

Plan Summaries

2006 HMO, MULTI-CHOICE AND CUSTOM CARE HEALTHINVESTOR (HSA)



The world of affordable health care

We see change as an opportunity to provide better products and service. So we keep changing, too. Seeking ways to give our customers the highest quality care, best value, and most personal service possible. We're Kaiser Permanente.

In 2006, you'll find even more ways to reduce costs and meet the diverse needs of your employees. We offer a larger, more comprehensive portfolio of products and plan designs, including new Multi-Choice plans and Custom Care HealthInvestor (HSA) Plans.

We have the flexibility to be your single carrier solution

And to meet the needs of all your employees. This year we offer an abundance of choice:

- 6 HMO plans and 14 Multi-Choice plans
- 4 Custom Care HealthInvestor (HSA) 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

You can make the most of your health benefits budget

Because each of our group products offer different levels of coverage. In addition to traditional benefits, all our products offer 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 1,000 affiliated private-practice doctors in their own offices

- No claims to file when visiting our medical centers or affiliated doctors and hospitals

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 6,800 doctors
- Choice of three benefit levels each time care is needed¹
- Members control their own costs and coverage by the doctors they choose
- Access to any PPO or Non-participating specialist without a referral

New for 2006: Multi-Choice MaxVal Plans

To give you and your employees more choices and lower costs, we now offer Multi-Choice MaxVal plans. The benefits in Tiers 2 and 3 are very similar to our existing plans. However, we added more cost-sharing to Tier 1 to make Multi-Choice MaxVal even more affordable.

continues to change.

MORE OPTIONS FROM KAISER PERMANENTE

Introducing Kaiser Permanente Custom Care suite of products

Custom Care HealthInvestor (HSA) plans (formerly called Deductible Plans with HSA Option)², 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.

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.³ 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 other Kaiser Permanente small group products. 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

We help your employees stay healthy and productive

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

- A focus on total health—mind, body and spirit
- Preventive care
- Healthy Solutions: Free, one-on-one counseling from a specially trained health coach, 24/7 by phone.
- 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 plans
- Timesaving convenience of having primary care, lab, X-ray, and pharmacy services all in one building at most Kaiser Permanente Medical Centers

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¹ Not all services are covered under all benefit levels.

² Pending Department of Insurance approval.

³ Not available in all states.

HMO PLANS

HMO A

HMO B

Deductible (Individual/Family)	None	None
Coinsurance Out-of-Pocket Max (Individual/Family)	Not applicable	Not applicable
Maximum Benefit while covered	Unlimited ¹	Unlimited ¹
Coinsurance	Not applicable	Not applicable

Office Services

<ul style="list-style-type: none"> ■ Primary Care ■ Speciality Care ■ Special Procedures (Cardiac Stress Tests, EMG, others) ■ Preventive Services² ■ Maternity (obstetrician/midwife) 	\$15 copay \$25 copay \$25 copay Plan pays 100% Plan pays 100%	\$20 copay \$30 copay \$30 copay Plan pays 100% Plan pays 100%
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Outpatient Services

<ul style="list-style-type: none"> ■ Laboratory Services ■ Radiology Services ■ High Tech Radiology Services (MRI, CT, PET, others) ■ Physical and Occupational Therapy– 20 visits per calendar year ■ Outpatient Hospital or Surgical Facility ■ Physician and Other Professional Charges 	Plan pays 100% Plan pays 100% \$50 copay \$25 copay \$50 copay Plan pays 100%	Plan pays 100% Plan pays 100% \$50 copay \$30 copay \$100 copay Plan pays 100%
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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 	\$100 copay \$30 copay \$100 copay	\$100 copay \$40 copay \$100 copay
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Inpatient Services

<ul style="list-style-type: none"> ■ Hospital (facility charge)– per admission ■ Physician and Other Professional Charges 	\$200 copay Plan pays 100%	\$500 copay Plan pays 100%
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Mental Health Services

<ul style="list-style-type: none"> ■ Outpatient Mental Health– 20 visits per calendar year ■ Inpatient Mental Health Facility– 30 days per calendar year ■ Inpatient Mental Health Professional 	\$25 copay \$200 copay Plan pays 100%	\$30 copay \$500 copay Plan pays 100%
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Pharmacy Services– 30-day supply

<ul style="list-style-type: none"> ■ Generic Drugs ■ Brand Preferred Drugs ■ Brand Non-Preferred Drugs ■ Rx Deductible ■ Benefit Maximum 	\$10 copay \$20 copay Not applicable Not applicable Unlimited	\$10 copay \$20 copay Not applicable Not applicable Unlimited
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Other Services

<ul style="list-style-type: none"> ■ Durable Medical Equipment/Prosthetics and Orthotics ■ Vision Exam 	Plan pays 50% \$25 copay	Plan pays 50% \$30 copay
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Footnotes:

1 Some benefits may have limitations.

2 Office visit copays may apply. Well-Child Visit: No charge up to age 2.

	HMO C	HMO D	HMO E	HMO F	
	\$250/\$750 \$2,000/\$6,000 Unlimited ¹ Plan pays 90%	\$500/\$1,500 \$2,000/\$6,000 Unlimited ¹ Plan pays 80%	\$1,000/\$3,000 \$2,000/\$6,000 Unlimited ¹ Plan pays 80%	\$2,000/\$6,000 \$2,000/\$6,000 Unlimited ¹ Plan pays 70%	
	\$20 copay \$30 copay Plan pays 90% Plan pays 100% Plan pays 100%	\$25 copay \$35 copay Plan pays 80% Plan pays 100% Plan pays 100%	\$35 copay \$45 copay Plan pays 80% Plan pays 100% Plan pays 100%	\$40 copay \$50 copay Plan pays 70% Plan pays 100% Plan pays 100%	
	Plan pays 90% Plan pays 90% 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 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%	
	\$100 copay \$40 copay \$100 copay	\$100 copay \$50 copay \$100 copay	\$100 copay \$70 copay \$100 copay	\$150 copay \$80 copay \$150 copay	5
	Plan pays 90% Plan pays 90%	Plan pays 80% Plan pays 80%	Plan pays 80% Plan pays 80%	Plan pays 70% Plan pays 70%	
	\$30 copay Plan pays 90% Plan pays 90%	\$35 copay Plan pays 80% Plan pays 80%	\$45 copay Plan pays 80% Plan pays 80%	\$50 copay Plan pays 70% Plan pays 70%	
	\$10 copay \$20 copay Not applicable Not applicable Unlimited	\$10 copay \$20 copay Not applicable \$150 Unlimited	\$10 copay \$20 copay Not applicable \$150 Unlimited	\$10 copay \$20 copay Not applicable \$150 Unlimited	
	Plan pays 90% \$30 copay	Plan pays 80% \$35 copay	Plan pays 80% \$45 copay	Plan pays 70% \$50 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. Benefits subject to Department of Insurance approval.

MULTI-CHOICE PLANS

Multi-Choice **MaxVal** Plan A

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$200/\$600	\$400/\$1,200	\$600/\$1,800
Coinsurance Out-of-Pocket Max (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while covered	Unlimited ¹	\$2,000,000 combined	
Coinsurance	Plan pays 90%	Plan pays 90%	Plan pays 70%
Office Services			
<ul style="list-style-type: none"> Primary Care Specialty Care Special Procedures (Cardiac Stress Tests, EMG, others) Preventive Services² Maternity (obstetrician/midwife) 	\$10 copay \$20 copay Plan pays 90% Plan pays 100% Plan pays 100%	\$20 copay \$30 copay Plan pays 90% Plan pays 100% Plan pays 100%	Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70% Plan pays 70%
Outpatient Services			
<ul style="list-style-type: none"> Laboratory Services Radiology Services High Tech Radiology Services (MRI, CT, PET, others) Physical and Occupational Therapy– 20 visits per calendar year Outpatient Hospital or Surgical Facility Physician and Other Professional Charges 	Plan pays 90% Plan pays 90% Plan pays 90% Plan pays 90% Plan pays 90% Plan pays 90%	Plan pays 90% Plan pays 90% 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 70% Plan pays 70%
Emergency Services			
6 <ul style="list-style-type: none"> Emergency Room Visit– per visit; copay waived if admitted After-Hours Urgent Care– per visit Ambulance– per trip 	\$100 copay \$20 copay \$100 copay	\$100 copay \$40 copay \$100 copay	\$100 copay Plan pays 70% \$100 copay
Inpatient Services			
<ul style="list-style-type: none"> Hospital (facility charge)– per admission Physician and Other Professional Charges 	Plan pays 90% Plan pays 90%	Plan pays 90% Plan pays 90%	Plan pays 70% Plan pays 70%
Mental Health Services			
<ul style="list-style-type: none"> Outpatient Mental Health– 20 visits per calendar year Inpatient Mental Health Facility– 30 days per calendar year Inpatient Mental Health Professional 	\$20 copay Plan pays 90% Plan pays 90%	\$30 copay Plan pays 90% Plan pays 90%	Plan pays 70% Plan pays 70% Plan pays 70%
Pharmacy Services– 30-day supply			
<ul style="list-style-type: none"> Generic Drugs Brand Preferred Drugs Brand Non-Preferred Drugs Rx Deductible Benefit Maximum 	\$10 copay \$20 copay Not applicable Not applicable Unlimited	\$15 copay \$30 copay \$45 copay Not applicable	\$15 copay \$30 copay \$45 copay Not applicable
		\$5,000 combined	
Other Services			
<ul style="list-style-type: none"> Durable Medical Equipment/Prosthetics and Orthotics Vision Exam 	Plan pays 90% \$20 copay	Plan pays 90% Limited to \$250 annually combined. \$30 copay	Plan pays 70% Plan pays 70%

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.

NEW PLAN!

NEW PLAN!

Multi-Choice MaxVal Plan B

Multi-Choice MaxVal Plan C

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers		Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	
	\$300/\$900 \$1,000/\$3,000 Unlimited ¹ Plan pays 80%	\$500/\$1,500 \$2,000/\$6,000 \$2,000,000 combined Plan pays 80%	\$1,000/\$3,000 \$4,000/\$12,000 Plan pays 60%		\$500/\$1,500 \$1,000/\$3,000 Unlimited ¹ Plan pays 80%	\$750/\$2,250 \$2,000/\$6,000 \$2,000,000 combined Plan pays 80%	\$1,500/\$4,500 \$4,000/\$12,000 Plan pays 60%	
	\$15 copay \$25 copay Plan pays 80% Plan pays 100% Plan pays 100%	\$25 copay \$35 copay Plan pays 80% Plan pays 100% Plan pays 100%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%		\$25 copay \$35 copay Plan pays 80% Plan pays 100% Plan pays 100%	\$35 copay \$45 copay Plan pays 80% Plan pays 100% Plan pays 100%	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 80% Plan pays 80%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 60% 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 80% Plan pays 80%	Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%	
	\$100 copay \$30 copay \$100 copay	\$100 copay \$50 copay \$100 copay	\$100 copay Plan pays 60% \$100 copay		\$100 copay \$50 copay \$100 copay	\$100 copay \$70 copay \$100 copay	\$100 copay Plan pays 60% \$100 copay	7
	Plan pays 80% Plan pays 80%	Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60%		Plan pays 80% Plan pays 80%	Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60%	
	\$25 copay Plan pays 80% Plan pays 80%	\$35 copay Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60%		\$35 copay Plan pays 80% Plan pays 80%	\$45 copay Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60%	
	\$10 copay \$20 copay Not applicable Not applicable Unlimited	\$15 copay \$30 copay \$45 copay Not applicable \$5,000 combined	\$15 copay \$30 copay \$45 copay Not applicable		\$15 copay \$30 copay Not applicable Not applicable Unlimited	\$15 copay \$30 copay \$45 copay \$150 Combined \$5,000 combined	\$15 copay \$30 copay \$45 copay	
	Plan pays 80% \$25 copay	Plan pays 80% Limited to \$250 annually combined. \$35 copay	Plan pays 60% Plan pays 60%		Plan pays 80% \$35 copay	Plan pays 80% Limited to \$250 annually combined. \$45 copay	Plan pays 60% 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. Benefits subject to Department of Insurance approval. 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.

NEW PLAN!

MULTI-CHOICE PLANS

Multi-Choice **MaxVal** 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 Out-of-Pocket Max (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while covered	Unlimited ¹	\$2,000,000 combined	
Coinsurance	Plan pays 80%	Plan pays 80%	Plan pays 60%
Office Services			
<ul style="list-style-type: none"> Primary Care Specialty Care Special Procedures (Cardiac Stress Tests, EMG, others) Preventive Services² Maternity (obstetrician/midwife) 	\$25 copay \$35 copay Plan pays 80% Plan pays 100% Plan pays 100%	\$35 copay \$45 copay Plan pays 80% Plan pays 100% Plan pays 100%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
Outpatient Services			
<ul style="list-style-type: none"> Laboratory Services Radiology Services High Tech Radiology Services (MRI, CT, PET, others) Physical and Occupational Therapy– 20 visits per calendar year Outpatient Hospital or Surgical Facility Physician and Other Professional Charges 	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 80% Plan pays 80% Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60% Plan pays 60%
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 	\$100 copay \$50 copay \$100 copay	\$100 copay \$70 copay \$100 copay	\$100 copay Plan pays 60% \$100 copay
Inpatient Services			
<ul style="list-style-type: none"> Hospital (facility charge)– per admission Physician and Other Professional Charges 	Plan pays 80% Plan pays 80%	Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60%
Mental Health Services			
<ul style="list-style-type: none"> Outpatient Mental Health– 20 visits per calendar year Inpatient Mental Health Facility– 30 days per calendar year Inpatient Mental Health Professional 	\$35 copay Plan pays 80% Plan pays 80%	\$45 copay Plan pays 80% Plan pays 80%	Plan pays 60% Plan pays 60% Plan pays 60%
Pharmacy Services– 30-day supply			
<ul style="list-style-type: none"> Generic Drugs Brand Preferred Drugs Brand Non-Preferred Drugs Rx Deductible Benefit Maximum 	\$10 copay \$20 copay Not applicable Not applicable Unlimited	\$15 copay \$30 copay \$45 copay \$150 combined \$5,000 combined	\$15 copay \$30 copay \$45 copay
Other Services			
<ul style="list-style-type: none"> Durable Medical Equipment/Prosthetics and Orthotics Vision Exam 	Plan pays 80% \$35 copay	Plan pays 80% Limited to \$250 annually combined. \$45 copay	Plan pays 60% Plan pays 60%

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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.

NEW PLAN!

Multi-Choice MaxVal 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 ¹	\$2,000,000 combined	
Plan pays 70%	Plan pays 70%	Plan pays 60%
\$25 copay	\$35 copay	Plan pays 60%
\$35 copay	\$45 copay	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 100%	Plan pays 100%	Plan pays 60%
Plan pays 100%	Plan pays 100%	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%
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	\$45 copay	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 70%	Plan pays 60%
\$10 copay	\$15 copay	\$15 copay
\$20 copay	\$30 copay	\$30 copay
Not applicable	\$45 copay	\$45 copay
Not applicable	\$150 combined	
Unlimited	\$5,000 combined	
Plan pays 70%	Plan pays 70%	Plan pays 60%
	Limited to \$250 annually combined.	
\$35 copay	\$45 copay	Plan pays 60%



- For HMO plan summaries, see pages 4-5.
- For Custom Care HealthInvestor (HSA) plan summaries, see back cover.

MULTI-CHOICE PLANS

Multi-Choice A

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	None	\$300/\$900	\$500/\$1,500
Coinsurance Out-of-Pocket Max (Individual/Family)	Not applicable	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while covered	Unlimited ¹	\$2,000,000 combined	
Coinsurance	Not Applicable	Plan pays 90%	Plan pays 70%
Office Services			
■ Primary Care	\$10 copay	\$20 copay	Plan pays 70%
■ Speciality Care	\$20 copay	\$30 copay	Plan pays 70%
■ Special Procedures (Cardiac Stress Tests, EMG, others)	\$20 copay	Plan pays 90%	Plan pays 70%
■ Preventive Services ²	Plan pays 100%	Plan pays 100%	Plan pays 70%
■ Maternity (obstetrician/midwife)	Plan pays 100%	Plan pays 100%	Plan pays 70%
Outpatient Services			
■ Laboratory Services	Plan pays 100%	Plan pays 90%	Plan pays 70%
■ Radiology Services	Plan pays 100%	Plan pays 90%	Plan pays 70%
■ High Tech Radiology Services (MRI, CT, PET, others)	\$50 copay	Plan pays 90%	Plan pays 70%
■ Physical and Occupational Therapy– 20 visits per calendar year	\$20 copay	Plan pays 90%	Plan pays 70%
■ Outpatient Hospital or Surgical Facility	\$50 copay	Plan pays 90%	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 90%	Plan pays 70%
Emergency Services			
■ Emergency Room Visit– per visit; copay waived if admitted	\$100 copay	\$100 copay	\$100 copay
■ After-Hours Urgent Care– per visit	\$20 copay	\$40 copay	Plan pays 70%
■ Ambulance– per trip	\$100 copay	\$100 copay	\$100 copay
Inpatient Services			
■ Hospital (facility charge)– per admission	\$200 copay	Plan pays 90%	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 90%	Plan pays 70%
Mental Health Services			
■ Outpatient Mental Health– 20 visits per calendar year	\$20 copay	\$30 copay	Plan pays 70%
■ Inpatient Mental Health Facility– 30 days per calendar year	\$200 copay	Plan pays 90%	Plan pays 70%
■ Inpatient Mental Health Professional	Plan pays 100%	Plan pays 90%	Plan pays 70%
Pharmacy Services– 30-day supply			
■ Generic Drugs	\$10 copay	\$15 copay	\$15 copay
■ Brand Preferred Drugs	\$20 copay	\$30 copay	\$30 copay
■ Brand Non-Preferred Drugs	Not applicable	\$45 copay	\$45 copay
■ RX Deductible	Not applicable	Not applicable	Not applicable
■ Benefit Maximum	Unlimited	\$5,000 combined	
Other Services			
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 50%	Plan pays 90%	Plan pays 70%
		Limited to \$250 annually combined.	
■ Vision Exam	\$20 copay	\$30 copay	Plan pays 70%

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.

Multi-Choice B

Multi-Choice C

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers		Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers	
	Not applicable	\$500/\$1,500	\$1,000/\$3,000		Not applicable	\$750/\$2,250	\$1,500/\$4,500	
	Not applicable	\$2,000/\$6,000	\$4,000/\$12,000		Not applicable	\$2,000/\$6,000	\$4,000/\$12,000	
	Unlimited ¹	\$2,000,000 combined			Unlimited ¹	\$2,000,000 combined		
	Not applicable	Plan pays 80%	Plan pays 60%		Not applicable	Plan pays 80%	Plan pays 60%	
	\$15 copay	\$25 copay	Plan pays 60%		\$25 copay	\$35 copay	Plan pays 60%	
	\$25 copay	\$35 copay	Plan pays 60%		\$35 copay	\$45 copay	Plan pays 60%	
	\$25 copay	Plan pays 80%	Plan pays 60%		\$35 copay	Plan pays 80%	Plan pays 60%	
	Plan pays 100%	Plan pays 100%	Plan pays 60%		Plan pays 100%	Plan pays 100%	Plan pays 60%	
	Plan pays 100%	Plan pays 100%	Plan pays 60%		Plan pays 100%	Plan pays 100%	Plan pays 60%	
	Plan pays 100%	Plan pays 80%	Plan pays 60%		Plan pays 100%	Plan pays 80%	Plan pays 60%	
	Plan pays 100%	Plan pays 80%	Plan pays 60%		Plan pays 100%	Plan pays 80%	Plan pays 60%	
	\$50 copay	Plan pays 80%	Plan pays 60%		\$50 copay	Plan pays 80%	Plan pays 60%	
	\$25 copay	Plan pays 80%	Plan pays 60%		\$35 copay	Plan pays 80%	Plan pays 60%	
	\$50 copay	Plan pays 80%	Plan pays 60%		\$100 copay	Plan pays 80%	Plan pays 60%	
	Plan pays 100%	Plan pays 80%	Plan pays 60%		Plan pays 100%	Plan pays 80%	Plan pays 60%	
	\$100 copay	\$100 copay	\$100 copay		\$100 copay	\$100 copay	\$100 copay	11
	\$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	
	\$200 copay	Plan pays 80%	Plan pays 60%		\$300 copay	Plan pays 80%	Plan pays 60%	
	Plan pays 100%	Plan pays 80%	Plan pays 60%		Plan pays 100%	Plan pays 80%	Plan pays 60%	
	\$25 copay	\$35 copay	Plan pays 60%		\$35 copay	\$45 copay	Plan pays 60%	
	\$200 copay	Plan pays 80%	Plan pays 60%		\$300 copay	Plan pays 80%	Plan pays 60%	
	Plan pays 100%	Plan pays 80%	Plan pays 60%		Plan pays 100%	Plan pays 80%	Plan pays 60%	
	\$10 copay	\$15 copay	\$15 copay		\$15 copay	\$20 copay	\$20 copay	
	\$20 copay	\$30 copay	\$30 copay		\$30 copay	\$45 copay	\$45 copay	
	Not applicable	\$45 copay	\$45 copay		Not applicable	\$60 copay	\$60 copay	
	Not applicable	Not applicable	Not applicable		Not applicable	\$150 combined		
	Unlimited	\$5,000 combined			Unlimited	\$5,000 combined		
	Plan pays 50%	Plan pays 80%	Plan pays 60%		Plan pays 50%	Plan pays 80%	Plan pays 60%	
		Limited to \$250 annually combined.				Limited to \$250 annually combined.		
	\$25 copay	\$35 copay	Plan pays 60%		\$35 copay	\$45 copay	Plan pays 60%	

MULTI-CHOICE PLANS

Multi-Choice D

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$250/\$750	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance Out-of-Pocket Max (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while covered	Unlimited ¹	\$2,000,000 combined	
Coinsurance	Plan pays 90%	Plan pays 80%	Plan pays 60%
Office Services			
■ Primary Care	\$20 copay	\$30 copay	Plan pays 60%
■ Speciality Care	\$30 copay	\$40 copay	Plan pays 60%
■ Special Procedures (Cardiac Stress Tests, EMG, others)	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Preventive Services ²	Plan pays 100%	Plan pays 100%	Plan pays 60%
■ Maternity (obstetrician/midwife)	Plan pays 100%	Plan pays 100%	Plan pays 60%
Outpatient Services			
■ Laboratory Services	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Radiology Services	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Physical and Occupational Therapy– 20 visits per calendar year	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Outpatient Hospital or Surgical Facility	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Physician and Other Professional Charges	Plan pays 90%	Plan pays 80%	Plan pays 60%
Emergency Services			
■ Emergency Room Visit– per visit; copay waived if admitted	\$100 copay	\$100 copay	\$100 copay
■ After-Hours Urgent Care– per visit	\$40 copay	\$60 copay	Plan pays 60%
■ Ambulance– per trip	\$100 copay	\$100 copay	\$100 copay
Inpatient Services			
■ Hospital (facility charge)– per admission	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Physician and Other Professional Charges	Plan pays 90%	Plan pays 80%	Plan pays 60%
Mental Health Services			
■ Outpatient Mental Health– 20 visits per calendar year	\$30 copay	\$40 copay	Plan pays 60%
■ Inpatient Mental Health Facility– 30 days per calendar year	Plan pays 90%	Plan pays 80%	Plan pays 60%
■ Inpatient Mental Health Professional	Plan pays 90%	Plan pays 80%	Plan pays 60%
Pharmacy Services– 30-day supply			
■ Generic Drugs	\$10 copay	\$15 copay	\$15 copay
■ Brand Preferred Drugs	\$20 copay	\$30 copay	\$30 copay
■ Brand Non-Preferred Drugs	Not applicable	\$45 copay	\$45 copay
■ RX Deductible	Not applicable	\$150 combined	
■ Benefit Maximum	Unlimited	\$5,000 combined	
Other Services			
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 90%	Plan pays 80%	Plan pays 60%
		Limited to \$250 annually combined.	
■ Vision Exam	\$30 copay	\$40 copay	Plan pays 60%

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.

Multi-Choice E

Multi-Choice F

	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		\$750/\$2,250	\$2,500/\$7,500	\$5,000/\$15,000	
	\$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 ¹	\$2,000,000 combined			Unlimited ¹	\$2,000,000 combined		
	Plan pays 90%	Plan pays 70%	Plan pays 60%		Plan pays 90%	Plan pays 70%	Plan pays 60%	
	\$25 copay	\$35 copay	Plan pays 60%		\$30 copay	\$40 copay	Plan pays 60%	
	\$35 copay	\$45 copay	Plan pays 60%		\$40 copay	\$60 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%	Plan pays 100%	Plan pays 60%		Plan pays 100%	Plan pays 100%	Plan pays 60%	
	Plan pays 100%	Plan pays 100%	Plan pays 60%		Plan pays 100%	Plan pays 100%	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%	
	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		\$150 copay	\$150 copay	\$150 copay	13
	\$50 copay	\$70 copay	Plan pays 60%		\$60 copay	\$80 copay	Plan pays 60%	
	\$100 copay	\$100 copay	\$100 copay		\$150 copay	\$150 copay	\$150 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%		\$40 copay	\$60 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	\$15 copay	\$15 copay		\$10 copay	\$15 copay	\$15 copay	
	\$20 copay	\$30 copay	\$30 copay		\$20 copay	\$30 copay	\$30 copay	
	Not applicable	\$45 copay	\$45 copay		Not applicable	\$45 copay	\$45 copay	
	Not applicable	\$150 combined			Not applicable	\$150 combined		
	Unlimited	\$5,000 combined			Unlimited	\$5,000 combined		
	Plan pays 90%	Plan pays 70%	Plan pays 60%		Plan pays 90%	Plan pays 70%	Plan pays 60%	
		Limited to \$250 annually combined.				Limited to \$250 annually combined.		
	\$35 copay	\$45 copay	Plan pays 60%		\$40 copay	\$60 copay	Plan pays 60%	

MULTI-CHOICE PLANS

Multi-Choice G

	Select Providers	PPO Providers (PHCS Network)	Non-Participating Providers
Deductible (Individual/Family)	\$1,000/\$3,000	\$3,000/\$9,000	\$5,000/\$15,000
Coinsurance Out-of-Pocket Max (Individual/Family)	\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000
Maximum Benefit while covered	Unlimited ¹	\$2,000,000 combined	
Coinsurance	Plan pays 80%	Plan pays 70%	Plan pays 60%
Office Services			
■ Primary Care	\$30 copay	\$40 copay	Plan pays 60%
■ Speciality Care	\$40 copay	\$60 copay	Plan pays 60%
■ Special Procedures (Cardiac Stress Tests, EMG, others)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Preventive Services ²	Plan pays 100%	Plan pays 100%	Plan pays 60%
■ Maternity (obstetrician/midwife)	Plan pays 100%	Plan pays 100%	Plan pays 60%
Outpatient Services			
■ Laboratory Services	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Radiology Services	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Physical and Occupational Therapy– 20 visits per calendar year	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Outpatient Hospital or Surgical Facility	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Physician and Other Professional Charges	Plan pays 80%	Plan pays 70%	Plan pays 60%
Emergency Services			
■ Emergency Room Visit– per visit; copay waived if admitted	\$150 copay	\$150 copay	\$150 copay
■ After-Hours Urgent Care– per visit	\$60 copay	\$80 copay	Plan pays 60%
■ Ambulance– per trip	\$150 copay	\$150 copay	\$150 copay
Inpatient Services			
■ Hospital (facility charge)– per admission	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Physician and Other Professional Charges	Plan pays 80%	Plan pays 70%	Plan pays 60%
Mental Health Services			
■ Outpatient Mental Health– 20 visits per calendar year	\$40 copay	\$60 copay	Plan pays 60%
■ Inpatient Mental Health Facility– 30 days per calendar year	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Inpatient Mental Health Professional	Plan pays 80%	Plan pays 70%	Plan pays 60%
Pharmacy Services– 30-day supply			
■ Generic Drugs	\$15 copay	\$20 copay	\$20 copay
■ Brand Preferred Drugs	\$30 copay	\$45 copay	\$45 copay
■ Brand Non-Preferred Drugs	Not applicable	\$60 copay	\$60 copay
■ RX Deductible	\$100	\$200 combined	
■ Benefit Maximum	Unlimited	\$5,000 combined	
Other Services			
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 80%	Plan pays 70%	Plan pays 60%
		Limited to \$250 annually combined.	
■ Vision Exam	\$40 copay	\$60 copay	Plan pays 60%

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.

Multi-Choice H

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	\$4,000/\$12,000	\$6,000/\$18,000		\$3,000/\$9,000	\$5,000/\$15,000	\$7,500/\$22,500	
	\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000		\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000	
	Unlimited ¹	\$2,000,000 combined			Unlimited ¹	\$2,000,000 combined		
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	\$30 copay	\$40 copay	Plan pays 60%		\$30 copay	\$40 copay	Plan pays 60%	
	\$40 copay	\$60 copay	Plan pays 60%		\$40 copay	\$60 copay	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 100%	Plan pays 100%	Plan pays 60%		Plan pays 100%	Plan pays 100%	Plan pays 60%	
	Plan pays 100%	Plan pays 100%	Plan pays 60%		Plan pays 100%	Plan pays 100%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	\$150 copay	\$150 copay	\$150 copay		\$150 copay	\$150 copay	\$150 copay	15
	\$60 copay	\$80 copay	Plan pays 60%		\$60 copay	\$80 copay	Plan pays 60%	
	\$150 copay	\$150 copay	\$150 copay		\$150 copay	\$150 copay	\$150 copay	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	\$40 copay	\$60 copay	Plan pays 60%		\$40 copay	\$60 copay	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
	\$15 copay	\$20 copay	\$20 copay		\$15 copay	\$20 copay	\$20 copay	
	\$30 copay	\$45 copay	\$45 copay		\$30 copay	\$45 copay	\$45 copay	
	Not applicable	\$60 copay	\$60 copay		Not applicable	\$60 copay	\$60 copay	
	\$100	\$200 combined			\$100	\$200 combined		
	Unlimited	\$5,000 combined			Unlimited	\$5,000 combined		
	Plan pays 80%	Plan pays 70%	Plan pays 60%		Plan pays 80%	Plan pays 70%	Plan pays 60%	
		Limited to \$250 annually combined.				Limited to \$250 annually combined.		
	\$40 copay	\$60 copay	Plan pays 60%		\$40 copay	\$60 copay	Plan pays 60%	

For Custom Care HealthInvestor (HSA) benefit summaries, see back cover.

CUSTOM CARE HEALTHINVESTOR (HSA) PLANS¹

Self-Only and Family (2+) Plan Combinations

	PLAN A		PLAN B		PLAN C		PLAN D	
	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
Out-of-Pocket Max (Individual/Family)	\$1,200*	\$2,400	\$2,850*	\$5,700	\$3,600*	\$7,200	\$4,850*	\$9,700
Maximum Benefit while covered	Unlimited ¹		Unlimited ¹		Unlimited ¹		Unlimited ¹	
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)	
Preventive visits	\$15 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.

Introducing Kaiser Permanente Custom Care HealthInvestor (HSA)

Our Custom Care Health Investor (HSA) 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.

And 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 contract year.

The CarePay HSA

Kaiser Permanente selected Wells Fargo Bank as its preferred HSA trustee and administrator for the CarePaySM HSA. Affordable and easy to use, the CarePay HSA helps 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 CarePay HSA. Those who choose Wells Fargo can enjoy the convenience of the CarePay HSA 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 CarePay HSA, 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.

¹ Pending Department of Insurance approval.

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.

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