Medical Plan Comparison 2019-2020

	Kaiser HMO	Kaiser Added Choice Plan			*NEW* Kaiser HDHP Plan		
Monthly Employee Premium	Employee Only $91.18 Employee+1 $364.73 Family $510.62	Employee Only $120.10 Employee+1 $480.39 Family $672.54			Employee Only $100.80 Employee+1 $403.21 Family $564.49		
	In-Network Only	**Tier 1 HMO-Network**	**Tier 2 First Choice PPO**	**Tier 3 Out-of-Network**	**Tier 1 HMO-Network**	**Tier 2 First Choice PPO**	**Tier 3 Out-of-Network**
Annual Deductible	None	Individual $750 Family $2,250	Individual $1,000 Family $3,000	Individual $3,000 Family $9,000	Individual $1,500 Family $3,000	Individual $2,500 Family $5,000	Individual $3,500 Family $7,000
Annual Out-of-Pocket Max	Individual $1,250 Family $2,500	Individual $2,250 Family $4,500	Individual $3,000 Family $9,000	Individual $6,000 Family $12,000	Individual $2,500 Family $5,000	Individual $4,000 Family $7,350	Individual $5,000 Family $10,000
Primary Care	$15 Copay	$15 Copay*	$25 Copay*	40%	10% *after deductible*	20% *after deductible*	30% *after deductible*
Specialty Care	$15 Copay	$35 Copay*	$50 Copay*	40%	10% *after deductible*	20% *after deductible*	30% *after deductible*
Diagnostic Lab & X-ray	No Charge	$15 Copay*	20%*	40%	10% *after deductible*	20% *after deductible*	30% *after deductible*
Inpatient Stay/Surgery	$250 per admission	10%	20%	40%	10% *after deductible*	20% *after deductible*	30% *after deductible*
Outpatient Surgery	$15 Copay	10%	20%	40%	10% *after deductible*	20% *after deductible*	30% *after deductible*
Urgent Care	$35 Copay	$35 Copay*	$50 Copay*	40%	10% *after deductible*	20% *after deductible*	30% *after deductible*

	Kaiser HMO	Kaiser Added Choice Plan			*NEW* Kaiser HDHP Plan		
Emergency Room	$75 Copay (waived if admitted)	$250 Copay*			10% *after deductible*		
Ambulance Services	$75 Copay	10%			10% *after deductible*		
Alternative Care*	$1,500 Max / Calendar Year $15 Copay Chiropractic, Acupuncture & Naturopath $25 Copay Massage (massage max is 12 per year)	$1,500 Max / Calendar Year $15 Copay Chiropractic, Acupuncture & Naturopath $25 Copay Massage (massage max is 12 per year)			$1,500 Max / Calendar Year $15 Copay Chiropractic, Acupuncture & Naturopath $25 Copay Massage (massage max is 12 per year) *** all copays are after deductible has been paid *****		
Prescription Retail (up to 30-day supply)	$15 Generic $30 Preferred $50 Non-Preferred	$15 Generic* $30 Preferred* $50 Non-Preferred*	At MedImpact Pharmacy: $20 Generic* $40 Preferred* $60 Non-Preferred*		$15 Generic $30 Preferred $50 Non-Preferred *after deductible*	At MedImpact Pharmacy: $20 Generic $40 Preferred $60 Non-Preferred *after deductible*	
Mail Order Rx (up to 90-day supply)	2 x Retail	2 x Retail*	MedImpact Mail-Order call CVS 1-800-237-2767 kp.org/addedchoice		2 x Retail *after deductible*	MedImpact Mail-Order call CVS 1-800-237-2767 kp.org/addedchoice	
Vision Benefits (adult)	$15 Exam Copay Up to $150 Hardware allowance every 24 months.	$15 Exam Copay* $250 Hardware allowance per calendar year maximum benefit.	$25 Exam Copay* $250 Hardware allowance per calendar year maximum benefit.	40% Exam Coinsurance $250 Hardware allowance per calendar year maximum benefit.	10% *after deductible* $250 Hardware allowance per calendar year maximum benefit*	20% *after deductible* $250 Hardware allowance per calendar year maximum benefit*	30% *after deductible* $250 Hardware allowance per calendar year maximum benefit*

Please note: This summary provides a brief description of the Plan benefits. It is not meant to address all covered services, nor does it address all limitations, exclusions, or instances where prior authorization may be required. Please refer to the Summary Plan Document as it is the binding contract in the event of a discrepancy.

*** Deductible Waived**