

Kaiser Medical Plan Comparison

	Kaiser - HMO		Kaiser - DHMO		Kaiser - HDHP (HSA)	
Calendar Year Deductible(s) The deductible is the amount member pays before the Plan starts to pay at benefit level.	No deductible		\$1,000 per individual up to \$2,000 per family		Individual coverage \$1,500 Family coverage: \$2,800 individual \$3,000 family	
Calendar Year Out of Pocket Maximum	\$1,500 per individual up to \$3,000 per family		\$3,000 per individual up to \$6,000 per family		\$3,000 per individual up to \$6,000 per family	
Co-insurance is the member's responsibility to pay when the Plan is paying less than 100% (ie. Plan pays 80%, member pays 20%)	The Annual Out of Pocket Maximum includes co-pays for medical and Rx.		The Annual Out of Pocket Maximum includes the member's deductible and co-pays for medical and Rx		The Annual Out of Pocket Maximum includes the member's deductible and co-pays medical and Rx.	
Services	Participating In-network Providers		Participating In-network Providers		Participating In-network Providers	
Office Visits	\$30 co-pay		Deductible Waived, \$20 co-pay		10% after deductible	
Routine Preventative Care for Adults and Children all ages + Adult Routine Cancer Screenings (industry standard)	No co-pay		Deductible Waived, 100%		Deductible Waived, 100%	
Outpatient Laboratory and X-Ray	No co-pay		Complex imaging: \$50; all others \$10		10% after deductible	
Inpatient Hospital & Ambulatory Surgery Center Room, Board & Support Services (prior authorization required)	No co-pay		20% after deductible		10% after deductible	
Emergency Room/Accident Care Facility & Professional Expenses: *medical emergencies as defined by the Plan	\$100 co-pay, waived if admitted		20% after deductible		10% after deductible	
Professional Charges - Physical Medicine (OT, PT, Chiro), DME (rental or purchase), Ambulance (air or ground), Home Health Care and Home Infusion (some limits may apply)	Most services no charge. Refer to Benefit Summary or EOC for details. Ambulance Services \$50 per trip.		Some co-pays apply, some require 20%. Refer to Benefit Summary or EOC for details. Ambulance \$150 per trip.		10% after deductible. Refer to the benefit summary or EOC for details.	
Acupuncture/Chiropractic	\$10 co-pay (chiro/acupuncture combined) (30 visits per year)		\$10 co-pay (chiro/acupuncture combined) (30 visits per year)		10% after deductible. (physician referral required)	
Psychiatric and Substance Abuse						
Inpatient	No co-pay		20% after deductible		10% after deductible	
Outpatient (Office Visit)	\$30 co-pay		\$20 co-pay		10% after deductible	
<u>Outpatient Prescription Drugs</u>	<u>Kaiser Rx Plan 10-30</u>		<u>Kaiser Rx Plan 10-30</u>		<u>Kaiser Rx Plan (copays after deductible)</u>	
	Kaiser Pharmacy 100-day supply	Kaiser Pharmacy 100-day supply	Kaiser Pharmacy 30-day supply	Kaiser Pharmacy 100-day supply	Kaiser Pharmacy 30-day supply	Kaiser Pharmacy 100-day supply
Most Generic Drugs	\$10	\$10	\$10	\$20	\$10	\$20
Single Source Brand Name Drugs	\$30	\$30	\$30	\$60	\$30	\$60
Multi Source Brand Name Drugs	\$30	\$30	\$30	\$60	\$30	\$60
Brand Only - Calendar Year Deductible	Not applicable		Not applicable		Subject to medical deductible. Co-pays only apply after the medical deductible has been met.	
Out of Pocket (OOP) Maximum for outpatient prescription drugs	Included in Medical OOP Maximum		Included in Medical OOP Maximum		Included in Medical OOP Maximum	
<p>Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet. For Kaiser, there is no coverage when accessing benefits from a non-Kaiser provider without a referral. Patient will have greater out-of-pocket expenses when using a non-participating or non-contracting provider.</p>						