

## BENEFITS AND SERVICES

### Kaiser Permanente Medicare Plus

Medical services provided or arranged by your Kaiser Permanente physician.

### MEMBER PAYS

#### **BALDWIN-WALLACE COLLEGE**

**Effective From 1/01/2012 - 12/31/2012**

|  |                 |
|--|-----------------|
| Out-of-Pocket Maximum <sup>1</sup> (Calendar Year, Single/Family)        | \$2,500/\$6,000 |
| <b>OUTPATIENT CARE</b>   |                 |
| Doctor's Office Visits-Primary Care Physician                            | No Charge       |
| Doctors Office Visits-Specialist   | No Charge       |
| •Routine Vision exams available through affiliated providers             | No Charge       |
| Routine Hearing Exams  | No Charge       |
| Allergy treatment  | No Charge       |
| Outpatient surgery   | No Charge       |
| Occupational Therapy   | No Charge       |
| Physical Therapy   | No Charge       |
| Cardiac Rehabilitative Therapy   | No Charge       |
| <b>PREVENTIVE SERVICES</b>   |                 |
| Preventive Exams including Welcome to Medicare and Annual Wellness Visit | No Charge       |
| Mammogram, Pap Smear   | No Charge       |
| Prostate cancer screening  | No Charge       |
| Colorectal screening   | No Charge       |
| Cardiovascular disease screening   | No Charge       |
| Preventive Lab and X-ray screening                                       | No Charge       |
| Bone Mass Measurements screening   | No Charge       |
| <b>DIAGNOSTIC SERVICES</b>   |                 |
| •Laboratory and diagnostic testing, X-rays                               | No Charge       |
| <b>HOSPITAL INPATIENT CARE</b>   |                 |
| Inpatient Services   | No Charge       |
| <b>URGENT CARE SERVICES</b>  |                 |
| Urgent Care Office Visits  | No Charge       |
| •Laboratory and diagnostic testing, X-rays                               | No Charge       |
| <b>EMERGENCY SERVICES - (Fee waived if admitted)</b>                     |                 |
| Worldwide emergency coverage   | \$50 per visit  |
| <b>AMBULANCE SERVICES</b>  |                 |
| Only when transportation in any other vehicle would endanger your health | \$50 per trip   |
| <b>MENTAL HEALTH SERVICES</b>  |                 |
| Inpatient Services   | No Charge       |
| Outpatient Services  | No Charge       |
| <b>CHEMICAL DEPENDENCY SERVICES</b>                                      |                 |
| Inpatient Services   | No Charge       |
| Outpatient Services  | No Charge       |
| •Individual Therapy  | No Charge       |
| •Group Therapy   | No Charge       |

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|---|-------------|
| <b>ALTERNATE CARE</b>   |             |
| Home Health Services  | No Charge   |
| Skilled care in a Skilled Nursing Facility  | No Charge   |
| •Up to 100 days per benefit period  |             |
| Hospice: Medicare Covered Hospice is covered under Part A of Original Medicare  |             |
| <hr/>   |             |
| <b>DURABLE MEDICAL EQUIPMENT (DME), EXTERNAL PROSTHETICS AND ORTHOTICS</b>  |             |
| Durable Medical Equipment   |             |
| •Medicare-approved durable medical equipment, external prosthetics, and orthotics, including glucose monitors, test strips, and lancets | No Charge   |
| <hr/>   |             |
| <b>PRESCRIPTION DRUGS</b>   |             |
| Prescription Drugs  |             |
| •Covered Formulary Drugs and Accessories up to a 31 day supply at Kaiser Permanente and affiliated network facilities                   | \$5 copay   |
| •Up to 62 day supply of maintenance drugs by mail order from the Kaiser Permanente Mail Order Pharmacy                                  |             |
| <hr/>   |             |
| <b>CHIROPRACTIC SERVICES</b>  |             |
| Manual manipulation of the spine to correct subluxation   | No Charge   |
| <hr/>   |             |
| <b>EXTENDED DEPENDENT COVERAGE</b>  |             |
| Extended Dependent <sup>2</sup> Coverage  |             |
| •Dependents 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  |             |

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<sup>1</sup>**Out-of-Pocket Maximum:** Medicare covered services apply to the out of pocket maximum.

<sup>2</sup>**Dependent Coverage:** Group 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.

**Please note:** Kaiser Permanente is a health plan with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Also, please refer to the *Evidence of Coverage* for complete coverage information (including limitations and exclusions).

For specific questions about coverage, existing members please call Customer Relations at 1-800-493-6004 or 1-866-513-9966 (TTY/TDD); seven days a week, 8 a.m.–8 p.m. New members may call a Kaiser Permanente representative at (216) 479-5770 or toll-free at 1-800-400-1907 ((216) 635-4444 (TTY/TDD)).

For additional Kaiser Permanente Services, visit our website, **kp.org**. Through **kp.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 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.

**Health Plan Drug Formulary:** A formulary (also known as a drug list) is a list of covered drugs selected by Kaiser Permanente in consultation with a team of health care providers that represents the prescription therapies believed to be a necessary part of a quality treatment program

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 Customer Relations at 1-800-493-6004 or 1-866-513-9966 (TTY/TDD); seven days a week, 8 a.m.–8 p.m. or visit **kp.org/seniorrx** to view the Drug Formulary.

**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.