

# Your benefits



El Monte Union High School District  
El Monte High School  
Group #100386

58024.32.3.S006350053

## Disclosure Form Part One — Principal Benefits for Kaiser Permanente Traditional Plan (10/1/04—11/30/05)

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
- You receive the Services from Plan Providers inside our Service Area, except where specifically noted to the contrary for authorized referrals, our visiting member program, Emergency Care, Out-of-Area Urgent Care, and Post-stabilization Care described in the Evidence of Coverage. Note: Please refer to Your Guidebook for the types of covered Services that are available from each Plan Facility, because at some facilities only specific types of covered Services are provided

SERVICE	You Pay
<b>Hospital Inpatient Care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	No charge
<b>Outpatient Care</b>	
Primary and specialty care visits for internal medicine, family practice, pediatrics, and gynecology (includes routine and urgent care appointments)	\$10 per visit
Well-child preventive care visits (23 months or younger)	\$10 per visit
Scheduled prenatal care and first postpartum visit	\$10 per visit
Eye exams to provide a prescription for eyeglasses	\$10 per visit
Hearing exams	\$10 per visit
Outpatient surgery	\$10 per procedure
Allergy injection visits	No charge
Immunization <sup>3</sup>	No charge
X-rays and lab tests	No charge
Physical, occupational, and speech therapy visits	\$10 per visit
Health education for specific conditions:	
Individual visits	\$10 per visit
Group visits	No charge
Emergency Department visits	\$10 per visit (waived if admitted directly to the hospital)
<b>Outpatient Prescription Drugs</b>	
Covered items in accord with our formulary when obtained at Plan pharmacies	\$10 up to a 100-day supply (or 3 cycles for oral contraceptives)
Drugs related to the treatment of sexual dysfunction disorders (episodic drugs are limited to 27 doses in any 100-day period)	50% Coinsurance up to a 100-day supply
<b>Mental Health Services</b>	
Inpatient psychiatric care (up to 45 days per calendar year)	No charge
Outpatient visits:	
Up to a total of 20 individual and/or group therapy visits per calendar year	
Individual therapy visits	\$10 per visit
Group therapy visits	\$5 per visit
Up to 20 additional group therapy visits that meet Medical Group criteria in the same calendar year	\$5 per visit

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**Mental Health Services**

Note: Visit and day limits do not apply to severe mental illnesses and serious emotional disturbances of children as described in the *Evidence of Coverage*.

**Chemical Dependency Services**

Inpatient detoxification	No charge
Outpatient individual therapy visits	\$10 per visit
Outpatient group therapy visits	\$5 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission
Residential rehabilitation (up to 30 days per calendar year)	No charge

**Infertility Services**

Office visits	\$10 per visit
Outpatient surgery	\$10 per procedure
Outpatient lab tests, X-rays, and special procedures	No charge
Hospital inpatient care	No charge

**Additional Benefits**

Durable medical equipment in accord with our formulary	No charge
External prosthetic and orthotic devices	No charge
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Home health care	No charge
Hospice care	No charge
Ambulance Services	No charge
Coordination of benefits	Included

This is a summary of the most frequently asked about benefits and their Copayments and Coinsurance. This chart does not describe benefits. Please refer to the *Evidence of Coverage* to learn about what is covered under each benefit (including exclusions and limitations) and additional benefits that are not included in this summary. Note: We cover benefits in accord with applicable law (for example, diabetes supplies).