## Kaiser Medical Plan Comparison

<table>
<thead>
<tr>
<th>Services</th>
<th>Participating In-network Providers</th>
<th>Participating In-network Providers</th>
<th>Participating In-network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td>$30 co-pay</td>
<td>Deductible Waived, $20 co-pay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Routine Preventative Care for Adults and Children all ages + Adult Routine Cancer Screenings (industry standard)</strong></td>
<td>No co-pay</td>
<td>Deductible Waived, 100%</td>
<td>Deductible Waived, 100%</td>
</tr>
<tr>
<td><strong>Outpatient Laboratory and X-Ray</strong></td>
<td>No co-pay</td>
<td>Complex imaging: $50; all others $10</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital &amp; Ambulatory Surgery Center</strong></td>
<td>No co-pay</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Room, Board &amp; Support Services (prior authorization required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room/Accident Care</strong></td>
<td>$100 co-pay, waived if admitted</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Facility &amp; Professional Expenses: *medical emergencies as defined by the Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Charges - Physical Medicine</strong> (OT, PT, Chiro, DME (rental or purchase), Ambulance (air or ground), Home Health Care and Home Infusion (some limits may apply))</td>
<td>Most services no charge. Refer to Benefit Summary or EOC for details. Ambulance Services $50 per trip.</td>
<td>Some co-pays apply, some require 20%. Refer to Benefit Summary or EOC for details. Ambulance $150 per trip.</td>
<td>10% after deductible. Refer to the benefit summary or EOC for details.</td>
</tr>
<tr>
<td><strong>Acupuncture/Chiropractic</strong></td>
<td>$10 co-pay (chiro/acupuncture combined) (30 visits per year)</td>
<td>$10 co-pay (chiro/acupuncture combined) (30 visits per year)</td>
<td>10% after deductible. (physician referral required)</td>
</tr>
<tr>
<td><strong>Psychiatric and Substance Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>No co-pay</td>
<td>20% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient (Office Visit)</strong></td>
<td>$30 co-pay</td>
<td>$20 co-pay</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>

## Kaiser Medical Plan Comparison

### Kaiser - HMO
- **Calendar Year Deductible(s)**: No deductible
- **Calendar Year Out of Pocket Maximum**: $1,500 per individual up to $3,000 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%)**
- **Outpatient Prescription Drugs**
  - Most Generic Drugs: $10
  - Single Source Brand Name Drugs: $30
  - Multi Source Brand Name Drugs: $30
  - Brand Only - Calendar Year Deductible: Not applicable
  - Out of Pocket (OOP) Maximum for outpatient prescription drugs: Included in Medical OOP Maximum

### Kaiser - DHMO
- **Calendar Year Deductible(s)**: $1,000 per individual up to $2,000 per family
- **Calendar Year Out of Pocket Maximum**: $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%)**
- **Outpatient Prescription Drugs**
  - Most Generic Drugs: $10
  - Single Source Brand Name Drugs: $30
  - Multi Source Brand Name Drugs: $30
  - Brand Only - Calendar Year Deductible: Not applicable
  - Out of Pocket (OOP) Maximum for outpatient prescription drugs: Included in Medical OOP Maximum

### Kaiser - HDHP (HSA)
- **Calendar Year Deductible(s)**: Individual coverage $1,500
  - Family coverage: $2,800 individual $3,000 family
- **Calendar Year Out of Pocket Maximum**: $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%)**
- **Outpatient Prescription Drugs**
  - Most Generic Drugs: $10
  - Single Source Brand Name Drugs: $30
  - Multi Source Brand Name Drugs: $30
  - Brand Only - Calendar Year Deductible: Not applicable
  - Out of Pocket (OOP) Maximum for outpatient prescription drugs: Included in Medical OOP Maximum

### Notes
- 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.
- Kaiser Medical Plan Comparison

- Kaiser Rx Plan 10-30
- Kaiser Rx Plan 10-30
- Kaiser Rx Plan (copays after deductible)
- Kaiser Rx Plan

- Subject to medical deductible. Co-pays only apply after the medical deductible has been met.