

Medical Plan Comparison 2020-2021							
Monthly Employee Premium	Kaiser HMO	Kaiser Added Choice Plan			Kaiser HDHP Plan		
	Employee Only \$97.57 Employee+1 \$390.26 Family \$546.37	Employee Only \$128.50 Employee+1 \$514.01 Family \$719.62			Employee Only \$107.86 Employee+1 \$431.43 Family \$604.01		
	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% <i>after deductible</i>	20% <i>after deductible</i>	30% <i>after deductible</i>
Specialty Care	\$15 Copay	\$35 Copay*	\$50 Copay*	40%	10% <i>after deductible</i>	20% <i>after deductible</i>	30% <i>after deductible</i>
Diagnostic Lab & X-ray	No Charge	\$15 Copay*	20%*	40%	10% <i>after deductible</i>	20% <i>after deductible</i>	30% <i>after deductible</i>
Inpatient Stay/Surgery	\$250 per admission	10%	20%	40%	10% <i>after deductible</i>	20% <i>after deductible</i>	30% <i>after deductible</i>
Outpatient Surgery	\$15 Copay	10%	20%	40%	10% <i>after deductible</i>	20% <i>after deductible</i>	30% <i>after deductible</i>
Urgent Care	\$35 Copay	\$35 Copay*	\$50 Copay*	40%	10% <i>after deductible</i>	20% <i>after deductible</i>	30% <i>after deductible</i>

