Plan Year: 04/01/2022 - 03/31/2023		
Plan	Kaiser Value "Base" HMO	Kaiser Traditional "Buy-up" HMO
	Employee only: \$50.98 Employee + Spouse/DP: \$310.85	Employee only: \$103.45 Employee + Spouse/DP: \$413.79
Monthly Cost	Employee + Spouse/DF: \$510.65 Employee + Child(ren): \$279.76	Employee + Spouse/DF: \$413.79 Employee + Child(ren): \$372.43
	Family: \$466.27	Family: \$620.70
Network	Kaiser HMO	Kaiser HMO
Provider Tier	In-Network Only	In-Network Only
Annual Deductible	Individual: \$750 / Family: \$2,250	None
Annual Out-of-Pocket Maximum	Individual: \$3,250 / Family: \$9,750	Individual: \$1,250 / Family: \$2,500
Benefits		
Preventive Care	Covered in full	Covered in full
Tele-health	Covered in full	Covered in full
Primary Care	\$20 copay	\$15 Copay
Specialty Care	\$30 copay	\$15 Copay
Diagnostic Lab & X-ray	\$20 copay per department	Covered in full
Major Imaging	\$100 copay per department	Covered in full
Outpatient Surgery	20% co-insurance, <u>after</u> deductible	\$15 Copay
Inpatient Stay/Surgery	20% co-insurance, <u>after</u> deductible	\$250 per admission
Urgent Care	\$40 Copay*	\$35 Copay
Emergency Room	20% co-insurance, <u>after</u> deductible	\$75 Copay (waived if admitted)
Alternative Care		
Naturopath	\$20 copay	\$15 copay
Chiropractic (20 visit limit per year)	\$25 copay	\$25 copay
Acupuncture (12 visit limit per year)	\$25 copay	\$25 copay
Massage Therapy (12 visit limit per year)	\$25 copay	\$25 copay
Adult Vision Benefits		
Annual Exam	\$20 copay	\$15 copay
Hardware	\$150 allowance, covered once every 24 months	\$150 allowance, covered once every 24 months
Prescription Drugs	Retail Pharmacy	Retail Pharmacy
Annual Deductible	Waived	Waived
Generic	\$15 copay	\$15 copay
Preferred	\$30 copay	\$30 copay
Non-preferred	\$50 copay	\$50 copay
Mail Order Rx	2 copays for 90 days	2 copays for 90 days

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.