

Clayton County – Active & Pre Medicare Retiree Plan
Effective Dates: June 1, 2011 to May 31, 2012
General Information

Website	www.kp.org
Member Services Number	(404)261-2590; (888)865-5813 toll-free
Member Services Weekday Hours	Monday-Friday 8:00 a.m. until 8:00 p.m.
Member Services Weekend Hours	Saturday and Sunday 8:00 a.m. until 8:00 p.m.
Annual Deductible: Individual/Family	Not applicable
Annual Out-of-Pocket Max: Individual/Family	Not applicable

Office Visits (Outpatient)

Primary Care	\$20 copay
Specialty Care	\$35 copay
Preventive Care	Covered 100%
Scheduled Prenatal Visits and 1st Postpartum Visit	100% covered for routine care
Well-Baby Care	Covered 100%
Vision Exam - Optometrist	\$35 copay, includes refractions
Vision Exam - Ophthalmologist	\$35 copay
Physical and Occupational Therapy	\$35 copay, 30 visits per calendar year, combined
Speech Therapy	\$35 copay, 30 visits per calendar year
Outpatient/Ambulatory Surgery	\$100 copay

Lab and X-Ray

Laboratory	100% covered in office; \$100 copay in hospital outpatient setting
X-Ray	100% covered in office; \$100 copay in hospital outpatient setting
MRI/CT/PET/Nuclear Medicine	\$35 copay in office; \$100 copay in hospital outpatient setting

Emergency Care

Ambulance (Ground or Air)	\$50 copay (per trip)
Emergency Room	\$75 copay; waived if admitted
Urgent Care	\$40 copay; at designated facilities

Hospital Care (Inpatient)

Inpatient	\$200 copay
Delivery and Inpatient Baby Care	Plan pays 100%



KAISER PERMANENTE®
Clayton County – Active & Pre Medicare Retiree Plan

Effective Dates: June 1, 2011 to May 31, 2012

Georgia
HMO
Group Number(s):238

Mental Health and Chemical Dependency

Mental Health Outpatient (Individual)	\$20 copay, unlimited visits per year
Mental Health Outpatient (Group)	\$10 copay, unlimited visits per year
Mental Health Inpatient	\$200 copay, unlimited days per year
Chemical Dependency Outpatient (Individual)	\$20 copay, unlimited visits per year
Chemical Dependency Outpatient (Group)	\$20 copay, unlimited visits per year
Chemical Dependency Inpatient	Excluded

Prescription Drugs

Pharmacy/Retail: Generic	\$15 copay at Kaiser Permanente Pharmacies & \$21 copay at Network Pharmacies
Pharmacy/Retail: Preferred Brand	\$25 copay at Kaiser Permanente Pharmacies & \$31 copay at Network Pharmacies
Pharmacy/Retail: Non-Preferred Brand	Excluded
Pharmacy/Retail: Day Supply	30 Day Supply
Mail Order - Generic	\$30 copay through Kaiser Permanente Pharmacies only
Mail Order – Preferred Brand	\$50 copay through Kaiser Permanente Pharmacies only
Mail Order – Non-Preferred Brand	Excluded
Mail Order - Day Supply	90 Day Supply

Other

Skilled Nursing Facility (SNF)	100% covered, up to 100 days per calendar year
Infertility Services	50% covered for treatment and reproductive diagnostic testing
Hospice Care	100% covered
Home Health Care	100% covered, limited to part-time intermittent care, as defined by Medicare. Private Duty nursing not covered.
Durable Medical Equipment (DME)	100%
Chiropractic Care	\$20 copay per visit, limited to 30 visits per calendar year

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.