

OPEN ENROLLMENT 2017 HEALTH PLAN OPTION COMPARISON CHART

	Kaiser HMO	Blue Shield HMO 25-500	Kaiser ABHP	Blue Shield ABHP	Blue Shield PPO
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$0/\$0	\$1,500/\$3,000	\$1,500/\$3,000	\$0/\$0
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$1,000/\$3,000
PROFESSIONAL SERVICES					
Office Visit co-pay	\$25	\$25	10%	10%	\$30
Specialists/Consultants co-pay	\$25	\$30	10%	10%	\$30
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0	10%	\$30
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	10%	10%	0%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	10%	10%	0%
Preventive Care Services (includes physical exams & screenings)	\$0	\$0	0%, Ded Waived	0%, Ded Waived	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit co-pay (waived if admitted)	\$100	\$100	10%	10% \$100 co-pay	\$100
Inpatient Hospital co-pay	\$0	\$500/admit	10%	10%	0%
Outpatient Hospital co-pay	\$25	\$500/admit	10%	10%	0%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	\$25	\$150	10%	10%	0%
Surgery, Outpatient (performed in a Hospital)	\$25	\$300	10%	10%	0%
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT					
INPATIENT CARE: Facility based care	\$0	\$500/admit	10%	10%	0%
OUTPATIENT CARE: Facility based care	\$25	\$25	10%	10%	\$30
OTHER SERVICES					
Acupuncture - Limits may apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	Limited coverage, if authorized	10%	\$0/12 visits
Ambulance (Ground or Air)	\$50	\$100	10%	10%	0%
Chiropractic - Limits may apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	Not covered	10%	\$0/20 visits
Durable Medical Equipment (DME)	\$0	20%	10%	10%	0%
Physical and Occupational Therapy - Limits may apply	\$25	\$25	10%	10%	0%
PRESCRIPTION DRUG PLANS					
Prescription Deductible	\$0	\$200/\$500	Part of Medical Deductible	Part of Medical Deductible	\$200/\$500
Generic co-pay/days supply	\$10/100-day	\$10 / 30-day	After deductible, \$10 / 30-day	deductible, \$7/ 30-day	\$10 / 30-day
Brand co-pay/days supply	\$25/100-day	After deductible, \$35 / 30-day	After deductible, \$30 / 30-day	deductible, \$25/30-day	After deductible, \$35 / 30-day
Mail Order (Generic-Brand co-pay/days supply)	\$10-25/100-day	Brand - after deductible, \$90/90 / Generic - \$0/90	After deductible, \$20 - \$60 / 100-day	After deductible, \$14-25/90-day	Brand - after deductible, \$90/90 / Generic - \$0/90

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Rates - Single	\$621	\$674	\$482	\$558	\$769
Rates - Double	\$1,311	\$1,436	\$1,016	\$1,216	\$1,634
Rates - Family	\$1,821	\$2,000	\$1,410	\$1,710	\$2,276
Health Savings Account District Contributions - Single / Double & Family			\$1200/\$1800	\$1200/\$1800	
Employee Monthly Portion 10/1/17-09/30/18 - Single Faculty amounts based on 10 months, Classified /Management based on 12 months	\$0	Faculty \$63.60, Classified \$53, Management \$53	N/A	N/A	Faculty \$177.60 Classified \$148, Management \$148
Employee Monthly Portion 10/1/17-9/30/18 - Double Faculty amounts based on 10 months, Classified /Management based on 12 months	\$0	Faculty \$150, Classified \$125, Management \$125	N/A	N/A	Faculty \$387.60, Classified \$323, Management \$323
Employee Monthly Portion 10/1/17-9/30/18 - Family Faculty amounts based on 10 months, Classified /Management based on 12 months	\$0	Faculty \$214.80 Classified \$179, Management \$179	N/A	N/A	Faculty \$546, Classified \$455, Management \$455

NOTATIONS:

This is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions.

OOP maximum on Blue Shield plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Health Savings Account Plans and Kaiser HMO or ABHP OOP maximum does include prescription drug co-pays.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.