

Employee
The Money We'll Save you'll Use

2008 COMPANY INSURANCE MEMO

To: ALL EMPLOYEES

Re: KAISER HEALTH INSURANCE

All new hires shall be notified / provided with this MEMO & Items Listed:

- Full time work (In excess of 20 hours per week) employees who live in covered areas (Most Areas) are eligible for *self-funded* health insurance. If coverage is desired,

*YOU MUST CONTACT US AT THE ABOVE PHONE NUMBERS
WITHIN 30 DAYS OF YOUR HIRE DATE.*

- The first date of coverage will be on the first of the month; after the first full month of employment - (example: hire date 01/15/08... date of coverage begins 03/01/08).
- Yearly Open Enrollment: If coverage is not desired at the time of hire, we have "Open Enrollment" annually. Our open enrollment month is December for a January date of coverage.

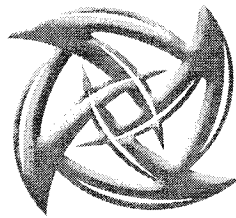
*YOU MUST CONTACT US AT THE ABOVE PHONE NUMBERS BEFORE OR DURING THE
MONTH OF DECEMBER (Open Enrollment) IF YOU PLAN TO PARTICIPATE.*

- \$15 Co-payment Plan Benefits & Rate Sheet

Note to existing Members: After many years of offering a \$5 Co-payment Plan, Employee Leasing has elected a \$15 Co-payment Plan. Each member's monthly premium is significantly lower than would be the case (with the old \$5 Plan). This monthly savings to you ("Member") is simply too good to pass up!

5256 S. Mission Rd. #808 ~ Bonsall, CA 92003
Ph: 760-639-6013 ~ Fx: 760-639-6074
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Employee Leasing
Time is Money... let us save you both!

Traditional \$15 Co-payment Plan

Plan 2	Services	Members Pay
Calendar Year Deductible	Individual / Family	\$0.00
Out-of-Pocket Maximum	Individual / Family (Per calendar year)	\$1,500.00 / \$3,000.00
In the Medical Office	Doctor Office Visits	\$15.00
	Physical, vision, & hearing exams	\$15.00
	Women's preventive screening exam	\$15.00
	Infertility services	50%
	MRI/CAT/PET	\$50.00
Emergency Services	Emergency care provided in an emergency department	\$100.00
	From any provider (waived if admitted directly to hospital)	
	Ambulance	\$75.00
Prescriptions	Generic (Up to a 100-day supply)	\$15.00
Hospital Care	Physicians' services, room & board tests medications supplies, therapy, etc.	\$200.00 [Per Day]
Durable Medical Equipment	DME used in the home in accord with DME formulary	20%
Mental Health Services****	Medical Office (20 visits / calendar yr. max.)	\$15.00 [Individual]
	In the Hospital (30 days / calendar yr. max.)	\$0.00
Chemical Dependency Services	In the Medical Office	\$15.00 [Individual]
	In the Hospital (Detoxification Only)	\$0.00
Optical (eyewear)		\$150.00 allowance
Vision Exam		\$15.00

** This chart is an estimated quick summary only / Additional information is provided in Your Plan Coverage. **
 ** Dependents are covered thru age 19 / Students are eligible as dependents thru age 24 **

2008 Kaiser Health Insurance Rates - Age Banded \$15 Copayment Plan

Age Group	Employee Only	EE+Spouse	EE+Children	Family
Under 30	\$228	\$637	\$626	\$886
30-39	\$252	\$685	\$644	\$980
40-49	\$325	\$748	\$618	\$987
50-54	\$423	\$879	\$698	\$1,124
55-59	\$535	\$1,123	\$800	\$1,292
60-64	\$659	\$1,252	\$882	\$1,462
65+	\$748	\$1,616	\$1,124	\$1,777

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