

# Medical Benefits Comparison

Plan Name	Blue Cross PPO		Blue Cross HMO	Kaiser HMO
Eligibility	Active Employees and Retirees		Active Employees and Retirees	Active Employees and Retirees Under Age 65
	In-Network	Out-of-Network		
<b>Annual Deductible</b>				
• Individual	\$250.00	\$250.00	\$0.00	\$0.00
• Family	\$500.00	\$500.00	\$0.00	\$0.00
<b>Out of Pocket Max</b>				
• 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
<b>Medical/Outpatient</b>				
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
<b>Hospital Benefits</b>				
• 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
<b>Prescription Drugs</b>				
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
<b>Mail Order Pharmacy</b>				
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	CompanionCare Medicare Supplemental Plan	Kaiser HMO Medicare Senior Advantage Plan
Eligibility	<u>Retirees Over Age 65 &amp; Must Have Medicare Part A and B</u>	<u>Retirees Over Age 65 &amp; Must Have Medicare Part A and B</u>
<b>Annual Deductible</b>		
• Individual	\$0.00	\$0.00
• Family	\$0.00	\$0.00
<b>Out of Pocket Max</b>		
• Individual	\$0.00	\$1,500.00
• Family	\$0.00	
<b>Medical/Outpatient</b>		
<b>Physician Office Visit</b>		
• Primary Care Physician	No Charge	\$10.00
• Specialist	No Charge	\$10.00
Urgent Care	If Medicare covers, CompanionCare covers up to the Medicare allowable.	\$10.00
Routine Preventive Care	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
X-Rays and Lab Tests	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
CT, CAT MRI or PET Scans	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
Durable Medical Equipment	If Medicare covers, CompanionCare covers up to the Medicare allowable.	20% of Charges
Hearing Aids	N/A	Up to \$2000/ear every 3 years
Eyeglasses/Contacts	N/A	\$150 allowance every 24 months
<b>Hospital Benefits</b>		
• Inpatient	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
• Outpatient Surgery	If Medicare covers, CompanionCare covers up to the Medicare allowable.	\$10 per procedure
Emergency Room	If Medicare covers, CompanionCare covers up to the Medicare allowable.	\$35 - waived if admitted
Ambulance Services	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
<b>Prescription Drugs</b>		
Costco Pharmacy	N/A	N/A
Generic Formulary	\$9.00	\$5.00
Brand Name Formulary	\$35.00	\$10.00
Non-Formulary	Not Covered	Not Covered *
Supply Limit	30 days	100 days
<b>Mail Order Pharmacy</b>		
Generic Formulary	\$18.00	\$5.00
Brand Name Formulary	\$90.00	\$10.00
Non-Formulary	Not Covered	Not Covered
Supply Limit	90 days	100 days

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