

600609 Redwood Empire Schools
Insurance Group

**Disclosure Form Part One — Principal Benefits for
Kaiser Permanente Senior Advantage with Part D (7/1/08—9/30/09)**

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 other Regions, Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, Out-of-Area dialysis care, and emergency ambulance Services

Senior Advantage is for Members entitled to Medicare, providing the advantages of combined Medicare and Health Plan benefits. Enrollment in this Senior Advantage with Part D plan means that you are automatically enrolled in Medicare Part D.

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

- For self-only enrollment (a Family Unit of one Member)..... \$1,500 per calendar year
- For any one Member in a Family Unit of two or more Members.... \$1,500 per calendar year
- For an entire Family Unit of two or more Members \$3,000 per calendar year

Deductible or Lifetime Maximum

None

Professional Services (Plan Provider office visits)

You Pay

- Primary and specialty care visits (includes routine and Urgent Care appointments) \$20 per visit
- Routine preventive physical exams..... \$20 per visit
- Family planning visits \$20 per visit
- Scheduled prenatal care visits and first postpartum visit \$15 per visit
- Routine preventive refraction exams and glaucoma screening..... \$20 per visit
- Routine preventive hearing tests..... \$20 per visit
- Physical, occupational, and speech therapy visits \$20 per visit

Outpatient Services

You Pay

- Outpatient surgery and certain other outpatient procedures..... \$20 per procedure
- Allergy injection visits \$3 per visit
- Allergy testing visits..... \$20 per visit
- X-rays, annual mammograms, and lab tests..... No charge
- Manual manipulation of the spine \$20 per visit
- Health education:
 - Individual visits..... \$20 per visit
 - Group educational programs No charge

Hospitalization Services

You Pay

- Room and board, surgery, anesthesia, X-rays, lab tests, and drugs \$250 per admission

continued

Emergency Health Coverage		You Pay
Emergency Department and Out-of-Area Urgent Care visits		\$50 per visit (does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition)
Ambulance Services		You Pay
Ambulance Services		\$50 per trip
Prescription Drug Coverage		You Pay
Most covered outpatient items in accord with our drug formulary guidelines:		
Generic items		\$10 for up to a 100-day supply
Brand-name items		\$25 for up to a 100-day supply
Durable Medical Equipment (DME)		You Pay
Covered DME for home use in accord with our DME formulary and Medicare guidelines		
		No charge
Mental Health Services		You Pay
Inpatient psychiatric hospitalization: first 190 days per lifetime as covered by Medicare. Thereafter, up to 45 days per calendar year		
		\$250 per admission
Outpatient individual and group visits		\$20 per individual visit \$10 per group visit
Chemical Dependency Services		You Pay
Inpatient detoxification		\$250 per admission
Outpatient individual visits		\$20 per visit
Outpatient group visits		\$5 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)		\$100 per admission
Home Health Services		You Pay
Home health care (part-time, intermittent)		No charge
Other		You Pay
Eyewear purchased from plan optical sales offices every 24 months		Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)		No charge

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).