

	HMO A	HMO B
Deductible - Individual / Family	None	\$500 / \$1,500
Coinsurance Out-of-Pocket Max - Individual / Family	Not Applicable	\$2,000 / \$6,000
Maximum Benefit While Covered ¹	Unlimited	Unlimited
Coinsurance	Not Applicable	70% after Annual Deductible
Benefits		
Office Services		
■ Primary Care	\$30 copay	\$30 copay
■ Specialty Care	\$50 copay	\$50 copay
■ Special Procedures (Cardiac Stress Tests, EMG, others)	\$50 copay	Plan pays 70%
■ Preventive Services ²	Plan pays 100%	Plan pays 100%
■ Maternity (obstetrician/midwife) ³	\$1,000 copay	\$1,000 copay
Outpatient Services		
■ Laboratory Services	Plan pays 100%	Plan pays 100%
■ Radiology Services	Plan pays 100%	Plan pays 100%
■ High Tech Radiology Services (MRI, CT, PET, others)	\$100 copay	Plan pays 70%
■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy)	\$50 copay	Plan pays 70%
■ Outpatient Surgery Facility	\$100 copay	Plan pays 70%
■ Hospital Outpatient Facility	\$100 copay	Plan pays 70%
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 70%
Emergency Services		
■ Emergency Room Visit (per visit; copay waived if admitted)	\$150 copay	\$150 copay
■ After-Hours Urgent Care (per visit)	\$60 copay	\$60 copay
■ Ambulance (per trip)	\$150 copay	\$150 copay
Inpatient Services		
■ Hospital (facility charge)	\$500 per admission	Plan pays 70%
■ Maternity (hospital delivery) ³	\$2,000 copay	\$2,000 copay
■ Physician and Other Professional Charges	Plan pays 100%	Plan pays 70%
Mental Health Services		
■ Outpatient Mental Health - 48 visits	\$60 copay	\$60 copay
■ Outpatient Group Therapy	\$30 copay	\$30 copay
■ Inpatient Mental Health Facility - 30 days	\$500 per admission	Plan pays 70%
■ Inpatient Mental Health Professional	Plan pays 100%	Plan pays 70%
Pharmacy Services - 30 day supply		
■ Generic Drugs - Kaiser Permanente Medical Centers/Eckerd Drugs	Mail Order available \$15 copay/\$21 copay	Mail Order available \$15 copay/\$21 copay
■ Brand Preferred Drugs	\$30 copay/\$36 copay	\$30 copay/\$36 copay
■ Brand Non-Preferred Drugs	Not Applicable	Not Applicable
■ Deductible	\$200 Rx Deductible	\$200 Rx Deductible
Other Services		
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 50%	Plan pays 70%
■ Vision Exam	\$50 copay	\$50 copay

HMO C	HMO D	HMO E
\$1,000 / \$3,000	\$2,000 / \$6,000	\$5,000 / \$15,000
\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000
Unlimited	Unlimited	Unlimited
70% after Annual Deductible	70% after Annual Deductible	70% after Annual Deductible
\$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay	\$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay	\$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay
Plan pays 100% Plan pays 100% Plan pays 70% Plan pays 70%	Plan pays 100% Plan pays 100% Plan pays 70% Plan pays 70%	Plan pays 100% Plan pays 100% Plan pays 70% Plan pays 70%
Plan pays 70% Plan pays 70% Plan pays 70%	Plan pays 70% Plan pays 70% Plan pays 70%	Plan pays 70% Plan pays 70% Plan pays 70%
\$150 copay \$60 copay \$150 copay	\$150 copay \$60 copay \$150 copay	\$150 copay \$60 copay \$150 copay
Plan pays 70% \$2,000 copay Plan pays 70%	Plan pays 70% \$2,000 copay Plan pays 70%	Plan pays 70% \$2,000 copay Plan pays 70%
\$60 copay \$30 copay Plan pays 70% Plan pays 70%	\$60 copay \$30 copay Plan pays 70% Plan pays 70%	\$60 copay \$30 copay Plan pays 70% Plan pays 70%
Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$200 Rx Deductible	Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$200 Rx Deductible	Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$500 Rx Deductible
Plan pays 70% \$50 copay	Plan pays 70% \$50 copay	Plan pays 70% \$50 copay



2005 HMO benefit summaries

For Multi-Choice benefit summaries, see pages 14-15

For rates,
see enclosed
insert.

	Multi-Choice Plan 1		
	Kaiser Permanente Providers	Participating Providers (CCN Network)	Non-Participating Providers
Deductible - Individual / Family	\$1,000 / \$3,000	\$3,000 / \$9,000	\$5,000 / \$15,000
Coinsurance Out-of-Pocket Max Individual / Family	\$2,000 / \$6,000	\$4,000 / \$12,000	Not Applicable
Maximum Benefit While Covered ¹	Unlimited	\$5,000,000 Combined	
Coinsurance	80% after Annual Deductible	70% after Annual Deductible	60% after Annual Deductible
Benefits			
Office Services			
■ Primary Care	\$30 copay	\$40 copay	Plan pays 60%
■ Specialty Care	\$40 copay	\$60 copay	Plan pays 60%
■ Special Procedures (Cardiac Stress Tests, EMG, others)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Preventive Services ²	Plan pays 100%	Plan pays 100%	Plan pays 60%
■ Maternity (obstetrician/midwife) ³	\$1,000 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
Outpatient Services			
■ Laboratory Services	Plan pays 100%	Plan pays 70%	Plan pays 60%
■ Radiology Services	Plan pays 100%	Plan pays 70%	Plan pays 60%
■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Rehabilitation Therapies (Physical, Occupational, Speech Therapy)	Plan pays 80%	Plan pays 70%	Plan pays 60%
(Up to 20 visits per calendar year combined)			
■ Outpatient Surgery Facility	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Hospital Outpatient Facility	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Physician and Other Professional Charges	Plan pays 80%	Plan pays 70%	Plan pays 60%
Emergency Services			
■ Emergency Room Visit (per visit; copay waived if admitted)	\$150 copay	\$150 copay	\$150 copay
■ After-Hours Urgent Care (per visit)	\$60 copay	\$80 copay	Plan pays 60%
■ Ambulance (per trip)	\$150 copay	\$150 copay	\$150 copay
Inpatient Services			
■ Hospital (facility charge)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Maternity (hospital delivery) ³	\$2,000 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Physician and Other Professional Charges	Plan pays 80%	Plan pays 70%	Plan pays 60%
Mental Health Services			
■ Outpatient Mental Health - 48 visits	\$60 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Outpatient Group Therapy	\$30 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Inpatient Mental Health Facility - 30 days	Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Inpatient Mental Health Professional	Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
Pharmacy Services - 30 day supply			
■ Generic Drugs	\$15 copay	\$20 copay	\$20 copay
■ Brand Preferred Drugs	\$30 copay	\$45 copay	\$45 copay
■ Brand Non-Preferred Drugs	Not Applicable	\$60 copay	\$60 copay
■ Deductible	\$200 Rx Deductible	\$400 Combined Rx Deductible	
Other Services			
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Vision Exam	\$40 copay	\$60 copay	Plan pays 60%

Multi-Choice Plan 2

Kaiser Permanente Providers	Participating Providers (CCN Network)	Non-Participating Providers
\$3,000 / \$9,000	\$5,000 / \$15,000	\$7,500 / \$22,500
\$2,000 / \$6,000	\$4,000 / \$12,000	Not Applicable
Unlimited	\$5,000,000 Combined	
80% after Annual Deductible	70% after Annual Deductible	60% after Annual Deductible
\$30 copay	\$40 copay	Plan pays 60%
\$40 copay	\$60 copay	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 100%	Plan pays 100%	Plan pays 60%
\$1,000 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 100%	Plan pays 70%	Plan pays 60%
Plan pays 100%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
(Up to 20 visits per calendar year combined)		
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
\$150 copay	\$150 copay	\$150 copay
\$60 copay	\$80 copay	Plan pays 60%
\$150 copay	\$150 copay	\$150 copay
Plan pays 80%	Plan pays 70%	Plan pays 60%
\$2,000 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 80%	Plan pays 70%	Plan pays 60%
\$60 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
\$30 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 80%	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 80%	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
\$15 copay	\$20 copay	\$20 copay
\$30 copay	\$45 copay	\$45 copay
Not Applicable	\$60 copay	\$60 copay
\$200 Rx Deductible	\$500 Combined Rx Deductible	
Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers Only
\$40 copay	\$60 copay	Plan pays 60%



2005 Multi-Choice benefit summaries

For HMO benefit summaries, see pages 8-9

For rates, see enclosed insert.