

CUSTOM CARE HEALTHINVESTOR for Small Employers

2008 Plans

An HSA-compatible High Deductible Health Plan

Benefits and Services		Option 1	Option 2	Option 3	Option 4
SERVICES SUBJECT TO DEDUCTIBLE	Deductible (individual/family) ¹	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$3,000/\$6,000
	Out-of-Pocket Maximum	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
	Coinsurance	None	None	80%	80%
	Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
	Office Visits	100%	100%	80%	\$20 copay
	Prenatal Office Visits	100%	100%	80%	100%
	Lab & Radiology Services	100%	100%	80%	80%
	Urgent Care Services	100%	100%	80%	\$45
	Ambulance Services ²	100%	100%	80%	80%
	Emergency Department Visits	100%	100%	80%	80%
	Hospital Inpatient Care	100%	100%	80%	80%
	Prescription Drugs ³	100%	100%	80%	80%
	Durable Medical Equipment	100%	100%	80%	80%

SERVICES NOT SUBJECT TO DEDUCTIBLE	Preventive Exam	100%	100%	\$15 copay	\$20 copay
	Preventive Well-Child Care	100%	100%	\$15 copay	\$20 copay
	Preventive Lab and Radiology	100%	100%	100%	100%
	Immunizations	100%	100%	100%	100%

This is a summary description and is not intended to replace the Group Agreement and/or Evidence of Coverage, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions. To obtain a Kaiser Permanente High Deductible Health Plan Evidence of Coverage contact a marketing representative at 1-800-400-1907.

¹Deductible embedded.

²Only when required by medical condition and transportation in any other vehicle would endanger health.

³Based on Kaiser Permanente drug formulary. Mail-order 62-day supply included.