

Kaiser Medical Plan Comparison

	Kaiser HMO		Kaiser - DHMO		Kaiser – HDHP (HSA)	
Annual Deductible	\$0		\$500 per individual / \$1,000 per family		Individual coverage: \$1,500 Family Coverage: \$3,000/individual, \$3,000/family	
Annual Out-of-Pocket Maximum	\$1,500 per individual up to \$3,000 per family		\$3,000 per individual / \$6,000 per family		\$3,000 per individual / \$6,000 per family	
Office Visit	\$20 copay		\$20 copay (deductible waived)		10% after deductible	
Chiropractic / Acupuncture	\$10 copay (chiro/acupuncture combined) (30 visits/year)		\$10 copay (chiro/acupuncture combined) (30 visits/year)		10% after deductible (physician referral required)	
Lab and X-ray	No copay		Complex imaging: \$50; all others \$10		10% after deductible	
Emergency Room	\$100 copay, waived if admitted		10% after deductible		10% after deductible	
Hospitalization	No copay		10% after deductible		10% after deductible	
Outpatient Surgery	\$20 per procedure		10% per procedure after deductible		10% after deductible	
PRESCRIPTION DRUGS						
	Kaiser Rx Plan 10-20		Kaiser Rx Plan 10-30 (DHMO)		Kaiser Rx Plan (copays after deductible)	
Out-of-Pocket Maximum	Included in Medical Out of Pocket Maximum					
	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply
Most Generic Drugs	\$10	\$10	\$10	\$20	\$10	\$20
Single Source Brand Name Drugs	\$20	\$20	\$30	\$60	\$30	\$60
Multi Source Brand Name Drugs	\$20	\$20	\$30	\$60	\$30	\$60
Brand Only	Not Applicable		Not Applicable		Subject to medical deductible	