

Medical Benefits Comparison

Plan Name	Blue Cross PPO		Blue Cross HMO	Kaiser HMO
Eligibility	Active Employees and Retirees		Active Employees and Retirees Under 65	Active Employees and Retirees Under Age 65
	In-Network	Out-of-Network		
Annual Deductible				
• Individual	\$250.00	\$250.00	\$0.00	\$0.00
• Family	\$500.00	\$500.00	\$0.00	\$0.00
Out of Pocket Max				
• Individual	\$1,000.00	\$3,000.00	\$1,000.00	\$1,500.00
• Family	\$2,000.00	\$6,000.00	\$2,000.00	\$3,000.00
Medical/Outpatient				
Physician Office Visit				
• Primary Care Physician	\$20.00	70%	\$10.00	\$10.00
• Specialist	\$20.00	70%	\$10.00	\$10.00
Urgent Care	\$20.00	70%	\$10.00	\$10.00
Routine Preventive Care	No Charge	Not Covered	No Charge	No Charge
Well Baby/Well Child	No Charge	70%	No Charge	No Charge
X-Rays and Lab Tests	90%	70%	No Charge	No Charge
CT, CAT MRI or PET Scans	90%	30% subject to utilization review \$800 per procedure limit	\$100.00	No Charge
Durable Medical Equipment	90%	70%	No Charge	No Charge
Hearing Aids	Up to \$2000/ear every 3 years	30%	50% of charges per ear every 3 years	Up to \$2000/ear every 3 years
Eyeglasses/Contacts	N/A	N/A	N/A	N/A
Hospital Benefits				
• Inpatient	90%	70% after separate \$250 deductible	No Charge	No Charge
• Outpatient Surgery	90%	70%	No Charge	\$10 per procedure
Emergency Room	\$50 - waived if admitted	\$50 - waived if admitted	\$100 - waived if admitted	\$35 - waived if admitted
Ambulance Services	90%	90%	\$100/trip	No Charge
Prescription Drugs				
Costco Pharmacy	\$0.00		\$0.00	N/A
Generic Formulary	\$5.00		\$5.00	\$5.00
Brand Name Formulary	\$15.00		\$15.00	\$10.00
Non-Formulary	\$30.00		\$30.00	Not Covered *
Supply Limit	30 days		30 days	100 days
Mail Order Pharmacy				
Generic Formulary	\$10.00		\$10.00	\$5.00
Brand Name Formulary	\$30.00		\$30.00	\$10.00
Non-Formulary	\$75.00		\$75.00	Not Covered
Supply Limit	90 days		90 days	100 days

* if deemed medically necessary by Kaiser Permanente physician, then co-pay would be \$10

The chart in this document only provides highlights of the benefits offered. If there are inconsistencies between this chart and the official plan documents, the plan documents will govern. This chart does not serve as a contract.

Medical Benefits Comparison

Plan Name	Medicare Advantage PPO Plan	Kaiser HMO Medicare Senior Advantage Plan
Eligibility	<u>Retirees Over Age 65 & Must Have Medicare Part A and B</u>	<u>Retirees Over Age 65 & Must Have Medicare Part A and B</u>
Annual Deductible		
• Individual	\$0.00	\$0.00
• Family	\$0.00	\$0.00
Out of Pocket Max		
• Individual	\$0.00	\$1,000.00
• Family	\$0.00	
Medical/Outpatient		
Physician Office Visit		
• Primary Care Physician	No Charge	\$10.00
• Specialist	No Charge	\$10.00
Urgent Care		
	No Charge	\$10.00
Routine Preventive Care		
	No Charge	No Charge
X-Rays and Lab Tests		
	No Charge	No Charge
CT, CAT MRI or PET Scans		
	No Charge	No Charge
Durable Medical Equipment		
	No Charge	20% of Charges
Hearing Aids		
	\$0 copay, \$1500 max benefit every 12 months	Up to \$2000/ear every 3 years
Eyeglasses/Contacts		
	N/A	\$150 allowance every 24 months
Hospital Benefits		
• Inpatient	No Charge	No Charge
• Outpatient Surgery	No Charge	\$10 per procedure
Emergency Room		
	No Charge	\$35 - waived if admitted
Ambulance Services		
	No Charge per one-way trip	No Charge
Prescription Drugs		
		N/A
Generic Formulary	\$5.00	\$5.00
Preferred Formulary	\$15.00	\$10.00
Non Preferred Formulary	\$30.00	Not Covered *
Supply Limit		
	30 days	100 days
Mail Order Pharmacy		
Generic Formulary	\$10.00	\$5.00
Brand Name Formulary	\$30.00	\$10.00
Non-Formulary	\$75.00	Not Covered
Supply Limit		
	90 days	100 days

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