

Kaiser Foundation Health Plan, Inc.

BNSF-Southern California Actives, Early Retirees, COBRA

Group No. 127665-00,03,09,12,37,7009 Southern California

SUMMARY OF BENEFITS

Plan Year: 1/1/2002 to 12/31/2002

BENEFIT	MEMBER COST
Hospital Care	
Inpatient Hospitalization	No Charge
Prescription Drugs	No charge; when administered during hospital stay
Emergency Room Visits (waived if admitted)	\$50 per visit
Mental Health Care (up to 30 days per calendar year)	No Charge (no day limit for Mental Health Parity Dx)
Alcohol & Drug Dependency Care (detox only)	No Charge
Skilled Nursing Care	No Charge up to 100 days per benefit period
Outpatient Care	
Physician Visits	\$15 per visit
Lab and X-ray	No Charge
Pre-natal Visits (following confirmation of pregnancy) and the first Post-partum Visit	No Charge
Infertility Services	\$15 per visit
Routine Physical Exams	\$15 per visit
Hearing and Eye Exams (includes eye refractions)	\$15 per visit
Hearing Aids	No charge every 36 months
Well-Baby Care (from birth to age two)	No Charge
Physical, Speech & Occupational Therapy Visits	\$15 per visit; up to 60 visit maximum per diagnosis
Respiratory Therapy	No Charge; included in \$15 Office Visit copay
Allergy Visits (with a physician)	\$15 per visit
Allergy Injection Visits	No Charge
Ambulance Service (when medically necessary)	\$50 per trip
Durable Medical Equipment	80% covered in accordance with DME formulary list
Hospice	No Charge; as part of Plan's Home Health Program
Home Health Care	No Charge
Mental Health Care (up to 20 visits per calendar year)	\$15 per individual visit (no visit limit for Mental Health Parity Dx)
Alcohol and Drug Dependency Care	\$15 per individual visit & \$5 per group visit
Alcohol & Drug Residential Treatment	\$100 per admission; up to 60 days/cal. year, not to exceed 120 days/5 year period in a non-medical setting.
Prescription Drugs	\$15 per prescription for up to a 100-day supply when obtained at Plan pharmacies. Includes coverage for Dental Prescriptions
Dependent Coverage	

This summary is intended only as a general description of the plan benefits; it is not a contract. For additional information about benefits or exclusions and limitations please refer to the Plan's "Disclosure Form and Evidence of Coverage."

For additional information call (800)-464-4000.