

Plan Type (HMO)	HMO	HMO	HMO
Carrier (Kaiser)	Kaiser	Kaiser	Kaiser
	\$20 OV	DHMO	HSA-A Single

2022-2023	Kaiser	Kaiser	Kaiser
	Trad HMO \$20	Ded HMO \$500	HSA-A Single
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$0	\$500/ \$1,000	\$1,500*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000*

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	Deductible, then 10%
Urgent Care co-pay	\$20	\$20	10%
Specialists/Consultants co-pay	\$20	\$20	10%
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	10% Copay up to \$50	10%
Diagnostic X-ray & Laboratory Procedures	\$0	\$10	10%
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	0% Ded Waived	0% Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (copay waived if admitted)	\$100	10%	10%
Inpatient Hospital (preauthorization required) - limits may apply	\$0	10%	10%
Outpatient Hospital	\$20	10%	10%
Surgery, Outpatient (performed in Surgery Center)	\$20	10%	10%
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$20	10%	10%

**MENTAL HEALTH & SUBSTANCE ABUSE**

**TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	10%	10%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	\$20	10%	10%

**OTHER SERVICES**

Ambulance (Ground or Air)	\$50	\$150	10%
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	no coverage
Durable Medical Equipment (DME)	no charge	20%	10%
Physical and Occupational Therapy - Limits apply	\$20	\$20	10%
Hearing Aids	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	no coverage

**PHARMACY BENEFITS**

Plan	Trad HMO \$20	Ded HMO \$500	HSA A
Pharmacy Benefit Manager	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$10.00	deductible, then \$10
Brand co-pay/30 days supply	\$20 up to 100 day supply	\$30.00	deductible, then \$30
Specialty co-pay/up to 30 days supply	\$20 up to 30 day supply	\$30.00	deductible, then \$30
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$20/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy