

**Kaiser Permanente Multisite Plan (KPMP)/Group Health Multisite Plan
Georgia Benefit Plans 2010**

Benefit Type	KPMP/GHMP Standard Benefit Plan			
	Basic	Standard	Comprehensive	Medicare
<u>Basic Member Costs</u>				
Copayments	\$20	\$15	\$10	\$15
Deductibles	None	None	None	None
Coinsurance	None	None	None	None
Annual Out-of-Pocket Maximum	2000/4000	2000/4000	2000/4000	2000
Lifetime Maximum	None	None	None	None
<u>Office Visits and Other Outpatient Care</u>				
Office Visits	\$20	\$15	\$10	\$15
Well-Child Care to Age 2	No Charge	No Charge	No Charge	No Charge
X-ray, Laboratory and Special Procedures	No Charge	No Charge	No Charge	No Charge
Outpatient Surgery-Surgery Center or Outpatient Hospital	\$100	\$100	\$50	\$100
Physical, Occupational and Speech Therapy (outpatient; 20 visits per modality per calendar year)	\$20	\$15	\$10	\$15
Prenatal Care	No Charge	No Charge	No Charge	No Charge
Home Health Care/Hospice	No Charge	No Charge	No Charge	No Charge
Infertility Diagnosis/Treatment ¹	50%	50%	50%	50%
Vision Exam	\$20	\$15	\$10	\$15
<u>Inpatient Services</u>				
Hospital Inpatient Care (per admit)	\$500	\$250	\$100	\$250
Skilled Nursing Facility (100 days/calendar year)	No Charge	No Charge	No Charge	No Charge ^A
<u>Emergency Services and After Hours Urgent Care</u>				
Emergency Services	\$100	\$100	\$100	\$50
After Hours Urgent Care	\$20	\$15	\$10	\$15
Ambulance	\$100	\$100	\$100	\$100
<u>Mental Health Services</u>				
Mental Health Outpatient (unlimited)	\$20	\$15	\$10	\$15
Mental Health Inpatient (up to 30 days per calendar year; copayment per admit)	\$500	\$250	\$100	\$250 ^A

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Chemical Dependency Services				
Chemical Dependency Outpatient (unlimited)	\$20	\$15	\$10	\$15
Chemical Dependency Inpatient (Detox only; per admit)	\$500	\$250	\$100	\$250
Additional Benefits				
Prescription Drugs (Per 30-day supply; Infertility Drugs excluded; price for in-KP pharmacy only)	\$15/30 ²	\$15/30 ²	\$10/20 ²	\$15/30 ²
Prescription Drugs – Mail Order (Infertility Drugs excluded)	\$15/30 ³	\$15/30 ³	\$10/20 ³	\$15/30 ³
Durable Medical Equipment	20%	20%	20%	20%
Prosthetics/Orthotics	20%	20%	20%	20%

Medicare Plans mirror the “Standard” KPMP plan option.

FOOTNOTES:

¹ Exclude: advanced reproductive services (GIFT, ZIFT, IVF, ovum transplants); donor (anonymous or spousal sperm; egg procurement and storage)

² Copays for Rx's filled at network pharmacies are an additional \$6

³ Mail Order Rx copays same as at in-KP pharmacies

^A 100 days per benefit period

^B Medicare mandates 150 days in a general hospital; 190 days per lifetime in a Medicare-certified psychiatric facility