

2009 KAISER PERMANENTE PLAN OVERVIEW

FEATURES	PLAN 20	PLAN 25	PLAN 500/1000	PLAN 1000/2000	PLAN 1500/3000	PLAN 2500/50000	PLAN 5000/100000
Annual deductible Individual/Family	None	None	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000
Primary care office visits	\$20	\$25	\$15	\$25	\$25	No charge after deductible	No charge after deductible
Specialty care office visits	\$45	\$45	\$25	\$35	\$35	No charge after deductible	No charge after deductible
Prenatal office visits	No charge	No charge	No charge	No charge	No charge	No charge after deductible	No charge after deductible
Preventive exams	\$20 primary \$45 specialty	\$25 primary \$45 specialty	No charge	No charge	No charge	\$15	\$15
Laboratory and diagnostic tests, X-rays	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Covered formulary drugs	\$20 generic \$40 brand	\$25 generic \$45 brand (after \$200 drug deductible)	\$15 generic \$45 brand	\$15 generic \$45 brand	\$15 generic \$45 brand	No charge after deductible	No charge after deductible
Outpatient surgery	\$100 per visit	\$250 per visit	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Hospital inpatient care	\$500 per admission	\$750 per admission	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Ambulance service	\$125 per trip	\$125 per trip	\$125 per trip after deductible	\$125 per trip after deductible	\$125 per trip after deductible	No charge after deductible	No charge after deductible
Emergency services (copy waived if admitted)	\$125 per visit	\$125 per visit	\$125 per visit	\$125 per visit	\$125 per visit	No charge after deductible	No charge after deductible
Urgent care services (at Kaiser Permanente or contracted facilities)	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit	No charge after deductible	No charge after deductible
Vision services (provided by Spectera,® Inc., at United Optical stores)	Covered	Covered	Covered	Covered	Covered	Not covered	Not covered
Preventive dental care (by Delta Dental of Ohio)	Covered	Covered	Covered	Covered	Covered	Covered	Covered

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This overview of benefits contains highlights only. This is not a contract. Specific benefits, exclusions, and limitations are contained in the Evidence of Coverage which you will receive upon acceptance. Charges not subject to deductible unless otherwise indicated.

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Kaiser Permanente Individual and Family Plans 2009

Age Band	Single		Two-Party		Family	
	Male	Female	Male	Female	Male	Female
*Grandfathered plan not available to new enrollees						
18	317.81	317.81	630.52	630.52	945.71	945.71
19-24	317.81	317.81	630.52	630.52	945.71	945.71
25-29	344.05	361.16	683.00	717.21	1,024.45	1,075.74
30-34	428.12	448.56	851.15	891.98	1,276.65	1,337.93
35-39	444.27	463.76	883.44	922.38	1,325.09	1,383.52
40-44	527.88	545.46	1,050.63	1,085.77	1,575.87	1,628.61
45-49	560.65	571.57	1,116.18	1,138.02	1,674.21	1,706.97
50-54	632.35	630.00	1,241.56	1,254.86	1,862.28	1,882.24
55-59	656.12	660.87	1,307.12	1,316.61	1,960.62	1,974.86
60-64	855.89	1,467.65	1,706.66	1,467.65	2,559.94	2,201.42
65+	952.89	865.20	1,900.63	1,725.29	2,850.89	2,587.86
Kaiser Permanente 2009 Plan 20						
0-1	387.40	387.40				
2-13	157.56	157.56				
14-18	157.56	253.32	408.57	408.42	610.41	610.41
19-24	195.86	286.95	475.51	561.58	674.72	827.53
25-29	212.12	315.22	514.17	594.17	730.86	874.59
30-34	228.34	337.24	549.15	639.69	787.16	946.67
35-39	265.74	359.29	624.40	684.61	943.63	1,015.69
40-44	320.40	407.06	710.25	775.43	1,040.00	1,154.78
45-49	387.02	453.62	764.38	874.40	1,144.10	1,309.17
50-54	461.70	476.20	913.70	942.69	1,368.06	1,411.59
55-59	559.05	506.79	1,108.35	1,003.85	1,660.09	1,503.32
60-64	730.63	629.19	1,451.52	1,249.30	2,174.85	1,871.47
65+	812.77	700.19	1,632.92	1,405.30	2,447.09	2,105.67
Kaiser Permanente 2009 Plan 25						
0-1	326.13	326.13				
2-13	133.05	133.05				
14-18	133.05	213.50	340.01	340.01	507.70	507.70
19-24	165.22	255.11	402.37	466.52	567.97	687.61
25-29	178.74	266.45	434.15	493.22	614.17	726.25
30-34	192.25	286.10	462.99	530.85	660.47	785.67
35-39	223.36	303.95	525.20	567.83	755.11	842.48
40-44	268.81	342.42	594.62	643.25	868.02	957.85
45-49	324.21	369.96	638.74	730.22	955.67	1,092.89
50-54	386.30	398.34	762.89	787.01	1,141.92	1,178.06
55-59	467.21	423.79	924.78	837.87	1,384.72	1,254.38
60-64	609.90	525.82	1,210.12	1,041.96	1,812.77	1,560.50
65+	681.04	587.64	1,352.88	1,164.73	2,027.17	1,744.93
Kaiser Permanente 2009 Plan 5000/1000						
0-1	148.63	149.51				
2-13	74.46	74.81				
14-18	87.60	131.13	299.24	299.24	448.85	448.85
19-24	109.53	185.12	366.95	366.95	512.49	512.49
25-29	119.83	181.91	365.14	365.14	503.94	503.94
30-34	130.32	186.29	347.88	347.88	492.39	492.39
35-39	153.22	236.48	387.32	387.32	563.80	563.80
40-44	186.64	283.41	464.24	464.24	680.57	680.57
45-49	225.66	284.65	489.40	553.74	711.29	843.40
50-54	269.15	304.24	532.59	547.82	811.43	813.64
55-59	325.99	315.02	642.28	595.30	985.18	892.35
60-64	426.18	378.81	842.17	731.89	1,256.02	1,080.74
65+	544.65	468.93	1,081.55	932.76	1,626.46	1,399.24
Kaiser Permanente 2009 Plan 15*						
0-1	129.45	130.05				
2-13	64.77	65.08				
14-18	76.20	114.07	144.07	144.07	260.29	260.29
19-24	95.27	161.02	158.24	158.24	319.19	319.19
25-29	104.24	170.74	180.24	170.74	317.61	317.61
30-34	113.85	170.24	205.69	205.69	336.91	336.91
35-39	133.28	205.69	246.52	246.52	403.82	403.82
40-44	162.35	246.52	267.61	267.61	425.70	425.70
45-49	196.20	284.65	283.56	284.65	463.27	463.27
50-54	234.11	274.02	329.50	329.50	517.82	517.82
55-59	283.56	329.50	370.71	329.50	558.69	558.69
60-64	370.71	407.89	473.75	407.89	732.56	636.63
65+	473.75	407.89	940.79	811.36	1,414.77	1,217.13
Kaiser Permanente 2009 Plan 1500/3000						
0-1	114.75	115.28				
2-13	57.42	57.69				
14-18	67.54	101.11	230.72	230.72	346.09	346.09
19-24	84.45	142.73	282.93	282.93	395.14	395.14
25-29	92.40	140.26	281.53	281.53	388.56	388.56
30-34	100.47	151.34	268.23	268.23	379.65	379.65
35-39	118.14	182.33	298.64	298.64	434.71	434.71
40-44	143.91	218.52	357.94	357.94	524.74	524.74
45-49	173.91	219.48	377.34	377.34	660.31	660.31
50-54	207.52	234.59	410.65	410.65	822.39	822.39
55-59	251.35	242.89	495.22	495.22	1,000.00	1,000.00
60-64	328.60	292.07	649.34	564.32	1,254.06	1,078.87
65+	419.94	361.56	833.92	719.20	1,254.06	1,078.87
Kaiser Permanente 2009 Plan 2500/5000						
0-1	71.90	107.63	245.60	245.60	368.39	368.39
2-13	89.90	151.93	301.16	301.16	420.62	420.62
19-24	98.36	149.30	299.69	299.69	413.60	413.60
25-29	106.96	161.09	285.53	285.53	404.13	404.13
30-34	125.75	194.08	317.89	317.89	462.73	462.73
35-39	153.19	232.61	381.02	381.02	558.57	558.57
40-44	185.12	233.63	401.67	401.67	662.23	662.23
45-49	220.90	249.71	437.12	437.12	792.40	792.40
50-54	267.55	258.54	527.14	488.59	908.57	808.57
55-59	349.78	310.91	691.21	600.69	1,030.88	887.01
60-64	447.01	384.87	887.67	765.55	1,334.91	1,148.42
65+						
Kaiser Permanente 2009 Plan 5000/10000						
0-1	54.49	81.57	186.12	186.12	279.17	279.17
2-13	68.13	115.14	228.23	228.23	318.76	318.76
19-24	74.53	113.14	227.10	227.10	313.43	313.43
25-29	81.06	122.08	216.38	216.38	306.26	306.26
30-34	95.31	147.08	240.91	240.91	350.67	350.67
35-39	116.10	176.28	288.74	288.74	423.29	423.29
40-44	140.29	177.05	304.39	304.39	442.42	442.42
45-49	167.39	189.23	331.26	331.26	504.69	504.69
50-54	202.76	195.93	399.49	370.27	612.76	555.03
55-59	266.07	235.62	523.81	455.22	781.21	672.20
60-64	338.76	291.67	672.70	580.16	1,011.63	870.31
65+						