

For the plan year beginning on January 01, 2008 and ending on December 31, 2008.

## 2008 HMO Plan F-100

Deductible Individual / Family	\$2,000/\$6,000
Coinsurance Max Individual / Family	Not applicable
Maximum Benefit While Covered	Unlimited <sup>1</sup>
Coinsurance	Plan Pays 100% after Annual Deductible
<b>Benefits</b>	<b>You Pay</b>
<b>Office Services</b>	
Primary Care (including lab and radiology)	\$40 copay
Specialty Care (including lab and radiology)	\$50 copay
High Tech Radiology Services(MRI, CT, PET, others)	Plan Pays 100% after Annual Deductible
Preventive Services	Plan Pays 100% <sup>2</sup>
Maternity (obstetrician/midwife)	Plan Pays 100%
<b>Outpatient Services</b>	
High Tech Radiology Services(MRI, CT, PET, others)	Plan Pays 100% after Annual Deductible
Physical and Occupational Therapy, up to 20 visits per year	Plan Pays 100% after Annual Deductible
Outpatient Hospital or Surgical Facility (including lab and radiology)	Plan Pays 100% after Annual Deductible
Physician and Other Professional Charges	Plan Pays 100% after Annual Deductible
<b>Emergency Services</b>	
Emergency Room Visit - per visit; copay waived if admitted	\$150 copay
After-Hours Urgent Care (per visit)	\$80 copay
Ambulance (per trip)	\$150 copay
<b>Inpatient Services</b>	
Hospital (facility charge)-per admission	Plan Pays 100% after Annual Deductible
Physician and Other Professional Charges	Plan Pays 100% after Annual Deductible
<b>Mental Health Services</b>	
Outpatient Mental Health (20 visits per calendar year)	\$50 copay
Inpatient Mental Health Facility (30 days per calendar year)	Plan Pays 100% after Annual Deductible
Inpatient Mental Health Professional	Plan Pays 100% after Annual Deductible
<b>Pharmacy Services - 30 day supply</b>	
Generic Drugs	\$10 at Kaiser Permanente Pharmacies; \$16 Network Pharmacies

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Brand Preferred Drugs	\$20 at Kaiser Permanente Pharmacies; \$26 Network Pharmacies
Non-Preferred Drugs	Not Applicable
Brand RX Deductible (Not applicable to Generic Drugs)	\$150 single/\$450 family
Benefit Maximum	Unlimited
<b>Other Services</b>	
DME / Prosthetics and Orthotics	Plan Pays 100% after Annual Deductible
Vision Exam	\$50 copay
PCP Selection	If a PCP is not chosen upon enrollment, one will be assigned based on the subscriber's home address.
Customer Service	404)261-2590 (888)865-5813 toll free Monday – Friday 8:30 a.m. until 9:00 p.m. Saturday, Sunday 8:00 a.m. until 2:00 p.m.
Referral	Self referral to Mental Health/Chemical Dependency, Dermatology, Ophthalmology, Optometry and OB/GYN Care. All Other specialty care services require a referral from your PCP.

### Additional Information

This is a summary of your benefits and their copayments. This is not a contract. A complete list, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Customer Service at (404)261-2590. Benefits are subject to approval by the Georgia Department of Insurance.

We do not cover the following services under this plan. For a complete list of exclusions and limitations, refer to your Evidence of Coverage: Services that are not medically necessary; Certain exams and other Services required for obtaining or maintaining employment, for insurance or licensing, for foreign travel, on court order or for parole or probation; Cosmetic services; Experimental or investigational services; Eye surgery, such as laser surgery, radial keratotomy to correct refractive defects; Services related to the treatment of morbid obesity (except certain health education programs are covered); Routine foot care; Sexual reassignment services; Reversal of voluntary infertility; Transportation and lodging expenses;

For details on the benefit and claims review and adjudication procedures, please refer to your Evidence of Coverage.

Kaiser Permanente maintains policies regarding the confidentiality, protection, and disclosure of personal health and member identifiable information, including policies related to access to medical records. If you have questions about our policies and procedures to maintain the confidentiality of personal information or would like a more comprehensive notice describing how Kaiser Permanente collects and uses personal information, please call Customer Service at (404)261-2590.