

BENEFITS AND SERVICES

Kaiser Permanente Medicare Plus

Medical services provided or arranged by your Kaiser Permanente physician.

MEMBER PAYS

BALDWIN-WALLACE COLLEGE Effective 1/1/2010 - 12/31/2010

OUTPATIENT CARE

Office Visits including:

\ • Primary care	No Charge
Office Visits-Specialist	No Charge
• Office Visits-Vision Exams available through affiliated providers	No Charge
Chiropractic Services (for Medicare-covered manual manipulation of the spine)	No Charge
Outpatient surgery	No Charge ¹
Physical, Speech, and Occupational Therapy	No Charge ¹

OUTPATIENT DIAGNOSTIC SERVICES

• Laboratory tests	No Charge
• CT scan, PET scan, MRI, or Nuclear medicine scan	No Charge
• All other radiological services	No Charge

PRESCRIPTION DRUGS -- for information on our formulary, please see the section titled "Health Plan Drug Benefit"

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	
Medicare-covered drugs and biologicals	\$5 per prescription

IMMUNIZATIONS

• Pneumococcal, Influenza, Hepatitis B	No Charge
• Other medically necessary immunizations	No Charge

URGENT CARE

• At Kaiser Permanente facilities or outside the service area	No Charge
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EMERGENCY SERVICES

• Worldwide coverage	\$50 per visit
• Copay waived if immediately admitted	

HOSPITAL INPATIENT CARE

No annual or lifetime limit on covered days, including:	No Charge
• Physician and surgeon services; Room and board, anesthesia, operating and recovery rooms; Laboratory and diagnostic testing, x-rays	

AMBULANCE SERVICES

• When your condition requires services only a licensed ambulance can provide, and when transportation in any other vehicle would adversely affect your condition	\$50 per trip
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ALTERNATE CARE

All prescribed Medicare-covered Home Health Services	No Charge
Skilled care in a Skilled Nursing Facility	No Charge
• Up to 100 days per benefit period	

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MENTAL HEALTH SERVICES/CHEMICAL DEPENDENCY SERVICES

Inpatient

- Mental Health - in a Medicare-approved psychiatric facility No Charge
- Chemical Dependency
 - Detoxification in general hospital No Charge
 - Detoxification in a specialized facility in a Medicare-approved facility No Charge

Outpatient - Unlimited visits per calendar year

- Individual Visits for Mental Health and Chemical Dependency No Charge
- Group Therapy
 - Mental Health No Charge
 - Chemical Dependency No Charge

DURABLE MEDICAL EQUIPMENT & ADDITIONAL BENEFITS AND SERVICES

Durable Medical Equipment

- Medicare-approved durable medical equipment, external prosthetics, and orthotics, including glucose monitors, test strips, and lancets No Charge

Extended Dependent Coverage

- Dependents are covered up to age 23 at the end of the month
- Full-Time Students are covered up to age 23 at the end of the month

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.

This summary 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 Monday through Thursday 8:15 a.m. to 5:00 p.m. at (216) 621-7100 or toll-free at 1-800-686-7100. New Members may call a Kaiser Permanente Group Service Representative at (216) 479-5770 or toll-free at 1-800-400-1907. Our TTY line for the hearing impaired is (216) 635-4444 or toll-free at 1-877-676-6677.

General Exclusions include but are not limited to:

- Alternative medical services including acupuncture, naturopathy and massage therapy
- Cosmetic surgery
- Custodial care
- Dental care, except for medically necessary dental care as defined by Medicare
- Elective or voluntary enhancement procedures
- Health care services that are the responsibility of an Employer or Government Entity
- Experimental/Investigational procedures and items
- Hypnotism or hypnotic anesthesia services
- Long-term rehabilitative therapy
- Non-Human organs and artificial organs and their implantation
- Nursing care on a full-time basis in your home
- Low vision aids and services
- Orthoptic (eye training)

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therapy • Recreational Therapy • Services for which you have other coverage • Services which are not reasonable, necessary, nor covered under Medicare program standards unless otherwise specifically mentioned.

Health Plan Drug Benefit

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 Kaiser Permanente health benefit plans provide coverage of non-formulary drugs at a higher non-formulary copayment.

Not all Kaiser Permanente 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 www.members.kp.org to view the Member Drug Formulary.