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## Disclosure Form

8821 FURNITURE AND INDUSTRIAL CARPENTERS HEAL

# Principal benefits for Kaiser Permanente Traditional Plan

(1/1/12—12/31/12)

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, exams, and treatment .....	\$20 per visit
Routine physical maintenance exams .....	\$20 per visit
Well-child preventive exams (through age 23 months) .....	\$5 per visit
Family planning counseling .....	\$20 per visit
Scheduled prenatal care exams and first postpartum follow-up consultation and exam..	\$5 per visit
Eye exams for refraction.....	\$20 per visit
Hearing exams .....	\$20 per visit
Urgent care consultations, exams, and treatment.....	\$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) .....	\$3 per visit
Most immunizations (including the vaccine) .....	No charge
Most X-rays and laboratory tests.....	No charge
Health education:	
Most individual health education counseling.....	\$20 per visit
Covered health education programs .....	No charge

### Hospitalization Services

#### You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs .....	\$100 per admission
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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
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### Prescription Drug Coverage

#### You Pay

Covered outpatient items in accord with our drug formulary guidelines at Plan Pharmacies or through our mail-order service:

Most generic items .....	\$15 for up to a 100-day supply
Most brand-name items.....	\$30 for up to a 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
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### Mental Health Services

#### You Pay

Inpatient psychiatric hospitalization.....	\$100 per admission
Individual outpatient mental health evaluation and treatment .....	\$20 per visit
Group outpatient mental health treatment.....	\$10 per visit

(continues)

**Disclosure Form***(continued)***Chemical Dependency Services****You Pay**

Inpatient detoxification.....	\$100 per admission
Individual outpatient chemical dependency evaluation and treatment.....	\$20 per visit
Group outpatient chemical dependency treatment.....	\$5 per visit

**Home Health Services****You Pay**

Home health care (up to 100 visits per calendar year).....	No charge
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**Other****You Pay**

Skilled nursing facility care (up to 100 days per benefit period).....	\$100 per admission
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies.....	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).