

Summary of medical benefits

01/01/2010 through 12/31/2010

CITY OF SAN JOSE	4189
Annual individual deductible	None
Annual family deductible	None
Annual individual out-of-pocket maximum	\$600 ¹
Annual family out-of-pocket maximum	\$1,200 ¹
Lifetime benefit maximum	None
Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan physician)	You pay
Office visits for	
Preventive care	See primary care; \$0 for age 0-2
Primary care	\$5
Specialty care	\$5
Prenatal care	\$0
Routine eye exam	\$5
Allergy shots and other injections	\$5
Routine immunizations	\$0
Rehabilitative therapies	See specialty care ²
Outpatient surgery	See specialty care ³
X-rays, imaging, laboratory, and special diagnostic procedures	\$0 per visit
Outpatient prescription drugs	\$5/prescription. You get up to a 30-day supply. When you use mail delivery, you get up to a 90-day supply of maintenance drugs for two copayments. ⁴
Hospital inpatient care	\$0 ⁵
Hospital maternity care for mother and newborn	Same as hospital inpatient care
Urgent care visit	\$5
Emergency department visit	\$75 ⁶
Ambulance services	\$75
Mental health services	
Inpatient and residential care	Same as hospital inpatient care
Day treatment	Same as primary care per day
Outpatient treatment	Same as primary care
Chemical dependency services	
Inpatient and residential care	Same as hospital inpatient care
Day treatment	Same as primary care per day
Outpatient treatment	Same as primary care

Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan physician)	You pay
Skilled nursing facility care	\$0 for up to 100 days per year
Home health care	\$0 for up to 130 visits per year
Infertility services	50% for diagnosis and treatment
Durable medical equipment	\$0

Questions? Call Membership Services (M-F, 8 am-6 pm)

Portland area...503-813-2000. All other areas...1-800-813-2000. TTY...1-800-735-2900. Language Interpretation Services, all areas...1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on your benefit coverage, claims review, and adjudication procedures, please see your evidence of coverage (or EOC) or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.

Footnotes: ¹Per calendar year. ²Limited to 20 visits per therapy per year. ³Includes endoscopy procedures. ⁴Kaiser Permanente formulary applies. We cover nonformulary drugs only when you meet exception criteria. ⁵Includes room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs. ⁶Copay waived if admitted.