

COMPARISON OF MEDICAL PLANS

Effective July 1, 2009



Health Maintenance Organizations (HMOs) and Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser – Colorado
- Kaiser – Georgia
- Kaiser – Hawaii
- Kaiser – Oregon

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents, which legally govern each plan's operation.

The health plans and benefit designs available from the LACERA-administered options change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area will impact your eligibility to be enrolled in the health plan, the benefit designs available and the rates you pay.

Note: The benefit levels contained in this booklet are subject to approval by the Centers for Medicare and Medicaid Services (CMS) and may be adjusted during the plan year.

BASIC (UNDER 65 OR OVER 65 WITHOUT MEDICARE COVERAGE) HMOs

	Kaiser – Colorado	Kaiser – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,000 Family – \$4,500	Individual – \$2,000 Family – \$4,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge Outpatient – \$50 copay	Inpatient – no charge Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%; \$2,000 max.	Durable medical equipment covered at 80%
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	No charge; 100 days per year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge if authorized
Hospice Care	No charge	No charge if authorized
Emergency Benefits		
Inpatient	\$100 copay (waived if admitted)	\$100 in or out of plan (waived if admitted)
Outpatient	\$100 copay	\$100 in or out of plan (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$25 copay for after-hours care; \$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adults	\$5 copay	\$15 copay
– Children Under 17	\$5 copay	\$15 copay
Immunizations	\$5 copay	\$15 copay
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Maternity	\$5 copay	\$15 copay for 1st visit; no charge thereafter
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser; \$21 generic/\$36 brand copay for up to 30-day supply at Eckereds
Mental Health Benefits		
Inpatient	\$250 per admission; up to 45 days per calendar year	\$250 copay; up to 30 days per calendar year
Outpatient	\$5 copay; up to 20 visits annually	\$15 copay (unlimited)
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 copay per admission (detox only)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses, contact lenses or frames combined every 2 years
Frames		
Hearing Exam	\$5 copay	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual – \$2,000 Family (3 or more – \$6,000)	Individual – \$600 Family – \$1,200
None	None
No charge	No charge
No charge	Inpatient – no charge Outpatient – \$5 copay
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	No charge; 100 days per year
Not covered	Not covered
No charge if authorized	No charge if authorized; limited to 130 days
No charge if authorized	No charge
\$25/visit	\$75 copay (waived if admitted)
\$25/visit	\$75 copay (waived if admitted)
No charge	\$75 copay
\$5 copay	\$5 copay
No charge	No charge
\$5 copay	\$5 copay
\$5 copay	\$5 copay; no charge up to age two
No charge for age 0 – 18; \$10 copay for age 19 and above	No charge for routine
\$5 copay	\$5 copay
\$5 copay	\$5 copay; 2 months or 20 visits per condition for each therapy, whichever is greater
\$5 copay	\$5 copay; 2 months or 20 visits per condition for each therapy, whichever is greater
No charge (after confirmation of pregnancy)	Hospitalization – no charge; Doctor’s office visit – no charge
\$5 copay for up to 30-day supply	\$5 copay for up to 30-day supply
No charge for up to 30 days per calendar year*	No charge for up to 30 days; residential: up to 45 days
\$5 copay for up to 24 visits per calendar year	\$5 copay
No charge	No charge
\$5 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	No charge
\$5 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
\$500 allowance	Not covered

*When prescribed by a physician, services for serious mental illness will be provided in accordance with state law.

RETIREE WITH MEDICARE MA-PD HMOs

	Kaiser – Colorado	Kaiser – Georgia
Calendar Year Deductible/ Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,500	Individual – \$2,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge/Outpatient – \$50 copay	Inpatient – no charge/Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	No charge
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	No charge; 100 days per period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge if authorized
Hospice Care	No charge (only home-based hospice care)	No charge
Emergency Benefits		
Inpatient	\$50 copay (waived if admitted)	\$50 copay in or out of plan (waived if admitted)
Outpatient	\$50 copay	\$50 copay in or out of plan (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	Copay varies
Routine Checkups		
– Adults	\$5 copay	\$15 copay
– Children Under 17	\$5 copay	\$15 copay
Immunizations	\$5 copay	\$15 copay
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Maternity	No charge	No charge
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser; \$21 generic/\$36 brand copay for 30-day supply at Eckereds
Mental Health Benefits		
Inpatient	\$250 per admission (190 lifetime days)	\$250 per admission; 190-day lifetime limit
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses Frames	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses and/or frames combined every 2 years
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual – \$2,000 Family – \$6,000	Individual – \$600 Family – \$1,200
None	None
No charge	No charge
No charge	No charge
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	No charge; 100 days for Medicare benefits period
Not covered	Not covered
No charge if authorized	No charge
No charge if authorized	No charge
\$25 per visit	\$50 copay (waived if admitted)
\$25 per visit	\$50 copay (waived if admitted)
No charge	\$50 copay
\$5 copay	No charge (\$5 copay for specialist)
No charge	No charge
\$5 copay	No charge
\$5 copay	No charge
No charge for age 0 – 18; \$10 copay for age 19 and above	No charge
\$5 copay	No charge
\$5 copay	No charge; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
\$5 copay	No charge; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
No charge (after confirmation of pregnancy)	No charge
\$5 copay for up to 30-day supply	\$5 copay for a 30-day supply
No charge; 30 days per calendar year*	No charge; 190-day maximum per lifetime
\$5 copay; 24 visits per calendar year*	No charge
No charge	No charge
\$5 copay	No charge
\$5 copay	No charge
Not covered	\$150 credit toward the purchase of lenses, frames, and/or contact lenses every 24 months
Not covered	
\$5 copay	No charge
Not covered	Not covered

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