

Kaiser Permanente

Summary of Benefits

	<i>Medicare</i>	<i>Non-Medicare</i>
SERVICE AREA	See service information on pages 20 and 21	
PROVIDERS	Kaiser Permanente physicians and hospitals	
LIFETIME MAXIMUM	Unlimited	Unlimited
CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM	\$1,000 per Individual \$2,000 per Family	\$1,000 per Individual \$2,000 per Family
CALENDAR YEAR DEDUCTIBLE	None	None
OFFICE VISIT	\$15 co-pay	\$15 co-pay
PREVENTIVE CARE	\$15 co-pay	\$15 co-pay
LAB, X-RAY & DIAGNOSTIC PROCEDURES	Covered in full	\$10 co-pay per visit
HOSPITAL CARE	\$200 co-pay per admission	\$200 co-pay per admission
EMERGENCY CARE <ul style="list-style-type: none"> Urgent Care Ambulance Emergency Care 	<ul style="list-style-type: none"> \$15 co-pay \$50 co-pay \$50 co-pay at plan and non-plan facilities. Co-pay waived if admitted 	<ul style="list-style-type: none"> \$15 co-pay \$75 co-pay \$75 co-pay plus any supplemental charges at Kaiser Permanente Plan and at non-plan facilities. Co-pay waived if admitted
SKILLED NURSING	Covered in full in a Medicare-certified facility for up to 100 days per Medicare benefit period	Covered in full in a Medicare-certified facility for up to 100 days per calendar year
ROUTINE EYE EXAM & EYE GLASSES	\$15 co-pay for eye exam. \$100 allowance every 24 months toward the purchase of lenses, frames and/or contact lenses	\$15 co-pay for eye exams. (eye glasses/contact lenses not covered)
ALTERNATIVE CARE	Discounts available (in addition to Medicare covered chiropractic benefit). Contact Kaiser Customer Service	Discounts available. Contact Kaiser Customer Service
PRESCRIPTION DRUGS	See pages 28 and 29	

This is a summary of benefits only for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this handbook and the plan document, the information in the plan document shall prevail.

*Premium Rates***RHIA Contribution Premium Rates**

The monthly premiums shown below are after the \$60 Retirement Health Insurance Account (RHIA) contribution. More information on the RHIA contribution and eligibility can be found on page 11 of this handbook.

RETIREE WITH MEDICARE	\$74.70
RETIREE WITH MEDICARE FAMILY* WITH MEDICARE	\$207.40
RETIREE WITH MEDICARE FAMILY* WITHOUT MEDICARE	\$551.00

Rates are effective January 1, 2006 through December 31, 2006.

* Family includes spouse and/or dependents enrolled in the PERS plan.

Non-Contribution Premium Rates

The monthly premiums shown below are without the contribution from RHIA or Retiree Health Insurance Premium Account (RHIPA). More information on RHIA and RHIPA contributions and eligibility can be found on pages 11 and 12 of this handbook.

RETIREE WITHOUT MEDICARE	\$478.30
RETIREE WITHOUT MEDICARE FAMILY* WITHOUT MEDICARE	\$954.60
RETIREE WITHOUT MEDICARE FAMILY* WITH MEDICARE	\$611.00
RETIREE WITH MEDICARE	\$134.70
RETIREE WITH MEDICARE FAMILY* WITH MEDICARE	\$267.40
RETIREE WITH MEDICARE FAMILY* WITHOUT MEDICARE	\$611.00

Rates are effective January 1, 2006 through December 31, 2006.

* Family includes spouse and/or dependents enrolled in the PERS plan.