

Southwest Carpenters Health & Welfare Trust

Customer ID No. 102785

Actives

Principal Benefits for Kaiser Permanente Deductible HMO Plan (4/1/11—12/31/11)

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 Southern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Cares, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

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, plus all your Deductible payments, add up to one of the following amounts:

For self-only enrollment (a Family of one Member)	\$1,000 per calendar year
For any one Member in a Family of two or more Members	\$1,000 per calendar year
For an entire Family of two or more Members	\$2,000 per calendar year

Deductible for Certain Services as specified below

You must pay Charges for Services you receive in a calendar year until you reach one of the following Deductible amounts:

For self-only enrollment (a Family of one Member)	\$100 per calendar year
For any one Member in a Family of two or more Members	\$100 per calendar year
For an entire Family of two or more Members	\$200 per calendar year

Lifetime Maximum None

Professional Services (Plan Provider office visits) You Pay

Most Primary Care Visits (consultations and exams with generalists in internal medicine, pediatrics, or family practice, and with specialists in obstetrics/gynecology who the Medical Group designates as Primary Care Physicians)	\$15 per visit (Deductible doesn't apply)
Most Specialty Care Visits (consultations and exams that are not Primary Care Visits, including all consultations and exams with personal Plan Physicians who are not Primary Care Physicians)	\$30 per visit (Deductible doesn't apply)
Routine physical maintenance exams	\$15 per visit (Deductible doesn't apply)
Well-child preventive exams (through age 23 months)	No charge (Deductible doesn't apply)
Family planning counseling.....	\$15 per visit (Deductible doesn't apply)
Scheduled prenatal care exams and first postpartum follow-up consultation and exam	No charge (Deductible doesn't apply)
Eye exams for refraction	\$15 per visit (Deductible doesn't apply)
Hearing exams	\$15 per visit (Deductible doesn't apply)
Urgent care consultations and exams	\$15 per visit (Deductible doesn't apply)
Physical, occupational, and speech therapy.....	\$15 per visit (Deductible doesn't apply)

Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures	\$30 per procedure after Deductible
Allergy injections (including allergy serum).....	No charge (Deductible doesn't apply)
Most immunizations (including vaccines)	No charge (Deductible doesn't apply)
Most X-rays and laboratory tests	No charge (Deductible doesn't apply)
Health education:	
Most individual health education counseling and programs	\$15 per visit (Deductible doesn't apply)
Covered group educational programs.....	No charge (Deductible doesn't apply)

Hospitalization Services You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$150 per admission after Deductible
--	--------------------------------------

Emergency Health Coverage You Pay

Emergency Department visits	\$100 per visit (Deductible doesn't apply)
-----------------------------------	--

Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Sharing)

Ambulance Services You Pay

Ambulance Services	\$50 per trip (Deductible doesn't apply)
--------------------------	--

continued

Prescription Drug Coverage	You Pay
Most covered outpatient items in accord with our drug formulary guidelines:	
Generic items from a Plan Pharmacy	\$10 for up to a 30-day supply, \$20 for a 31- to 60-day supply, or \$30 for a 61- to 100-day supply (Deductible doesn't apply)
Generic refills from our mail-order service	\$10 for up to a 30-day supply or \$20 for a 31- to 100-day supply (Deductible doesn't apply)
Brand-name items from a Plan Pharmacy	\$30 for up to a 30-day supply, \$60 for a 31- to 60-day supply, or \$90 for a 61- to 100-day supply (Deductible doesn't apply)
Brand-name refills from our mail-order service.....	\$30 for up to a 30-day supply or \$60 for a 31- to 100-day supply (Deductible doesn't apply)
Chiropractic Care	You Pay
Services available from any American Specialty Health Plans of California, Inc. (ASH Plans) chiropractor, without a referral from a Plan Physician.	\$15 per visit for up to 20 visits per year (Deductible doesn't apply)
Durable Medical Equipment	You Pay
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines up to a \$2,500 calendar year benefit limit as described in the EOC.....	No charge (Deductible doesn't apply)
Mental Health Services	You Pay
Inpatient psychiatric hospitalization and intensive psychiatric treatment programs (up to 45 days per calendar year)	\$150 per admission after Deductible
Outpatient mental health evaluations and treatments:	
Up to a total of 20 individual and group visits per calendar year that include Services for mental health evaluation or treatment	\$15 per individual visit (Deductible doesn't apply) \$7 per group visit (Deductible doesn't apply)
Up to 20 additional group visits in the same calendar year that meet Medical Group criteria	\$7 per visit (Deductible doesn't apply)
Note: Visit and day limits do not apply to Serious Emotional Disturbances of children and Severe Mental Illnesses as described in the EOC.	
Chemical Dependency Services	You Pay
Inpatient detoxification	\$150 per admission after Deductible
Individual outpatient chemical dependency consultations and treatment	\$15 per visit (Deductible doesn't apply)
Group outpatient chemical dependency treatment.....	\$5 per visit (Deductible doesn't apply)
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period).....	\$100 per admission (Deductible doesn't apply)
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year).....	No charge (Deductible doesn't apply)
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge (Deductible doesn't apply)
Hospice care	No charge (Deductible doesn't apply)

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 a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).