

BENEFITS AND SERVICES: HMO PLAN

Medical services provided or arranged by your Kaiser Permanente physician.

MEMBER PAYS
BALDWIN-WALLACE COLLEGE
Effective From 01/01/2012 - 12/31/2012

Out of Pocket Maximum (Calendar Year Single/Family)

\$2,000/\$6,000

OUTPATIENT CARE

Office Visits-Primary Care Physician

\$15 per visit

Office Visits-Specialist

\$15 per visit

•Vision Exams available through affiliated providers

 \$15 per visit³

Allergy treatment

No Charge

Prenatal Care

No Charge

Outpatient Surgery

\$15 per visit

Occupational Therapy: 30 visits per calendar year

 \$15 per visit³

Physical Therapy: 30 visits per calendar year

 \$15 per visit³

Speech Therapy: 30 visits per calendar year

 \$15 per visit³
PREVENTIVE SERVICES
Preventive Adult Physical primary care exam

No Charge

Preventive Well Child Care primary care exam as defined by Patient Protection and Affordable Care Act (PPACA)

No Charge

Preventive Mammogram and cervical cancer screening as defined by Patient Protection and Affordable Care Act (PPACA)

No Charge

Preventive Lab and X-ray screenings as defined by Patient Protection and Affordable Care Act (PPACA)

No Charge

Preventive Immunizations as defined by Patient Protection and Affordable Care Act (PPACA)

No Charge

DIAGNOSTIC SERVICES

•Laboratory and diagnostic testing, X-rays

 No Charge¹
HOSPITAL INPATIENT CARE

Inpatient Services

 \$100 per admit¹
URGENT CARE SERVICES

Urgent Care Visits

\$15 per visit

EMERGENCY SERVICES (Fee waived if admitted)

 Emergent use of any Emergency Room²

\$50 per visit

AMBULANCE SERVICES

Only when transportation in any other vehicle would endanger your health

 No Charge¹
BIOLOGICALLY BASED MENTAL ILLNESSES

Inpatient Services (does not include residential services)

 \$100 per admit¹

Outpatient Services

\$15 per visit

MENTAL HEALTH SERVICES

Inpatient Services (does not include residential services)

 \$100 per admit¹

Outpatient Services

\$15 per visit

CHEMICAL DEPENDENCY SERVICES

Inpatient Services (does not include residential services)

 \$100 per admit¹

Outpatient Services

\$15 per visit



BENEFITS AND SERVICES: HMO PLAN

Medical services provided or arranged by your Kaiser Permanente physician.

MEMBER PAYS

ALTERNATE CARE

Home Health Services	No Charge ¹
Hospice Home Care/Respite Care	No Charge
Skilled care in a Skilled Nursing Facility •Up to 100 days per calendar year	No Charge ¹

INFERTILITY SERVICES

•Inpatient	30% ¹
•Outpatient	30%

PRESCRIPTION DRUGS

•Covered Formulary Drugs and Accessories up to a 31 day supply at Kaiser Permanente and affiliated network facilities	
•Formulary Generic	\$15 copay ³
•Formulary Brand	\$30 copay ³
•Specialty Drugs ⁶	\$30 copay ³
•Up to 62 day supply of maintenance drugs by mail order from the Kaiser Permanente Mail Order Pharmacy	

DURABLE MEDICAL EQUIPMENT, EXTERNAL PROSTHETICS AND ORTHOTICS

DME Rider providers coverage for Medicare approved durable medical equipment	No Charge
--	-----------

DENTAL RIDER

Delta Dental Delta PPO: Standard Plan
•\$600 per person total per calendar year

Delta Dental PPO (Standard) is a preferred provider dental benefits program administered and underwritten by Delta Dental Plan of Ohio.

EXTENDED DEPENDENT COVERAGE

- Dependents⁵ are covered up to age 26 at the end of the month
- Full-Time Students are covered up to age 26 at the end of the month

¹When a plan deductible is indicated, services are subject to deductible.

²Services received at non-plan Emergency facilities that do not meet the definition of Emergency Services may not be eligible for coverage.

³Amount is not subject to, nor does it contribute toward the satisfaction of the Out-of-Pocket Maximum.

⁴Plan Deductibles are Embedded. The Individual Deductible counts toward the Family Deductible. Each family member is responsible for meeting the specified Individual Deductible amount, enabling that family member to receive benefits before meeting the Family Deductible. Once the Family Deductible is met, coverage begins for all covered family members.

⁵Group contracts starting on or after 7/1/2010 may provide additional Dependent coverage up to age 28, when certain criteria are met. Contact your employer for more details.

⁶Specialty drugs are very high cost medications approved by the Food and Drug Administration (FDA).

This summary of benefits contains highlights only.

This is not a contract. Specific benefits, exclusions and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive when you become a member. For specific questions about coverage, existing Members may call our Customer Relations Department at (216) 621-7100 or toll-free at 1-800-686-7100. New Members may call a Kaiser Permanente Representative at (216) 479-5770 or toll-free at 1-800-400-1907. Our TTY line is (216) 635-4444 for the hearing impaired.

For additional Kaiser Permanente Services, visit our website, kaiserpermanente.org. Through kaiserpermanente.org, members can access comprehensive, physician-reviewed information on a variety of health topics, search for specific topics in our health and drug encyclopedias, complete a total health assessment, and more. Members who receive care at Kaiser Permanente medical centers can also use our website to check most lab test results, schedule non-urgent primary care appointments, refill most prescriptions, order ID cards, and e-mail questions to their Kaiser Permanente practitioner or a member services representative. In addition, members can call our 24-Hour Care Line to receive advice and assistance.

Basic Coverage Information: Any person may cancel coverage within 72 hours after having signed the agreement or offer to enroll in the plan. Cancellation occurs when written notice of cancellation is given to Kaiser Permanente or its agents or representatives. The notice of cancellation shall be considered given when the prospective subscriber mails a letter to Kaiser Permanente.

Out-of-Pocket Maximum: The Plan's Deductible, any benefit specific deductible, and the following benefits do not apply towards the satisfaction of the Out-of-Pocket Maximum: Copayments and Coinsurance on services that are not Basic Health Care Services, such as but not limited to: Skilled Nursing, Durable Medical Equipment/Prosthetics and Orthotics, and Prescription Drug Benefits.

General Limitations and Exclusions including but not limited to: Services that are not medically necessary; services and supplies not provided, arranged, or authorized by an Ohio Permanente Medical Group or affiliated physician; services that are the financial responsibility of an employer or services a government agency is required by law to provide; services provided under any Workers' Compensation or employer's liability law; certain physical examinations, cardiac rehabilitation exercise program; custodial or intermediate care; long term rehabilitative services including physical, speech, and occupational therapy; services other than artificial insemination for conception by artificial means, including but not limited to, in vitro fertilization, ovum transplants, gamete intrafallopian transfer, zygote intrafallopian transfer; conception by artificial means; services related to the procurement and storage of donor semen; services related to sexual reassignment; services to reverse voluntary, surgically induced infertility; experimental or investigational services; non-human and artificial organs and their implantation; specialized behavioral modification programs for chronic conditions; alternative medical services including acupuncture, naturopathy, and massage therapy; hypnotherapy and hypnotic anesthesia; cosmetic surgery or services.

Health Plan Drug Formulary: Kaiser Foundation Health Plan of Ohio uses a closed drug formulary. The medications included in the Kaiser Permanente Formulary are chosen by a group of Kaiser Permanente physicians, pharmacists, and nurses known as the Pharmacy and Therapeutics Committee. This Committee meets regularly to evaluate and choose those medications that are effective, safe, and useful in caring for our members. Non-formulary drugs may be approved for coverage if certain criteria are met. Please note that some health benefit plans provide coverage of non-formulary drugs at a higher non-formulary copayment.

Not all health benefit plans include coverage for prescription drugs. Some drugs may be excluded from coverage. Some plans have limitations on the dollar amount of coverage. Some medications may have quantity restrictions limiting the amount of the drug you can receive per prescription or copayment. Coverage of certain formulary medications may also be subject to restrictions established by the Pharmacy and Therapeutics Committee.

For more information regarding our prescription drug benefit procedures or your benefit, please call our Customer Relations Department at (216) 621-7100 or 1-800-686-7100 or visit kaiserpermanente.org to view the Member Drug Formulary