

2006 HMO benefit summaries	Premier Plan	Plan 500
Deductible - Individual / Family	None	\$500 / \$1,500
Coinsurance Out-of-Pocket Max - Individual / Family	Not Applicable	\$2,000 / \$6,000
Maximum Benefit While Covered ¹	Unlimited	Unlimited
Coinsurance	Not Applicable	Plan pays 70% after Annual Deductible
Benefits		
Office Services		
<ul style="list-style-type: none"> ■ Primary Care ■ Specialty Care ■ Special Procedures (Cardiac Stress Tests, EMG, others) ■ Preventive Services ² ■ Maternity (obstetrician/midwife) ³ 	<ul style="list-style-type: none"> \$30 copay \$50 copay \$50 copay Plan pays 100% \$1,000 copay 	<ul style="list-style-type: none"> \$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay
Outpatient Services		
<ul style="list-style-type: none"> ■ Laboratory Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy) ■ Outpatient Surgery Facility ■ Hospital Outpatient Facility ■ Physician and Other Professional Charges 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% \$100 copay \$50 copay \$100 copay \$100 copay Plan pays 100% 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%
Emergency Services		
<ul style="list-style-type: none"> ■ Emergency Room Visit (per visit; copay waived if admitted) ■ After-Hours Urgent Care (per visit) ■ Ambulance (per trip) 	<ul style="list-style-type: none"> \$150 copay \$60 copay \$150 copay 	<ul style="list-style-type: none"> \$150 copay \$60 copay \$150 copay
Inpatient Services		
<ul style="list-style-type: none"> ■ Hospital (facility charge) ■ Maternity (hospital delivery) ³ ■ Physician and Other Professional Charges 	<ul style="list-style-type: none"> \$500 per admission \$2,000 copay Plan pays 100% 	<ul style="list-style-type: none"> Plan pays 70% \$2,000 copay Plan pays 70%
Mental Health Services		
<ul style="list-style-type: none"> ■ Outpatient Mental Health - 48 visits ■ Outpatient Group Therapy ■ Inpatient Mental Health Facility - 30 days ■ Inpatient Mental Health Professional 	<ul style="list-style-type: none"> \$60 copay \$30 copay \$500 per admission Plan pays 100% 	<ul style="list-style-type: none"> \$60 copay \$30 copay Plan pays 70% Plan pays 70%
Pharmacy Services - 30 day supply		
<ul style="list-style-type: none"> ■ Generic Drugs - Kaiser Permanente Medical Centers/Designated community pharmacies ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Deductible 	<ul style="list-style-type: none"> Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$200 Rx Deductible 	<ul style="list-style-type: none"> Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$200 Rx Deductible
Other Services		
<ul style="list-style-type: none"> ■ Durable Medical Equipment/Prosthetics and Orthotics ■ Vision Exam 	<ul style="list-style-type: none"> Plan pays 50% \$50 copay 	<ul style="list-style-type: none"> Plan pays 70% \$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