KAISER PERMANENTE®

Important notice

Health plans are undergoing many changes due to the passage of the Patient Protection and Affordable Care Act. At Kaiser Permanente, we want to help you keep informed about how the federal health reform law affects your individual and family coverage.

We are currently working to implement the new federal health reform law in accordance with the schedule outlined by Congress. While many key aspects of the legislation will phase in over the next several years, some provisions will impact your benefits effective October 1, 2010. Among these provisions are: an expanded list of preventive care services, covered in network with no cost sharing; no lifetime maximums for designated essential health benefits; and the continuation of insurance coverage for dependent children up to age 26.

The information in this notice changes some of the information in the enclosed enrollment kit, which outlines our Kaiser Permanente for Individuals and Families coverage effective October 1, 2010, through December 31, 2011. There may be additional benefit and eligibility revisions based on further clarification from our federal regulators. If so, we will keep you informed of these changes.

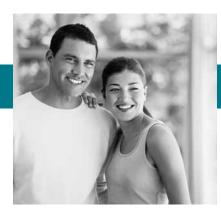
If you have questions, please call **1-800-494-5314**, 8 a.m. to 8 p.m., Monday through Friday, and 9 a.m. to 5 p.m., Saturday, or call your broker.

Thank you for your interest in Kaiser Permanente.

Nine Piedmont Center 3495 Piedmont Road, NE Atlanta, GA 30305 © 2010 Kaiser Foundation Health Plan of Georgia, Inc.

CHOOSE APLAN NOW PLANS

What Now plans offer and how they work



IN THIS BROCHURE

- How Now plans work
- Meet the Romeros
- Meet Jason Choi
- Benefit highlights

Support your goals with **a plan that supports you**.

The peace of mind you need—at a price you can afford. Now!

With Kaiser Permanente's Now plans, you'll get the right coverage, at the right price, from a health care company you can trust. Our Now plans offer low premiums as well as the benefits you've come to expect from us.

Copays for many services from the first day of coverage

You'll only pay a copay for services like primary care and specialist visits, maternity care, after-hours urgent care, and Emergency Room visits. Plus, all benefits that are available for a copay are not subject to the annual medical deductible. That means you will pay just a copay for these services from the first day of coverage!

Preventive care to help keep you healthy

You'll be covered for the benefits you need to help you stay healthy, like annual exams and screenings. Preventive services like routine mammograms, Pap tests, and immunizations are all available at no charge—and you don't have to meet a deductible first.¹

The choice is yours

All our new Now plans offer affordable rates, quality coverage, and predictable out-of-pocket costs. And with eight plans to choose from, you're sure to find a good fit for your personal situation.

First, decide whether you want prescription drug coverage. Then all you have to determine is what annual deductible amount you prefer. Generally, the higher the deductible, the lower your monthly premium. And remember that no matter which plan you choose, you'll enjoy the same quality coverage.

¹Office visit copay may apply.

How our **Now Plus plans** work for a family

Meet the Romeros

Juan and Nancy Romero have a daughter, Anna, age 11.¹ They are starting their own business and need health care coverage. They choose the Now 2000 Plus plan.

- The deductible: In deductible plans with family coverage, each family member can meet the deductible in two ways. Each can pay full cost for covered services until his or her separate expenses meet the individual deductible. Or, the family's combined out-of-pocket expenses can meet the family deductible.
- Not subject to the deductible: The Romeros are happy to learn that many services are not subject to the deductible. So, from the first day of coverage, they can pay a copay for the services they use most, such as doctor's office visits and urgent care visits. Most preventive care services are no charge.
- Primary care visits: Each member of the Romero family gets an annual checkup. The checkup is a \$40 office visit copay. And since the Kaiser Permanente medical office nearest their home has doctors' offices, lab, X-ray, and pharmacy under one roof, they can see the doctor, get lab tests, and pick up their prescriptions in one stop.
- Prescription drugs: The Romeros always request generic drugs so they can pay a \$15 copay. Only brand drugs are subject to the drug deductible.



The family signs up for My Health Manager, a secure site on **kp.org** that enables them to manage most of their health care needs online. When Nancy needs a list of Anna's immunizations for school, she downloads it on her home computer. And when the family needs their annual checkups, they request their appointments online.²

The Romeros want to take care of their health, so they take full advantage of Healthy Living classes, including "Healthy Eating for Teens" and "Meditation 101," offered at their local Kaiser Permanente medical offices.³ Plus, both Juan and Nancy sign up for HealthMedia[®] Succeed[™], an online wellness program that evaluates their health and helps them create a self-improvement program.⁴

¹This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health plan.

²Most features are only available to members receiving care at Kaiser Permanente medical centers.

³Classes vary by location. Some classes may require a fee.

⁴Offered in collaboration with HealthMedia, Inc.

How our **Now plans** work for an individual

Meet Jason Choi

Jason just graduated from college and is freelancing while he looks for his dream job.¹ He's active and healthy and plans to stay that way. He wants an affordable health plan that covers the big stuff just in case. He chooses the Now 6000 plan, a deductible plan with a \$6,000 deductible and no prescription coverage.

Here's how Jason's plan works over the year.

Preventive care: Because preventive care is not subject to the deductible, Jason pays only a \$40 office visit copay for his annual checkup. His flu shot is no charge.

Jason has an accident that requires him to have surgery.

- Meeting the deductible: Since Jason has a \$6,000 medical deductible, he pays full charges until his covered medical expenses total \$6,000.
- Paying coinsurance: After Jason meets his deductible, he pays 30 percent coinsurance for most subsequent covered medical expenses. Jason's qualified medical expenses after the deductible amount to \$9,000, so his 30 percent coinsurance payments total \$3,000.
- How the out-of-pocket maximum (OOPM) works: The OOPM for Jason's plan is \$5,000. Only coinsurance payments made after the deductible apply toward the OOPM, so Jason has now paid \$3,000 toward his OOPM for this year.

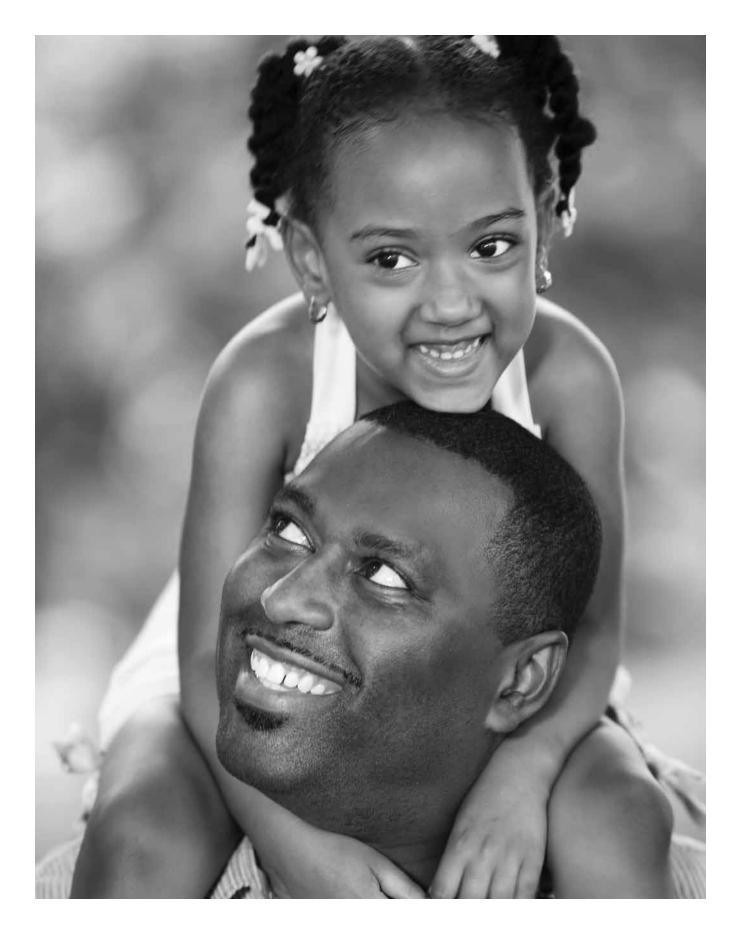


¹This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health plan.

Benefit highlights

	Now 2000	Now 4000	Now 6000	Now 10000		
Features						
Annual deductible (individual/family)	\$2,000/\$6,000	\$4,000/\$12,000	\$6,000/\$18,000	\$10,000/\$30,000		
Annual out-of-pocket maximum (individual/family)	\$5,000/\$9,000					
Lifetime benefit maximum	\$6 million					
Benefits	Benefits with copays not subject to deductible Benefits with coinsurance subject to deductible					
Preventive care (not subject to deductible—c	office visit copay may ap	iply)				
Immunizations	No charge					
Well-child visit (to age 2)	No charge					
Certain preventive screenings	No charge					
Mammogram	No charge					
Dutpatient services (per visit or procedure)	Kaiser Po	ermanente medical center	s/non–Kaiser Permanent	e facilities		
Primary care/Specialist office visit	\$40 copay/\$60 copay					
Most X-rays and lab tests	No charge/30% coinsurance					
MRI, CT, and PET	30% coinsurance					
Outpatient surgery	30% coinsurance					
npatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	30% coinsurance					
Naternity (other charges will apply for profe	ssional services)					
Obstetrician/Midwife	\$1,500 copay					
Hospital delivery	\$3,000 copay					
Emergency and urgent care						
Emergency Room visit (waived if admitted)	\$250 copay					
Urgent care visit	\$70 copay					
Ambulance service	\$250 copay					
Prescription drugs						
Generic/Brand drugs	Not covered					
Other services						
Vision exam	\$60 copay					

This plan summary is intended to only highlight some of the principal provisions of our plans. Please refer to your *Evidence of Coverage* for more details of your plan or for specific limitations and exclusions. Certain underwriting guidelines apply. Applicants are subject to medical review.



• Have a question? We have answers. Call your broker today!

Benefit highlights

	Now 2000 Plus	Now 4000 Plus	Now 6000 Plus	Now 10000 Plus	
Features					
Annual deductible (individual/family)	\$2,000/\$6,000	\$4,000/\$12,000	\$6,000/\$18,000	\$10,000/\$30,000	
Annual out-of-pocket maximum (individual/family)	\$5,000/\$9,000				
Lifetime benefit maximum	\$6 million				
Benefits	Benefits with copays not subject to deductible Benefits with coinsurance subject to deductible				
Preventive care (not subject to deductible—o	ffice visit copay may ap	ply)			
Immunizations	No charge				
Well-child visit (to age 2)	No charge				
Certain preventive screenings	No charge				
Mammogram	No charge				
Outpatient services (per visit or procedure)	Kaiser Pei	manente medical center	s/non–Kaiser Permanent	e facilities	
Primary care/Specialist office visit	\$40 copay/\$60 copay				
Most X-rays and lab tests	No charge/30% coinsurance				
MRI, CT, and PET	30% coinsurance				
Outpatient surgery	30% coinsurance				
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	30% coinsurance				
Maternity (other charges will apply for profes	sional services)				
Obstetrician/Midwife	\$1,500 copay				
Hospital delivery	\$3,000 copay				
Emergency and urgent care					
Emergency Room visit (waived if admitted)	\$250 copay				
Urgent care visit	\$70 copay				
Ambulance service	\$250 copay				
Prescription drugs					
Pharmacy deductible (brand drugs only) (individual/family)	\$300/\$600				
Generic drugs (Kaiser Permanente pharmacy/ network pharmacy)	\$15 copay/\$21 copay				
Brand drugs (Kaiser Permanente pharmacy/ network pharmacy)	\$40 copay/\$46 copay (after pharmacy deductible)				
Other services					
Vision exam	\$60 copay				

7



kp.org

Nine Piedmont Center 3495 Piedmont Road, NE Atlanta, GA 30305 ©2010 Kaiser Foundation Health Plan of Georgia, Inc.

