



Kaiser Permanente HMO BENEFITS AND SERVICES

Medical services provided or arranged by your Kaiser Permanente physician.

MEMBER PAYS

CATHOLIC DIOCESE OF CLEVELAND, effective 7/1/10-6/30/11

Out of Pocket Maximum (Contract Year Single/Family)	\$2,000/\$6,000
OUTPATIENT CARE	
Office Visits-Primary Care Physician	\$25 per visit
Allergy treatment	No Charge
Office Visits-Specialist	\$25 per visit
• Vision Exams available through affiliated providers	\$25 per visit
Prenatal Care	No Charge
Outpatient surgery	\$25 per visit
Urgent Care Visits	\$25 per visit
Physical, Speech, and Occupational Therapy	\$25 per visit
• Up to 30 visits per calendar year	
PREVENTIVE SERVICES	
Preventive adult physical primary care exam	\$25 per visit
Preventive Well Child Care primary care exam	\$25 per visit
Preventive Mammogram and PAP screening	No Charge
Preventive Lab and X-ray screening	No Charge
DIAGNOSTIC SERVICES	
• Laboratory and diagnostic testing, X-rays	No Charge ¹
HOSPITAL INPATIENT CARE	
Inpatient Services	\$250 per admit ¹
EMERGENCY SERVICES (Fee waived if admitted)	
Emergent use of any Emergency Room ²	\$50 per visit
Emergency Services provided at a non-Plan Facility ²	\$50 per visit
AMBULANCE SERVICES	
Only when transportation in any other vehicle would endanger your health	No Charge ¹
BIOLOGICALLY BASED MENTAL ILLNESSES	
Outpatient Services	\$25 per visit
Inpatient Services (does not include residential services)	\$250 per admit ¹
MENTAL HEALTH SERVICES	
Outpatient Services	\$25 per visit
Inpatient Services (does not include residential services)	\$250 per admit ¹
CHEMICAL DEPENDENCY SERVICES	
Inpatient Services (does not include residential services)	\$250 per admit ¹
Outpatient	
• Detoxification	\$25 per visit
• Individual Therapy	\$25 per visit
ALTERNATE CARE	
Home Health Services	No Charge ¹
Hospice Home Care/Respite Care	No Charge
Skilled care in a Skilled Nursing Facility	No Charge ¹
• Up to 100 days per calendar year	
INFERTILITY SERVICES	
• Inpatient	30% ¹
• Outpatient	30%



KAISER PERMANENTE®

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PRESCRIPTION DRUGS

- Covered Formulary Drugs and Accessories up to a 31 day supply at Kaiser Permanente and affiliated network facilities
- Up to 62 day supply of maintenance drugs by mail order from the Kaiser Permanente Mail Order Pharmacy

\$10 copay

EXTERNAL PROSTHETICS, ORTHOTICS AND DURABLE MEDICAL EQUIPMENT

Coverage limited to specific durable medical equipment

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

²Services for emergencies are covered at any emergency room. Medical services received at non-plan Emergency facilities that do not meet the HMO definition are not eligible for coverage.

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.

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 Exclusions including but not limited to:

Services that are not medically necessary; services and supplies not provided, arranged or authorized by a Plan Physician; services that are the financial responsibility of an employer or services or 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, custodial or intermediate care, long term rehabilitative services including physical, speech and occupational therapy; artificial conception: services for conception: services for conception by artificial means, including but not limited to in vitro fertilization, ovum transplants, gamete intrafallopian transfer, zygote intrafallopian transfer; services related to the procurement and storage of donor semen and storage; 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. Oral contraceptives, Elective Abortions; Conception by artificial means.