$60 copay	\$60 copay
■ Ambulance (per trip)	\$150 copay	\$150 copay
<b>Inpatient Services</b>		
■ Hospital (facility charge)	\$500 per admission	Plan pays 70%
■ Maternity (hospital delivery) <sup>3</sup>	\$2,000 copay	\$2,000 copay
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 70%
<b>Mental Health Services</b>		
■ Outpatient Mental Health - 48 visits	\$60 copay	\$60 copay
■ Outpatient Group Therapy	\$30 copay	\$30 copay
■ Inpatient Mental Health Facility - 30 days	\$500 per admission	Plan pays 70%
■ Inpatient Mental Health Professional	Plan pays 100%	Plan pays 70%
<b>Pharmacy Services</b> - 30 day supply		
■ Generic Drugs - Kaiser Permanente Medical Centers/Designated community pharmacies	Mail Order available \$15 copay/\$21 copay	Mail Order available \$15 copay/\$21 copay
■ Brand Preferred Drugs	\$30 copay/\$36 copay	\$30 copay/\$36 copay
■ Brand Non-Preferred Drugs	Not Applicable	Not Applicable
■ Deductible	\$200 Rx Deductible	\$200 Rx Deductible
<b>Other Services</b>		
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 50%	Plan pays 70%
■ Vision Exam	\$50 copay	\$50 copay

Plan 1,000	Plan 2,000	Plan 3,000	Plan 5,000
\$1,000 / \$3,000	\$2,000 / \$6,000	\$3,000 / \$9,000	\$5,000 / \$15,000
\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000
Unlimited	Unlimited	Unlimited	Unlimited
Plan pays 70% after Annual Deductible	Plan pays 70% after Annual Deductible	Plan pays 70% after Annual Deductible	Plan pays 70% after Annual Deductible
\$30 copay	\$30 copay	\$30 copay	\$30 copay
\$50 copay	\$50 copay	\$50 copay	\$50 copay
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
\$1,000 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay
Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
\$150 copay	\$150 copay	\$150 copay	\$150 copay
\$60 copay	\$60 copay	\$60 copay	\$60 copay
\$150 copay	\$150 copay	\$150 copay	\$150 copay
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
\$2,000 copay	\$2,000 copay	\$2,000 copay	\$2,000 copay
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
\$60 copay	\$60 copay	\$60 copay	\$60 copay
\$30 copay	\$30 copay	\$30 copay	\$30 copay
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Mail Order available	Mail Order available	Mail Order available	Mail Order available
\$15 copay/\$21 copay	\$15 copay/\$21 copay	\$15 copay/\$21 copay	\$15 copay/\$21 copay
\$30 copay/\$36 copay	\$30 copay/\$36 copay	\$30 copay/\$36 copay	\$30 copay/\$36 copay
Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$200 Rx Deductible	\$200 Rx Deductible	\$200 Rx Deductible	\$500 Rx Deductible
Plan pays 70%	Plan pays 70%	Plan pays 70%	Plan pays 70%
\$50 copay	\$50 copay	\$50 copay	\$50 copay