Proposed Benefit Summary
Plan 2480 NCR

Principal Benefits for Kaiser Permanente $1,500 Deductible Plan with HSA Option (1/1/10—12/31/10)

The Services described below are covered only if all 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, visiting Member care, hospice care, Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

"Kaiser Permanente $1,500 Deductible Plan with HSA Option" is a health benefit plan that meets the requirements of Section 223(c)(2) of the Internal Revenue Code. This health benefit plan is a High Deductible Health Plan. The health care coverage described in the *EOC* is designed to be compatible for use with a Health Savings Account (HSA) under federal tax law.

Annual Out-of-Pocket Maximum	
You will not pay any more Cost Sharing during a calendar year if the Copayments, Coinsurance, and Deductible amounts you pay for Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Deductible for all Services except certain preventive Services as specified below	
You must pay Charges for Services you receive in a calendar year until you reach one of the following Deductible amounts:	
For self-only enrollment (a Family of one Member)	$1,500 per calendar year
For an entire Family of two or more Members	$3,000 per calendar year
Note: The Deductible amount is subject to increase if the U.S. Department of the Treasury changes the minimum deductible required in High Deductible Health Plans.	
Lifetime Maximum	None
Professional Services (Plan Provider office visits)	**You Pay**
Routine preventive care:	
Physical exams	No charge (Deductible doesn't apply)
Well-child visits (through age 23 months)	No charge (Deductible doesn't apply)
Family planning visits	No charge after Deductible
Scheduled prenatal care visits	No charge (Deductible doesn't apply)
Eye exams for refraction	No charge after Deductible
Hearing tests	No charge after Deductible
Flexible sigmoidoscopies	No charge (Deductible doesn't apply)
Primary and specialty care visits	No charge after Deductible
Urgent care visits	No charge after Deductible
Physical, occupational, and speech therapy	No charge after Deductible
Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	No charge after Deductible
Allergy injection visits	No charge after Deductible
Allergy testing visits	No charge after Deductible
Most vaccines (immunizations)	No charge (Deductible doesn't apply)
X-rays and lab tests	No charge after Deductible (except the Deductible doesn't apply to preventive screenings as described in the *EOC*)
Health education:	
Individual visits	No charge (Deductible doesn't apply)
Group educational programs	No charge (Deductible doesn't apply)
Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No charge after Deductible
Emergency Health Coverage	**You Pay**
Emergency Department visits	No charge after Deductible
Ambulance Services	**You Pay**
Ambulance Services	No charge after Deductible
Prescription Drug Coverage	**You Pay**
Covered outpatient items in accord with our drug formulary guidelines from Plan Pharmacies or from our mail-order service	No charge for up to a 100-day supply after Deductible
Durable Medical Equipment	**You Pay**

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Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines up to a $2,500 calendar year benefit limit as described in the *EOC*	No charge after Deductible
Mental Health Services	**You Pay**
Inpatient psychiatric hospitalization	No charge after Deductible
Outpatient visits (individual and group visits)	No charge after Deductible
Chemical Dependency Services	**You Pay**
Inpatient detoxification	No charge after Deductible
Outpatient individual visits	No charge after Deductible
Outpatient group visits	No charge after Deductible
Home Health Services	**You Pay**
Home health care (up to 100 visits per calendar year)	No charge after Deductible
Other	**You Pay**
Skilled nursing facility care (up to 100 days per benefit period)	No charge after Deductible
Hospice care	No charge after Deductible

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).