KAISER PERMANENTE®

Diamond Resorts
• **kp.org**

2014 Features of your Kaiser Permanente group plan

Benefit	Member Pays
Deductible	None
Annual supplemental charges maximum per calendar year	$2,500 / $7,500
Preventive services	
Well-child office visits	No charge
Routine immunizations	No charge
One Preventive care office visit per calendar year (age 2 and older)	No charge
One gynecological office visit per calendar year (for female members)	No charge
Outpatient services	
Office visits	$20 per visit
Routine obstetrical (maternity) care	No charge
FDA-approved contraceptive drugs and devices	Patient Protection & Affordable Care Act (PPACA)-Mandated Drugs/Devices On KP Formulary - No charge All Other Drugs & Devices - 50% of applicable charges
Inpatient services	
Hospital room and board, doctors' medical and surgical services, and anesthesia services	10% of applicable charges including observation & maternity stay
Laboratory, imaging, and testing services	
Inpatient lab, imaging, and testing	See Inpatient Services Copay
Outpatient lab, imaging, and testing	$10 per day OR 20% of applicable charges for: specialty lab tests, specialty imaging, specialty testing & radiation therapy
Mental health services	
Outpatient office visits	$20 per visit
Hospital inpatient care	10% of applicable charges
Day treatment or partial hospitalization services	$20 per visit
Non-hospital residential services	10% of applicable charges
Chemical dependency services	
Outpatient office visits	$20 per visit
Hospital inpatient care	10% of applicable charges
Day treatment or partial hospitalization services	$20 per visit
Non-hospital residential services	10% of applicable charges
Emergency services (for initial treatment only)	
Within the Hawaii service area	$100 per visit
Outside the Hawaii service area	$100 per visit
Ambulance services	20% of applicable charges
Diabetes equipment and internal prosthetics, devices, and aids	
Diabetes equipment	50% of applicable charges
Internal prosthetics, devices, and aids	No charge
All care and services must be coordinated by a Kaiser Permanente physician.	
Additional services	
3-Tier Prescription drug 5/10/45	Generic Maintenance Drugs: $5 per prescription Other Generic Drugs: $10 per prescription Brand-Name Drugs: $45 per prescription
Prescription drug mail-order incentive	Two drug copayments for a 90-consecutive-day supply

This is only a summary. It does not fully describe your benefit coverage. For more details on your benefit coverage, exclusions, limitations, and plan terms, or for information, please refer to the attached, detailed benefit summary, to your employer, to *Our physicians and locations* directory for practitioner and provider availability, and to your *Member handbook*. This document is meant to be reviewed in conjunction with the attached, detailed benefit summary.

43544_KAH1522 1/2014

Benefit	Member Pays
Chiropractic, acupuncture, and massage therapy services (up to 12 visits per calendar year)	$20 per visit

This is only a summary. It does not fully describe your benefit coverage. For more details on your benefit coverage, exclusions, limitations, and plan terms, or for information, please refer to the attached, detailed benefit summary, to your employer, to *Our physicians and locations* directory for practitioner and provider availability, and to your *Member handbook*. This document is meant to be reviewed in conjunction with the attached, detailed benefit summary.