

**Mental Health and Chemical Dependency Coverage Provided at Kaiser Facilities  
For Kaiser Plan Enrollees and Dependents**

	Pre 2/1/2010 Coverage	Post Parity Compliance Effective 2/1/2010
<b>Mental Health Services</b>	You Pay	You Pay
<b>Inpatient psychiatric hospitalization and intensive psychiatric treatment programs</b>	No charge up to 45 days per calendar year	No charge
<b>Outpatient individual visits</b>	\$20 per individual visit, up to 20 individual and group visits per calendar year	\$20 per individual visit
<b>Outpatient group visits</b>	\$10 per group visit, up to 20 additional group visits per calendar year that meet the Medical Group criteria	\$10 per group visit
<b>Chemical Dependency Services</b>	You Pay	You Pay
<b>Inpatient detoxification</b>	No charge	No charge
<b>Outpatient individual visits</b>	\$20 per visit	\$20 per visit
<b>Outpatient group visits</b>	\$5 per visit	\$5 per visit