



MARIN COUNTY EMPLOYEES – Retirees with Medicare **Note: if not in color, see column heading**

Customer ID #'s 463 & 603194 (Terminating Customer ID #36344 & 38025)

If in Kaiser & want to remain in Kaiser: Current Benefits in **Green** will move to **Yellow** as default, unless action taken * to move to Silver Option in **Pink** *requires new enrollment application to be completed and turned in

Principal Benefits for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/12—12/31/12)

The Services described below are covered only if all the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)*

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

- For self-only enrollment (a Family of one Member)..... \$1,500 per calendar year
- For any one Member in a Family of two or more Members..... \$1,500 per calendar year
- For an entire Family of two or more Members..... \$3,000 per calendar year

Deductible or Lifetime Maximum None

	Green HIGH OPTION You Pay	Yellow LOW OPTION You Pay	Green LIMITED OPTION You Pay	Pink SILVER OPTION You Pay
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Routine Physical exams.....	No charge	No Charge	\$15 per visit	No Charge
Eye exams for refraction	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Hearing exams	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Most primary and specialty care consultations, exams and treatment.....	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Urgent care consultations, exams and treatment.....	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Physical, occupational, and speech therapy	No charge	\$5 per visit	\$15 per visit	\$25 per visit

Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures.....	No charge	\$5 per procedure	\$15 per procedure	\$25 per procedure
Allergy injection visits (including allergy serum)	No charge	\$3 per visit	\$3 per visit	\$3 per visit
Most X-rays, annual mammograms and laboratory tests.....	No charge	No charge	No charge	No charge
Manual manipulation of the spine	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Health education:				
Individual visits	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Group educational programs	No charge	No charge	No charge	No charge

Hospitalization Services You Pay

Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	No charge	No charge	No charge	No charge
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Emergency Health Coverage You Pay

Emergency Department visits.....	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit
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Note: This cost Sharing does not apply if admitted directly to the hospital as an inpatient within 24 hours for the same condition for covered Services (see "Hospitalization Services" for inpatient Cost Sharing)

Ambulance Services You Pay

Ambulance Services.....	\$50 per trip	\$50 per trip	\$50 per trip	\$50 per trip
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continued

Prescription Drug Coverage	You Pay	You Pay	You Pay	You Pay
Most covered outpatient items in accord with our drug formulary guidelines:				
Generic items from a Plan Pharmacy	\$5 up to a 100 day supply	\$5 up to a 100 day supply	\$7 up to a 100 day supply	\$10 up to a 30 day supply; \$20 for a 31-60 day supply, \$30 for a 61-100 day supply
Generic refills from our mail-order service.....	\$5 up to a 100 day supply	\$5 up to a 100 day supply	\$7 up to a 100 day supply	\$10 up to a 30 day supply or \$20 for a 31-100 day supply
Brand-name items from a Plan Pharmacy.....	\$5 up to a 100 day supply	\$5 up to a 100 day supply	\$7 up to a 100 day supply	\$25 up to a 30-day supply; \$50 for 31-60 day supply or \$75 for a 61-100 day supply
Brand-name refills from our mail-order service	\$5 up to a 100 day supply	\$5 up to a 100 day supply	\$7 up to a 100 day supply	\$25 for up to a 30-day supply or \$50 for a 31-100 day supply
Durable Medical Equipment (DME)	You Pay			
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines.....	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Mental Health Services	You Pay			
Inpatient psychiatric hospitalization and intensive psychiatric treatment programs	No charge	No charge	No charge	No charge
Outpatient individual visits	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Outpatient group visits	No charge	\$2 per visit	\$7 per visit	\$12 per visit
Chemical Dependency Services	You Pay			
Inpatient detoxification	No charge	No charge	No charge	No charge
Outpatient individual visits	No charge	\$5 per visit	\$15 per visit	\$25 per visit
Outpatient group visits	No charge	\$2 per visit	\$5 per visit	\$5 per visit
Home Health Services	You Pay			
Home health care (part-time, intermittent).....	No charge	No charge	No charge	No charge
Chiropractic Services	You Pay			
Up to 30 visits per year with ASHP Provider – no referral required	\$10 per visit	\$10 per visit	\$10 per visit	\$15 per visit
Other	You Pay			
Eyewear purchased at Plan Medical Offices or plan optical sales offices every 24 months	Amount in excess of \$150 Allowance	Amount in excess of \$150 Allowance	Amount in excess of \$150 Allowance	Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge	No charge	No charge	No charge
Covered Prosthetic devices, and ostomy and urological supplies	No charge	No charge	No charge	No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For an explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).