



# 2010 HMO, Multi-Choice, and HSA-Qualified Deductible HMO Plans

New  
Plan  
Designs

Effective as of January 1, 2010

# Spreading affordable, high-quality

Your premiums aren't merely an expense—they're an investment in the health and productivity of your workforce. We're listening to our customers and seeking new ways to give you the highest quality care, best value, convenience, and personal service possible. You'll find we offer more ways to reduce costs and meet the diverse needs of your business and your employees to boost health, productivity, and your bottom line.

## Flexibility to be your single carrier solution<sup>1</sup>

- 11 HMO plans and 19 Multi-Choice plans
- 5 HSA-Qualified Deductible HMO Plans
- A broad spectrum of premium levels
- A choice of copays, coinsurance, deductibles and prescription drug options
- More available combinations and different ways to offer our products

## Make the most of your health benefits budget

Each of our group products offers different levels of coverage. In addition to traditional benefits, you can choose from additional deductible and coinsurance options to help you control costs. And your employees will still benefit from Kaiser Permanente's broad range of services.

## HMO plans offer value and simplicity

- Administrative simplicity and minimal paperwork
- Broad coverage and high-quality, personalized care for your employees
- Access to doctors at our medical centers, and affiliated private-practice doctors in their own offices throughout metro-Atlanta
- No claims to file when visiting our medical centers or affiliated doctors and hospitals
- 90-day supply of medication for only 2 copayments when prescriptions refilled through mail order

## HMO plans offer three prescription drug options

- \$10/\$20 (brand or generic)\*
- \$15/\$25 (brand or generic)
- \$20/\$30 (brand or generic)

For an additional \$6, members can get prescriptions filled at designated community pharmacies.

*\*This option is also available with our multiple product solutions.*

## Multi-Choice: one plan that can meet the needs of all your employees

- Members have access to over 8,000 doctors<sup>2</sup>, including PHCS/Multi Plan Network
- Choice of three benefit levels each time care is needed<sup>3</sup>
- Members control their own costs and coverage by the doctors they choose
- Access to any specialist without a referral

## New plan designs for more affordable options

Your employees don't have to sacrifice quality for affordability. With the introduction of a copay split for Primary Care Services in the Select Provider Tier of Multi-Choice, members can lower their copays simply by electing to receive their care at one of our growing number of Kaiser Permanente medical centers. Due to our integrated approach to health care, it is more cost effective to treat members in our medical centers. Savings we can pass on to you and your employees by way of lower premiums.

## Enhanced Pharmacy Benefit

Non-formulary (Non-Preferred) drugs are now covered under all three provider levels of Multi-Choice. In addition, for any plan that has a pharmacy deductible, that deductible now only applies to brand drugs. For generic drugs, your employees will only pay a copay with no deductible to satisfy.

## Kaiser Permanente HSA-Qualified suite of products

Our Kaiser Permanente HSA-Qualified plans give your employees access to lower premiums, plus the chance to enjoy the tax savings of a Health Savings Account. For more information, talk with your broker or call (404) 364-7105.

*Footnotes available on the back cover.*

# health care.

## MORE OPTIONS FROM KAISER PERMANENTE.

### Options for Out-of-Area employees, too

If you have employees who live outside our Georgia Service Area, you can offer our Kaiser Permanente small group Out-of-Area PPO plan along with our HMO and Multi-Choice plans.<sup>4</sup> See your broker or call **(404) 364-7105** for details.

### For unique situations, try multiple product solutions

You can offer our products by themselves or in conjunction with another Kaiser Permanente small group product. Our HMO and Multi-Choice plans are available in almost any combination. (The only exception is that Multi-Choice A and B can only be offered with HMO A and B.) Our multiple product solutions are available to any company with six or more enrolled employees.

### Reliable customer service and claims processing

With Kaiser Permanente, you expect great account service, administrative simplicity, and affordable rates—but you can also expect reliable and timely claims processing, and an array of services to make your job easier.

### “No surprises” customer service

Our unique implementation of cost-sharing features means fewer surprises for members, and fewer questions for you. Because of our integrated delivery system, when members schedule an appointment at our medical centers, we’re generally able to tell them ahead of time what out-of-pocket costs they can expect.

### Our 24-hour, timesaving online account management services mean you can

- Enroll or disenroll employees and amend demographic information
- Check your account status, verify bills, and confirm payment receipt
- Pay bills online with one-time payments or monthly debits
- Visit [brokernet.kp.org/ga](http://brokernet.kp.org/ga)

### Total health and productivity for your employees

At Kaiser Permanente, we’re committed to proactively helping employees live well through:

- A focus on total health—mind, body, and spirit
- Preventive care and proactive outreach
- Timesaving convenience of having primary care, some specialty services, lab, X-ray, and pharmacy services all in one building at most Kaiser Permanente medical centers
- Healthy Solutions: Free, one-on-one counseling from a specially trained health coach, 24/7 by phone
- Access to their health records online through *My Health Manager* at [kp.org/myhealth](http://kp.org/myhealth), including information from past office visits, lab test results, and the ability to e-mail their doctor’s office<sup>5</sup>
- Health education classes like yoga and weight management
- Discounts on health-related services including health club membership
- 24-hour online health resources like personalized health improvement programs and total health assessments
- Kaiser Permanente Healthworks: A customizable health promotion program designed to bring health and wellness to the workplace

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## Delivering value and quality care

- Kaiser Permanente delivers **17 percent greater cost efficiency** overall than the average health coverage provider.<sup>6</sup>
- Kaiser Permanente has been the **top-ranked health plan in Georgia five years** in a row according to *U.S. News/NCQA America’s Best Health Plans*.<sup>7</sup>

# HMO Plans

## HMO A

## HMO B

Deductible (Individual/Family)	Not applicable	Not applicable
Coinsurance Maximum (Individual/Family)	Not applicable	Not applicable
Maximum Benefit while Covered	Unlimited <sup>1</sup>	Unlimited <sup>1</sup>
Coinsurance	Not applicable	Not applicable
<b>Office Services</b>		
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)</li> </ul>	\$15 copay	\$20 copay
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$25 copay	\$30 copay
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	\$25 copay	\$30 copay
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>
<b>Outpatient Services</b>		
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	\$50 copay	\$100 copay
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—20 visits per Calendar Year</li> </ul>	\$25 copay	\$30 copay
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	\$50 copay	\$100 copay
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 100%	Plan pays 100%
<b>Emergency Services</b>		
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$100 copay	\$100 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$30 copay	\$40 copay
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$100 copay	\$100 copay
<b>Inpatient Services</b>		
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	\$200 copay	\$500 copay
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 100%	Plan pays 100%
<b>Mental Health<sup>4</sup></b>		
<ul style="list-style-type: none"> <li>Outpatient Mental Health—Limited to 20 visits per Calendar Year</li> </ul>	\$25 copay	\$30 copay
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—Limited to 30 days per Calendar Year</li> </ul>	\$200 copay	\$500 copay
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 100%	Plan pays 100%
<b>Pharmacy Services—30-day supply</b>		
<ul style="list-style-type: none"> <li>Generic Preferred Drugs—Kaiser Permanente Medical Centers/ Designated Community Pharmacies</li> </ul>	\$10 copay/ \$16 copay	\$10 copay/ \$16 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs—Kaiser Permanente Medical Centers/ Designated Community Pharmacies</li> </ul>	\$20 copay/ \$26 copay	\$20 copay/ \$26 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	Not applicable	Not applicable
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	2 copayments
<b>Other Services</b>		
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 50%	Plan pays 50%
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	\$25 copay	\$30 copay

**Benefit Chart footnotes:**

- 1 Some benefits may have limitations.
- 2 Office visit copays may apply. Well-Child Visit: No charge up to age 2.
- 3 Deductible does not apply.
- 4 Chemical Dependency covered for detoxification only under the Medical Plan.
- 5 This plan will be available March 1, 2010.

	HMO C	HMO D	HMO E	HMO E-1500 <sup>5</sup>
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	\$250/\$750 \$2,000/\$6,000 Unlimited <sup>1</sup> Plan pays 90% (after deductible)	\$500/\$1,500 \$2,000/\$6,000 Unlimited <sup>1</sup> Plan pays 80% (after deductible)	\$1,000/\$3,000 \$2,000/\$6,000 Unlimited <sup>1</sup> Plan pays 80% (after deductible)	\$1,500/\$4,500 Not applicable Unlimited <sup>1</sup> Plan pays 100% (after deductible)
	\$20 copay \$30 copay Plan pays 90% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$25 copay \$35 copay Plan pays 80% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$35 copay \$45 copay Plan pays 80% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$35 copay \$45 copay Plan pays 100% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>
	Plan pays 90% Plan pays 90% Plan pays 90% Plan pays 90%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%
	\$100 copay \$40 copay \$100 copay	\$100 copay \$50 copay \$100 copay	\$100 copay \$70 copay \$100 copay	\$100 copay \$70 copay \$100 copay
	Plan pays 90% Plan pays 90%	Plan pays 80% Plan pays 80%	Plan pays 80% Plan pays 80%	Plan pays 100% Plan pays 100%
	\$30 copay Plan pays 90% Plan pays 90%	\$35 copay Plan pays 80% Plan pays 80%	\$45 copay Plan pays 80% Plan pays 80%	\$45 copay Plan pays 100% Plan pays 100%
	\$10 copay/ \$16 copay \$20 copay/ \$26 copay Not applicable 2 copayments	\$10 copay/ \$16 copay \$20 copay/ \$26 copay \$150 single/ \$450 family 2 copayments	\$10 copay/ \$16 copay \$20 copay/ \$26 copay \$150 single/ \$450 family 2 copayments	\$10 copay/ \$16 copay \$20 copay/ \$26 copay \$150 single/ \$450 family 2 copayments
	Plan pays 90% \$30 copay	Plan pays 80% \$35 copay	Plan pays 80% \$45 copay	Plan pays 100% \$45 copay

This is a summary description and is not intended to replace the *Group Agreement, Group Policy, and/or Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

# HMO Plans

HMO E-2000<sup>5</sup>

HMO F

Deductible (Individual/Family)	\$2,000/\$6,000	\$2,000/\$6,000
Coinsurance Maximum (Individual/Family)	Not applicable	\$2,000/\$6,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	Unlimited <sup>1</sup>
Coinsurance	Plan pays 100% (after deductible)	Plan pays 70% (after deductible)

## Office Services

■ Primary Care (including lab and radiology)	\$35 copay	\$40 copay
■ Speciality Care (including lab and radiology)	\$45 copay	\$50 copay
■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 100%	Plan pays 70%
■ Preventive Services <sup>2</sup>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>
■ Maternity (obstetrician/midwife)	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>

## Outpatient Services

■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 100%	Plan pays 70%
■ Physical and Occupational Therapy—20 visits per Calendar Year	Plan pays 100%	Plan pays 70%
■ Outpatient Hospital or Surgical Facility (including lab and radiology)	Plan pays 100%	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 70%

## Emergency Services

■ Emergency Room Visit—per visit; copay waived if admitted	\$100 copay	\$150 copay
■ After-Hours Urgent Care—per visit	\$70 copay	\$80 copay
■ Ambulance—per trip	\$100 copay	\$150 copay

## Inpatient Services

■ Hospital (facility charge)—per admission	Plan pays 100%	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 70%

## Mental Health<sup>4</sup>

■ Outpatient Mental Health—Limited to 20 visits per Calendar Year	\$45 copay	\$50 copay
■ Inpatient Mental Health Facility—Limited to 30 days per Calendar Year	Plan pays 100%	Plan pays 70%
■ Inpatient Mental Health Professional	Plan pays 100%	Plan pays 70%

## Pharmacy Services—30-day supply

■ Generic Preferred Drugs—Kaiser Permanente Medical Centers/ Designated Community Pharmacies	\$10 copay/ \$16 copay	\$10 copay/ \$16 copay
■ Brand Preferred Drugs—Kaiser Permanente Medical Centers/ Designated Community Pharmacies	\$20 copay/ \$26 copay	\$20 copay/ \$26 copay
■ Brand Rx Deductible (Not applicable to Generic Drugs)	\$150 single/ \$450 family	\$150 single/ \$450 family
■ Mail order — 90-day supply	2 copayments	2 copayments

## Other Services

■ DME/Prosthetics and Orthotics	Plan pays 100%	Plan pays 70%
■ Vision Exam	\$45 copay	\$50 copay

**Benefit Chart footnotes:**

- 1 Some benefits may have limitations.
- 2 Office visit copays may apply. Well-Child Visit: No charge up to age 2.
- 3 Deductible does not apply.
- 4 Chemical Dependency covered for detoxification only under the Medical Plan.
- 5 This plan will be available March 1, 2010.

HMO F-100	HMO G-100	HMO H
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<p>\$2,000/\$6,000 Not applicable Unlimited<sup>1</sup> Plan pays 100% (after deductible)</p>	<p>\$1,000/\$3,000 Not applicable Unlimited<sup>1</sup> Plan pays 100% (after deductible)</p>	<p>\$3,000/\$9,000 \$2,000/\$6,000 Unlimited<sup>1</sup> Plan pays 70% (after deductible)</p>
<p>\$40 copay \$50 copay Plan pays 100% Plan pays 100%<sup>3</sup> Plan pays 100%<sup>3</sup></p>	<p>\$40 copay \$50 copay Plan pays 100% Plan pays 100%<sup>3</sup> Plan pays 100%<sup>3</sup></p>	<p>\$40 copay \$50 copay Plan pays 70% Plan pays 100%<sup>3</sup> Plan pays 100%<sup>3</sup></p>
<p>Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%</p>	<p>Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%</p>	<p>Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%</p>
<p>\$150 copay \$80 copay \$150 copay</p>	<p>\$150 copay \$80 copay \$150 copay</p>	<p>\$150 copay \$80 copay \$150 copay</p>
<p>Plan pays 100%  Plan pays 100%</p>	<p>Plan pays 100%  Plan pays 100%</p>	<p>Plan pays 70%  Plan pays 70%</p>
<p>\$50 copay Plan pays 100% Plan pays 100%</p>	<p>\$50 copay Plan pays 100% Plan pays 100%</p>	<p>\$50 copay Plan pays 70% Plan pays 70%</p>
<p>\$10 copay/ \$16 copay  \$20 copay/ \$26 copay  \$150 single/ \$450 family  2 copayments</p>	<p>\$10 copay/ \$16 copay  \$20 copay/ \$26 copay  \$150 single/ \$450 family  2 copayments</p>	<p>\$10 copay/ \$16 copay  \$20 copay/ \$26 copay  \$150 single/ \$450 family  2 copayments</p>
<p>Plan pays 100% \$50 copay</p>	<p>Plan pays 100% \$50 copay</p>	<p>Plan pays 70% \$50 copay</p>

This is a summary description and is not intended to replace the *Group Agreement*, *Group Policy*, and/or *Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

# Multi-Choice Plans

## Multi-Choice Max Plan A

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$200/\$600	\$400/\$1,200	\$600/\$1,800
Coinsurance Maximum (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Plan pays 90% (after deductible)	Plan pays 90% (after deductible)	Plan pays 70% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> </ul>	\$10/\$20 copay	\$30 copay	Plan pays 70%
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$20 copay	\$40 copay	Plan pays 70%
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 70%
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 90%	Plan pays 70%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$20 copay	\$40 copay	Plan pays 70%
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> </ul>	\$20 copay	\$40 copay	Plan pays 70%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—30 days per calendar year</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 90%	Plan pays 90%	Plan pays 70%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> </ul>	\$10 copay	\$20 copay	\$20 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs<sup>5</sup></li> </ul>	\$25 copay	\$40 copay	\$40 copay
<ul style="list-style-type: none"> <li>Non-Preferred Drugs<sup>5</sup></li> </ul>	\$40 copay	\$60 copay	\$60 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	Not applicable	Not applicable	Not applicable
<ul style="list-style-type: none"> <li>Benefit Maximum</li> </ul>		\$5,000 combined	
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	Not applicable	Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 90% Unlimited	Plan pays 90%	Plan pays 70%
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	\$20 copay	Limited to \$250 annually combined. \$40 copay	Plan pays 70%

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**Benefit Chart footnotes:**

- 1 Some benefits may have limitations.
- 2 Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- 3 Deductible does not apply.
- 4 Chemical Dependency covered for detoxification only under the Medical Plan.
- 5 Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

## Multi-Choice Max Plan B

## Multi-Choice Max Plan C

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
	\$300/\$900	\$500/\$1,500	\$1,000/\$3,000	\$500/\$1,500	\$750/\$2,250	\$1,500/\$4,500
	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
	Unlimited <sup>1</sup>	\$2,000,000 combined		Unlimited <sup>1</sup>	\$2,000,000 combined	
	Plan pays 80% (after deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)	Plan pays 80% (after deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
	\$15/\$25 copay	\$35 copay	Plan pays 60%	\$25/\$35 copay	\$45 copay	Plan pays 60%
	\$25 copay	\$45 copay	Plan pays 60%	\$35 copay	\$55 copay	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
	Plan pays 100% <sup>3</sup>	Plan pays 80%	Plan pays 60%	Plan pays 100% <sup>3</sup>	Plan pays 80%	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
	\$30 copay	\$50 copay	Plan pays 60%	\$50 copay	\$70 copay	Plan pays 60%
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	\$25 copay	\$45 copay	Plan pays 60%	\$35 copay	\$55 copay	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	\$10 copay	\$20 copay	\$20 copay	\$15 copay	\$25 copay	\$25 copay
	\$25 copay	\$40 copay	\$40 copay	\$30 copay	\$45 copay	\$45 copay
	\$40 copay	\$60 copay	\$60 copay	\$45 copay	\$65 copay	\$65 copay
	Not applicable	Not applicable	Not applicable	Not applicable	\$150 single/\$450 family combined	
		\$5,000 combined			\$5,000 combined	
	2 copayments	Not applicable	Not applicable	2 copayments	Not applicable	Not applicable
	Plan pays 80%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Unlimited	Limited to \$250 annually combined.		Unlimited	Limited to \$250 annually combined.	
	\$25 copay	\$45 copay	Plan pays 60%	\$35 copay	\$55 copay	Plan pays 60%

This is a summary description and is not intended to replace the *Group Agreement*, *Group Policy*, and/or *Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

Select Provider coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. PPO and Non-participating Provider coverages are underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the Kaiser Permanente Multi-Choice brochure and the *Evidence of Coverage*.

# Multi-Choice Plans

## Multi-Choice Max Plan D

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$750/\$2,250	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance Maximum (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Plan pays 80% (after deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> </ul>	\$25/\$35 copay	\$45 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$35 copay	\$55 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 80%	Plan pays 60%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$50 copay	\$70 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> </ul>	\$35 copay	\$55 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—30 days per calendar year</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> </ul>	\$10 copay	\$20 copay	\$20 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs<sup>5</sup></li> </ul>	\$25 copay	\$40 copay	\$40 copay
<ul style="list-style-type: none"> <li>Non-Preferred Drugs<sup>5</sup></li> </ul>	\$40 copay	\$60 copay	\$60 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	Not applicable	\$150 single/\$450 family combined	
<ul style="list-style-type: none"> <li>Benefit Maximum</li> </ul>		\$5,000 combined	
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	Not applicable	Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 80%	Plan pays 80%	Plan pays 60%
	Unlimited	Limited to \$250 annually combined.	
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	\$35 copay	\$55 copay	Plan pays 60%

**Benefit Chart footnotes:**

- Some benefits may have limitations.
- Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- Deductible does not apply.
- Chemical Dependency covered for detoxification only under the Medical Plan.
- Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

## Multi-Choice Max Plan E

Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000
Unlimited <sup>1</sup>	\$2,000,000 combined	
Plan pays 70% (after deductible)	Plan pays 70% (after deductible)	Plan pays 60% (after deductible)
\$25/\$35 copay	\$45 copay	Plan pays 60%
\$35 copay	\$55 copay	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
Plan pays 100% <sup>3</sup>	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
\$100 copay	\$100 copay	\$100 copay
\$50 copay	\$70 copay	Plan pays 60%
\$100 copay	\$100 copay	\$100 copay
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
\$35 copay	\$55 copay	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
\$10 copay	\$20 copay	\$20 copay
\$25 copay	\$40 copay	\$40 copay
\$40 copay	\$60 copay	\$60 copay
Not applicable	\$150 single/\$450 family combined	
	\$5,000 combined	
2 copayments	Not applicable	Not applicable
Plan pays 70%	Plan pays 70%	Plan pays 60%
Unlimited	Limited to \$250 annually combined.	
\$35 copay	\$55 copay	Plan pays 60%

## Multi-Choice A

Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Not applicable	\$300/\$900	\$500/\$1,500
Not applicable	\$2,000/\$6,000	\$4,000/\$12,000
Unlimited <sup>1</sup>	\$2,000,000 combined	
Not applicable	Plan pays 90% (after deductible)	Plan pays 70% (after deductible)
\$10/\$20 copay	\$25 copay	Plan pays 70%
\$20 copay	\$35 copay	Plan pays 70%
\$20 copay	Plan pays 90%	Plan pays 70%
Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 70%
Plan pays 100% <sup>3</sup>	Plan pays 90%	Plan pays 70%
\$50 copay	Plan pays 90%	Plan pays 70%
\$20 copay	Plan pays 90%	Plan pays 70%
\$50 copay	Plan pays 90%	Plan pays 70%
Plan pays 100%	Plan pays 90%	Plan pays 70%
\$100 copay	\$100 copay	\$100 copay
\$20 copay	\$40 copay	Plan pays 70%
\$100 copay	\$100 copay	\$100 copay
\$200 copay	Plan pays 90%	Plan pays 70%
Plan pays 100%	Plan pays 90%	Plan pays 70%
\$20 copay	\$35 copay	Plan pays 70%
\$200 copay	Plan pays 90%	Plan pays 70%
Plan pays 100%	Plan pays 90%	Plan pays 70%
\$10 copay	\$20 copay	\$20 copay
\$25 copay	\$40 copay	\$40 copay
\$40 copay	\$60 copay	\$60 copay
Not applicable	Not applicable	Not applicable
	\$5,000 combined	
2 copayments	Not applicable	Not applicable
Plan pays 50%	Plan pays 90%	Plan pays 70%
Unlimited	Limited to \$250 annually combined.	
\$20 copay	\$35 copay	Plan pays 70%

This is a summary description and is not intended to replace the *Group Agreement*, *Group Policy*, and/or *Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.

Select Provider coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. PPO and Non-participating Provider coverages are underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the Kaiser Permanente Multi-Choice brochure and the *Evidence of Coverage*.

# Multi-Choice Plans

## Multi-Choice B

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	Not applicable	\$500/\$1,500	\$1,000/\$3,000
Coinsurance Maximum (Individual/Family)	Not applicable	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Not applicable	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> <li>Specialty Care (including lab and radiology)</li> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> <li>Preventive Services<sup>2</sup></li> <li>Maternity (obstetrician/midwife)</li> </ul>	\$15/\$25 copay \$25 copay \$25 copay Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$30 copay \$40 copay Plan pays 80% Plan pays 100% <sup>3</sup> Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> <li>Physician and Other Professional Charges</li> </ul>	\$50 copay \$25 copay \$50 copay Plan pays 100%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> <li>After-Hours Urgent Care—per visit</li> <li>Ambulance—per trip</li> </ul>	\$100 copay \$30 copay \$100 copay	\$100 copay \$50 copay \$100 copay	\$100 copay Plan pays 60% \$100 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> <li>Physician and Other Professional Charges</li> </ul>	\$200 copay Plan pays 100%	Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> <li>Inpatient Mental Health Facility—30 days per calendar year</li> <li>Inpatient Mental Health Professional</li> </ul>	\$25 copay \$200 copay Plan pays 100%	\$40 copay Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> <li>Brand Preferred Drugs<sup>5</sup></li> <li>Non-Preferred Drugs<sup>5</sup></li> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> <li>Benefit Maximum</li> <li>Mail order — 90-day supply</li> </ul>	\$10 copay \$25 copay \$40 copay Not applicable  2 copayments	\$20 copay \$40 copay \$60 copay Not applicable  Not applicable	\$20 copay \$40 copay \$60 copay Not applicable  Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> <li>Vision Exam</li> </ul>	Plan pays 50% Unlimited \$25 copay	Plan pays 80% Limited to \$250 annually combined. \$40 copay	Plan pays 60% Plan pays 60%

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**Benefit Chart footnotes:**

- 1 Some benefits may have limitations.
- 2 Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- 3 Deductible does not apply.
- 4 Chemical Dependency covered for detoxification only under the Medical Plan.
- 5 Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

## Multi-Choice C

## Multi-Choice D

Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Not applicable	\$750/\$2,250	\$1,500/\$4,500	\$250/\$750	\$1,000/\$3,000	\$2,000/\$6,000
Not applicable	\$2,000/\$6,000	\$4,000/\$12,000	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Unlimited <sup>1</sup>	\$2,000,000 combined		Unlimited <sup>1</sup>	\$2,000,000 combined	
Not applicable	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)	Plan pays 90% (after deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
\$15/\$25 copay	\$35 copay	Plan pays 60%	\$20/\$30 copay	\$40 copay	Plan pays 60%
\$35 copay	\$45 copay	Plan pays 60%	\$30 copay	\$50 copay	Plan pays 60%
\$35 copay	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
Plan pays 100% <sup>3</sup>	Plan pays 80%	Plan pays 60%	Plan pays 100% <sup>3</sup>	Plan pays 80%	Plan pays 60%
\$100 copay	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
\$35 copay	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
\$100 copay	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
Plan pays 100%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
\$50 copay	\$70 copay	Plan pays 60%	\$40 copay	\$60 copay	Plan pays 60%
\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
\$300 copay	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
Plan pays 100%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
\$35 copay	\$45 copay	Plan pays 60%	\$30 copay	\$50 copay	Plan pays 60%
\$300 copay	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
Plan pays 100%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
\$15 copay	\$25 copay	\$25 copay	\$10 copay	\$20 copay	\$20 copay
\$30 copay	\$45 copay	\$45 copay	\$25 copay	\$40 copay	\$40 copay
\$45 copay	\$65 copay	\$65 copay	\$40 copay	\$60 copay	\$60 copay
Not applicable	\$150 single/\$450 family combined		Not applicable	\$150 single/\$450 family combined	
	\$5,000 combined			\$5,000 combined	
2 copayments	Not applicable	Not applicable	2 copayments	Not applicable	Not applicable
Plan pays 50%	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%	Plan pays 60%
Unlimited	Limited to \$250 annually combined.		Unlimited	Limited to \$250 annually combined.	
\$35 copay	\$45 copay	Plan pays 60%	\$30 copay	\$50 copay	Plan pays 60%

# Multi-Choice Plans

## Multi-Choice D-15

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$250/\$750	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance Maximum (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Plan pays 90% (after deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> </ul>	\$20/\$35 copay	\$40 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$35 copay	\$50 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 80%	Plan pays 60%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> </ul>	\$35 copay	\$50 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—30 days per calendar year</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> </ul>	\$10 copay	\$20 copay	\$20 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs<sup>5</sup></li> </ul>	\$25 copay	\$50 copay	\$50 copay
<ul style="list-style-type: none"> <li>Non-Preferred Drugs<sup>5</sup></li> </ul>	\$40 copay	\$75 copay	\$75 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	Not applicable	\$150 single/\$450 family combined	
<ul style="list-style-type: none"> <li>Benefit Maximum</li> </ul>		\$5,000 combined	
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	Not applicable	Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 90%	Plan pays 80%	Plan pays 60%
	Unlimited	Limited to \$250 annually combined.	
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	\$35 copay	\$50 copay	Plan pays 60%

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**Benefit Chart footnotes:**

- 1 Some benefits may have limitations.
- 2 Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- 3 Deductible does not apply.
- 4 Chemical Dependency covered for detoxification only under the Medical Plan.
- 5 Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

Multi-Choice E

Multi-Choice E-15

Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
\$500/\$1,500	\$2,000/\$6,000	\$4,000/\$12,000	\$500/\$1,500	\$2,000/\$6,000	\$4,000/\$12,000
\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Unlimited <sup>1</sup>	\$2,000,000 combined		Unlimited <sup>1</sup>	\$2,000,000 combined	
Plan pays 90% (after deductible)	Plan pays 70% (after deductible)	Plan pays 60% (after deductible)	Plan pays 90% (after deductible)	Plan pays 70% (after deductible)	Plan pays 60% (after deductible)
\$15/\$25 copay	\$35 copay	Plan pays 60%	\$15/\$30 copay	\$40 copay	Plan pays 60%
\$35 copay	\$45 copay	Plan pays 60%	\$30 copay	\$50 copay	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
Plan pays 100% <sup>3</sup>	Plan pays 70%	Plan pays 60%	Plan pays 100% <sup>3</sup>	Plan pays 70%	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
\$50 copay	\$70 copay	Plan pays 60%	\$50 copay	\$70 copay	Plan pays 60%
\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
\$35 copay	\$45 copay	Plan pays 60%	\$30 copay	\$50 copay	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
\$10 copay	\$20 copay	\$20 copay	\$10 copay	\$20 copay	\$20 copay
\$25 copay	\$40 copay	\$40 copay	\$25 copay	\$50 copay	\$50 copay
\$40 copay	\$60 copay	\$60 copay	\$40 copay	\$75 copay	\$75 copay
Not applicable	\$150 single/\$450 family combined		Not applicable	\$150 single/\$450 family combined	
	\$5,000 combined			\$5,000 combined	
2 copayments	Not applicable	Not applicable	2 copayments	Not applicable	Not applicable
Plan pays 90%	Plan pays 70%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 60%
Unlimited	Limited to \$250 annually combined.		Unlimited	Limited to \$250 annually combined.	
\$35 copay	\$45 copay	Plan pays 60%	\$30 copay	\$50 copay	Plan pays 60%

# Multi-Choice Plans

## Multi-Choice F

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$750/\$2,250	\$2,500/\$7,500	\$5,000/\$15,000
Coinsurance Maximum (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Plan pays 90% (after deductible)	Plan pays 70% (after deductible)	Plan pays 60% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> </ul>	\$20/\$30 copay	\$40 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 70%	Plan pays 60%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$150 copay	\$150 copay	\$150 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$60 copay	\$80 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$150 copay	\$150 copay	\$150 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—30 days per calendar year</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> </ul>	\$10 copay	\$20 copay	\$20 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs<sup>5</sup></li> </ul>	\$25 copay	\$40 copay	\$40 copay
<ul style="list-style-type: none"> <li>Non-Preferred Drugs<sup>5</sup></li> </ul>	\$40 copay	\$60 copay	\$60 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	Not applicable	\$150 single/\$450 family combined	
<ul style="list-style-type: none"> <li>Benefit Maximum</li> </ul>		\$5,000 combined	
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	Not applicable	Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 90%	Plan pays 70%	Plan pays 60%
	Unlimited	Limited to \$250 annually combined.	
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%

**Benefit Chart footnotes:**

- Some benefits may have limitations.
- Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- Deductible does not apply.
- Chemical Dependency covered for detoxification only under the Medical Plan.
- Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

## Multi-Choice F-15

## Multi-Choice G

Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
\$750/\$2,250 \$1,000/\$3,000 Unlimited <sup>1</sup> Plan pays 90% (after deductible)	\$2,500/\$7,500 \$2,000/\$6,000 <b>\$2,000,000 combined</b> Plan pays 70% (after deductible)	\$5,000/\$15,000 \$4,000/\$12,000 Plan pays 60% (after deductible)	\$1,000/\$3,000 \$2,000/\$6,000 Unlimited <sup>1</sup> Plan pays 80% (after deductible)	\$3,000/\$9,000 \$2,000/\$6,000 <b>\$2,000,000 combined</b> Plan pays 70% (after deductible)	\$5,000/\$15,000 \$4,000/\$12,000 Plan pays 60% (after deductible)
\$20/\$35 copay \$35 copay Plan pays 90% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$40 copay \$60 copay Plan pays 70% Plan pays 100% <sup>3</sup> Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%	\$20/\$30 copay \$40 copay Plan pays 80% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$40 copay \$60 copay Plan pays 70% Plan pays 100% <sup>3</sup> Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
Plan pays 90% Plan pays 90% Plan pays 90% Plan pays 90%	Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
\$150 copay \$60 copay \$150 copay	\$150 copay \$80 copay \$150 copay	\$150 copay Plan pays 60% \$150 copay	\$150 copay \$60 copay \$150 copay	\$150 copay \$80 copay \$150 copay	\$150 copay Plan pays 60% \$150 copay
Plan pays 90% Plan pays 90%	Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60%	Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60%
\$35 copay Plan pays 90% Plan pays 90%	\$60 copay Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60%	\$40 copay Plan pays 80% Plan pays 80%	\$60 copay Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60%
\$10 copay \$25 copay \$40 copay Not applicable	\$20 copay \$50 copay \$75 copay <b>\$150 single/\$450 family combined</b> <b>\$5,000 combined</b>	\$20 copay \$50 copay \$75 copay	\$15 copay \$30 copay \$45 copay \$100 single/ \$300 family	\$25 copay \$45 copay \$65 copay <b>\$200 single/\$600 family combined</b> <b>\$5,000 combined</b>	\$25 copay \$45 copay \$65 copay
2 copayments	Not applicable	Not applicable	2 copayments	Not applicable	Not applicable
Plan pays 90% Unlimited \$35 copay	Plan pays 70% <b>Limited to \$250 annually combined.</b> \$60 copay	Plan pays 60% Plan pays 60%	Plan pays 80% Unlimited \$40 copay	Plan pays 70% <b>Limited to \$250 annually combined.</b> \$60 copay	Plan pays 60% Plan pays 60%

# Multi-Choice Plans

## Multi-Choice H

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$2,000/\$6,000	\$4,000/\$12,000	\$6,000/\$18,000
Coinsurance Maximum (Individual/Family)	\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Plan pays 80% (after deductible)	Plan pays 70% (after deductible)	Plan pays 60% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> </ul>	\$20/\$30 copay	\$40 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 70%	Plan pays 60%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$150 copay	\$150 copay	\$150 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$60 copay	\$80 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$150 copay	\$150 copay	\$150 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—30 days per calendar year</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> </ul>	\$15 copay	\$25 copay	\$25 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs<sup>5</sup></li> </ul>	\$30 copay	\$45 copay	\$45 copay
<ul style="list-style-type: none"> <li>Non-Preferred Drugs<sup>5</sup></li> </ul>	\$45 copay	\$65 copay	\$65 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	\$100 single/ \$300 family	\$200 single/\$600 family combined	
<ul style="list-style-type: none"> <li>Benefit Maximum</li> </ul>		\$5,000 combined	
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	Not applicable	Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 80%	Plan pays 70%	Plan pays 60%
	Unlimited	Limited to \$250 annually combined.	
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	\$40 copay	\$60 copay	Plan pays 60%

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**Benefit Chart footnotes:**

- 1 Some benefits may have limitations.
- 2 Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- 3 Deductible does not apply.
- 4 Chemical Dependency covered for detoxification only under the Medical Plan.
- 5 Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

## Multi-Choice H-15

## Multi-Choice I

Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
\$2,000/\$6,000 \$2,000/\$6,000 Unlimited <sup>1</sup> Plan pays 80% (after deductible)	\$4,000/\$12,000 \$2,000/\$6,000 <b>\$2,000,000 combined</b> Plan pays 70% (after deductible)	\$6,000/\$18,000 \$4,000/\$12,000 Plan pays 60% (after deductible)	\$3,000/\$9,000 \$2,000/\$6,000 Unlimited <sup>1</sup> Plan pays 80% (after deductible)	\$5,000/\$15,000 \$2,000/\$6,000 <b>\$2,000,000 combined</b> Plan pays 70% (after deductible)	\$7,500/\$22,500 \$4,000/\$12,000 Plan pays 60% (after deductible)
\$20/\$35 copay \$35 copay Plan pays 80% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$40 copay \$60 copay Plan pays 70% Plan pays 100% <sup>3</sup> Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%	\$20/\$30 copay \$40 copay Plan pays 80% Plan pays 100% <sup>3</sup> Plan pays 100% <sup>3</sup>	\$40 copay \$60 copay Plan pays 70% Plan pays 100% <sup>3</sup> Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
\$150 copay \$60 copay \$150 copay	\$150 copay \$80 copay \$150 copay	\$150 copay Plan pays 60% \$150 copay	\$150 copay \$60 copay \$150 copay	\$150 copay \$80 copay \$150 copay	\$150 copay Plan pays 60% \$150 copay
Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60%	Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60%
\$35 copay Plan pays 80% Plan pays 80%	\$60 copay Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60%	\$40 copay Plan pays 80% Plan pays 80%	\$60 copay Plan pays 70% Plan pays 70%	Plan pays 60% Plan pays 60% Plan pays 60%
\$15 copay \$30 copay \$45 copay \$100 single/ \$300 family 2 copayments	\$20 copay \$50 copay \$75 copay <b>\$200 single/\$600 family combined</b> <b>\$5,000 combined</b> Not applicable	\$20 copay \$50 copay \$75 copay Not applicable	\$15 copay \$30 copay \$45 copay \$100 single/ \$300 family 2 copayments	\$25 copay \$45 copay \$65 copay <b>\$200 single/\$600 family combined</b> <b>\$5,000 combined</b> Not applicable	\$25 copay \$45 copay \$65 copay Not applicable
Plan pays 80% Unlimited \$35 copay	Plan pays 70% <b>Limited to \$250 annually combined.</b> \$60 copay	Plan pays 60% Plan pays 60%	Plan pays 80% Unlimited \$40 copay	Plan pays 70% <b>Limited to \$250 annually combined.</b> \$60 copay	Plan pays 60% Plan pays 60%

# Multi-Choice Plans

## Multi-Choice J-100

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$200/\$600	\$500/\$1,500	\$1,000/\$3,000
Coinsurance Maximum (Individual/Family)	Not applicable	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while Covered	Unlimited <sup>1</sup>	\$2,000,000 combined	
Coinsurance	Plan pays 100% (after deductible)	Plan pays 70% (after deductible)	Plan pays 60% (after deductible)
<b>Office Services</b>			
<ul style="list-style-type: none"> <li>Primary Care (including lab and radiology)—Kaiser Permanente Medical Group/Non-Kaiser Permanente Medical Group</li> </ul>	\$15/\$25 copay	\$35 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Specialty Care (including lab and radiology)</li> </ul>	\$35 copay	\$45 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Preventive Services<sup>2</sup></li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 100% <sup>3</sup>	Plan pays 60%
<ul style="list-style-type: none"> <li>Maternity (obstetrician/midwife)</li> </ul>	Plan pays 100% <sup>3</sup>	Plan pays 70%	Plan pays 60%
<b>Outpatient Services</b>			
<ul style="list-style-type: none"> <li>High Tech Radiology Services (MRI, CT, PET, others)</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physical and Occupational Therapy—up to 20 visits per calendar year</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Outpatient Hospital or Surgical Facility (including lab and radiology)</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<b>Emergency Services</b>			
<ul style="list-style-type: none"> <li>Emergency Room Visit—per visit; copay waived if admitted</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<ul style="list-style-type: none"> <li>After-Hours Urgent Care—per visit</li> </ul>	\$50 copay	\$70 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Ambulance—per trip</li> </ul>	\$100 copay	\$100 copay	\$100 copay
<b>Inpatient Services</b>			
<ul style="list-style-type: none"> <li>Hospital (facility charge)—per admission</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Physician and Other Professional Charges</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<b>Mental Health<sup>4</sup></b>			
<ul style="list-style-type: none"> <li>Outpatient Mental Health—up to 20 visits per calendar year</li> </ul>	\$35 copay	\$45 copay	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Facility—30 days per calendar year</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Inpatient Mental Health Professional</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<b>Pharmacy Services—30-day supply</b>			
<ul style="list-style-type: none"> <li>Generic Preferred Drugs<sup>5</sup></li> </ul>	\$15 copay	\$25 copay	\$25 copay
<ul style="list-style-type: none"> <li>Brand Preferred Drugs<sup>5</sup></li> </ul>	\$30 copay	\$45 copay	\$45 copay
<ul style="list-style-type: none"> <li>Non-Preferred Drugs<sup>5</sup></li> </ul>	\$45 copay	\$65 copay	\$65 copay
<ul style="list-style-type: none"> <li>Brand Rx Deductible (Not applicable to Generic Drugs)</li> </ul>	Not applicable	\$150 single/\$450 family combined	
<ul style="list-style-type: none"> <li>Benefit Maximum</li> </ul>		\$5,000 combined	
<ul style="list-style-type: none"> <li>Mail order — 90-day supply</li> </ul>	2 copayments	Not applicable	Not applicable
<b>Other Services</b>			
<ul style="list-style-type: none"> <li>DME/Prosthetics and Orthotics</li> </ul>	Plan pays 100%	Plan pays 70%	Plan pays 60%
<ul style="list-style-type: none"> <li>Vision Exam</li> </ul>	Unlimited \$35 copay	Limited to \$250 annually combined.	

**Benefit Chart footnotes:**

- Some benefits may have limitations.
- Office visit copays may apply. Well-Child Visit: No charge up to age 2 for the Select Provider level; not subject to deductible up to age 5 for the PPO and Non-participating Provider levels.
- Deductible does not apply.
- Chemical Dependency covered for detoxification only under the Medical Plan.
- Rx Copay Options: 90-day supply of medication through mail order covered at two copayments for Tier 1 (Select Providers) only.

# KAISER PERMANENTE HSA-QUALIFIED DEDUCTIBLE HMO PLANS

## Self-Only and Family (2+) Plan Combinations

	PLAN A		PLAN B		PLAN C		PLAN D		PLAN E	
	Self-Only*	Family	Self-Only*	Family	Self-Only*	Family	Self-Only*	Family	Self-Only*	Family
Deductible (Individual/Family)	\$1,200*	\$2,400	\$2,850*	\$5,700	\$1,200*	\$2,400	\$2,850*	\$5,700	\$5,000*	\$10,000
Out-of-Pocket Max (Individual/Family)	\$1,200*	\$2,400	\$2,850*	\$5,700	\$3,600*	\$7,200	\$4,850*	\$9,700	\$5,000*	\$10,000
Maximum Benefit while covered	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Coinsurance	Plan pays 100% (after annual deductible)		Plan pays 100% (after annual deductible)		Plan pays 80% (after annual deductible)		Plan pays 80% (after annual deductible)		Plan pays 100% (after annual deductible)	
Preventive visits	\$25 copay									
All other covered services	Subject to Annual Deductible and Coinsurance									

\* The deductible and out-of-pocket maximum apply to self-only plans; not applicable for individuals covered under family plans.

This is a summary description and is not intended to replace the *Group Agreement*, *Group Policy*, and/or *Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions. Benefits subject to Department of Insurance approval.

### Kaiser Permanente HSA-Qualified Deductible HMO Plans

Our HSA-Qualified Deductible HMO plans are designed to lower premiums, while still providing the coverage and health resources needed to keep members healthy.

As a core benefit, we offer a wide range of preventive care services that are not subject to the deductible. (Members may be required to pay a copayment for services.) For most other services, a deductible and coinsurance will apply.

After the deductible is met, members will either be fully covered, or traditional health care coverage with coinsurance and/or copayments will apply, depending on the plan they select.

The coinsurance and copayments aren't lost dollars; they apply to the out-of-pocket maximum. The out-of-pocket maximum is the most a member will ever have to pay for covered health services in a given year. Once the out-of-pocket maximum has been reached, Kaiser Permanente will be responsible for 100 percent of the allowable charges for these services for the remainder of the calendar year.

As with all of our HMO plans, members enrolled in our HSA-Qualified Deductible HMO plans will have access to doctors at our medical centers, and 1,800 affiliated community physicians in metro-Atlanta.

### HSA Administrator—Wells Fargo Bank

Kaiser Permanente selected Wells Fargo Bank as its preferred Health Savings Account (HSA) trustee and administrator for the HSA-Qualified Deductible HMO Plans. Affordable

and easy to use, the HSA-Qualified Deductible HMO Plans help people take charge of their health care dollars and their future.

Kaiser Permanente provides and administers the health plan, while Wells Fargo Bank provides and administers the HSA-Qualified Deductible HMO Plans. Those who choose Wells Fargo can enjoy the convenience of the HSA-Qualified Deductible HMO Plan Visa® debit card to pay for qualified medical expenses.

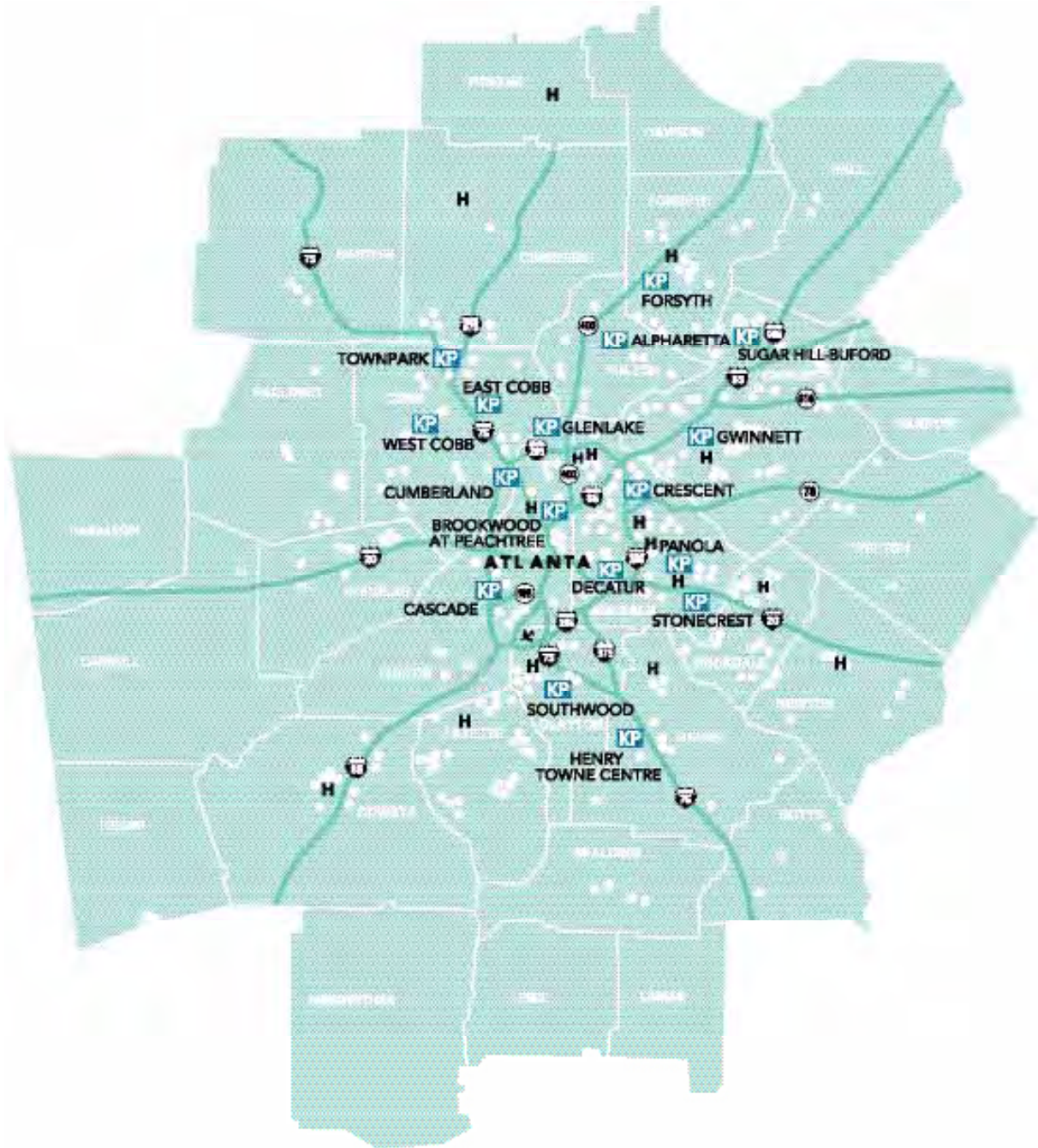
In addition, Wells Fargo Bank is pleased to furnish a coordinated HSA program that enables you to offer your clients increased flexibility and choice. With the HSA-Qualified Deductible HMO Plans, your clients can avoid the inconvenience of having to search for an HSA provider. We've done the legwork. If they prefer to use another HSA trustee, that's okay too. Our HSA-qualified plans are designed to work with all HSA providers.

Important information: Written information on topics related to coverage offered to employer groups in the small group market can be obtained by calling **404-364-7105**. Topics include:

- 1) Factors that affect rate setting and rate adjustments.
- 2) Provisions related to renewing coverage.
- 3) Plan designs and premiums available to small groups.

*Note: Kaiser Permanente group plans do not include a pre-existing condition clause.*

# HMO Service Area

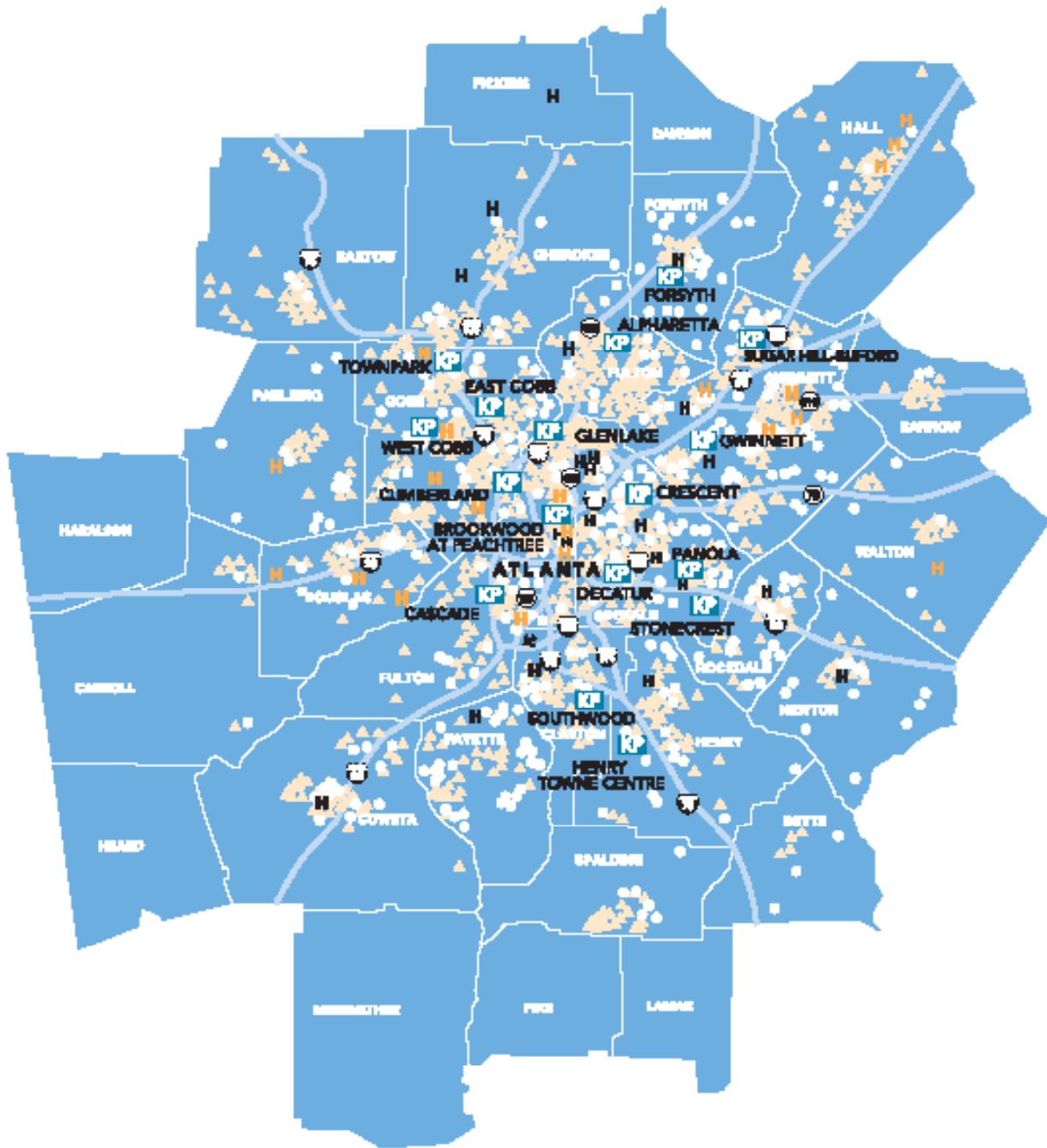


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- KP** Kaiser Permanente Medical Centers
- O** Affiliated Community Physicians' Medical Offices
- H** Kaiser Permanente Affiliated Hospitals\*

\* The hospital that you will be admitted to will be determined by the primary care physician you select.

# Multi-Choice Service Area



- KP** Kaiser Permanente Medical Centers
- O** Affiliated Community Physicians' Medical Offices
- H** Kaiser Permanente Affiliated Hospitals\*
- ▲** PPO Providers
- H** PPO hospitals

\* The hospital that you will be admitted to will be determined by the primary care physician you select.

<sup>1</sup> The Traditional HMO Plan and the In-Network portion of the point-of-service (POS) plans are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC) underwrites the Out-of-Network portion of the POS Plan and the PPO Plan. KPIC is a subsidiary of KFHP.

<sup>2</sup> Kaiser Permanente Insurance Company (KPIC) has contracted with PHCS to provide access to hospitals and physicians with a commitment to keeping out-of-pocket costs low through contracted rates.

<sup>3</sup> Not all services are covered under all benefit levels.

<sup>4</sup> Not available in all states.

<sup>5</sup> Available to members receiving care/refilling prescriptions at Kaiser Permanente medical centers.

<sup>6</sup> Hewitt and Associates' Hewitt Health Value Initiative (HHVI) compared the performance of all health plans in the Georgia marketplace in 2009, adjusting for differences in demographics and benefit design to determine health plan cost efficiency.

<sup>7</sup> Kaiser Foundation Health Plan of Georgia, Inc.'s commercial HMO has been honored as the highest ranking commercial health insurance plan in Georgia by U.S. News/NCQA America's Best Health Plans 2009-10. "America's Best Health Insurance Plans" is a trademark of U.S. News & World Report.

