

MEDICAL PLANS COMPARISON CHART

Benefit Type	Kaiser Permanente	United Healthcare	POS High and Standard Option Plans In Service Area	POS High and Standard Option Plans Out of Area
Allergy Testing	\$5 copay.	\$5 copay Primary Care Physician; \$10 copay Specialist.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
Deductible	Copay where applicable.	No Annual Deductible.	High Option - In network: none; Out-of-network: \$300 individual; \$600 family. Standard Option - Same as High Option	High Option - In network: none; Out-of-network: \$250 individual; \$500 family. Standard Option - Same as High Option
Diagnostic/Lab/X-Ray	Covered in full.	Covered in full. No Copayment.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
Dr. Office Visits	\$5 copay.	\$5 copay Primary Care Physician; \$10 copay Specialist.	High Option - In network: \$10 copay; Out-of-network: 80% covered after deductible. Standard Option - In network: \$15 copay; Out-of-network: same as High Option.	High Option - In network: \$10 copay; Out-of-network: 80% covered after deductible. Standard Option - In network: \$15 copay; Out-of-network: same as High Option.
Emergency Room	\$50 copay – waived if admitted to hospital.	\$25 copay (plan definition of emergency must be met) – waived if admitted to hospital; \$15 copay for Urgent Care Centers.	High Option - In network: \$25 copay waived if admitted to hospital; Out-of-network: 80% covered after deductible. Standard Option – In network: \$35 copay waived if admitted to hospital; Out-of-network: same as High Option.	High Option - In network: \$50 copay, waived if admitted; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
Hearing Aids	For minor children. One hearing aid for each hearing impaired ear once every 36 months.	For minor children. One hearing aid for each hearing impaired ear once every 36 months.	High Option - In network For minor children. One hearing aid for each hearing impaired ear once every 36 months. Standard Option – Same as High Option.	High Option - In network For minor children. One hearing aid for each hearing impaired ear once every 36 months. Standard Option – Same as High Option.

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Benefit Type	Kaiser Permanente	United Healthcare	POS High and Standard Option Plans In Service Area	POS High and Standard Option Plans Out of Area
Hearing Screening	\$5 copay for hearing exam (hearing aids are excluded).	\$5 copay Primary Care Physician; \$10 copay Specialist.	High Option - In network: childhood hearing screening covered in full; Out-of-network: childhood hearing screening, 80% not subject to deductible. Standard Option – Same as High Option.	High Option - In network: childhood hearing screening covered in full; Out-of-network: childhood hearing screening, 80% not subject to deductible. Standard Option – Same as High Option.
Home Health Care Services	Covered in full if medically necessary.	Covered in full. No copayment; 60 visit maximum for skilled care services per calendar year.	High Option - In network: covered in full (90 visits max/calendar year); Out-of-network: 80% covered after deductible (90 visits max/calendar year). Standard Option – Same as High Option.	High Option - In network: covered in full (40 visits per calendar year); Out-of-network: 80% covered after deductible (40 visits per calendar year). Standard Option – Same as High Option.
Hospice	Covered in full.	Covered in full. (See coverage booklet for eligibility information.)	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
Hospital	Covered in full.	Covered in full.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – In network: covered in full after \$150 copay per admission; Out-of-network: same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – In network: covered in full after \$150 copay per admission; Out-of-network: same as High Option.
Immunizations	\$5 copay. Included in well child care visits up to age 5 at no charge.	\$5 copay Primary Care Physician	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.	High Option - In network: covered in full when billed with office visit; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
In vitro Fertilization	Limited to 3 attempts per live birth. Lifetime maximum of \$100,000.	Limited to 3 attempts per live birth. Lifetime maximum of \$100,000.	Limited to 3 attempts per live birth. Lifetime maximum of \$100,000.	Limited to 3 attempts per live birth. Lifetime maximum of \$100,000.

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Mammography - Preventive Screening Schedule	Schedule consistent with the current recommendations of the American College of Physicians.	Covered in full. Age 35-39: one baseline mammogram; Age 40-49; One mammogram every two calendar years; Age 50+ One mammogram per calendar year.	High Option – Covered in full. Age 35-39: one baseline mammogram; Age 40-49; One mammogram every two calendar years; Age 50+ One mammogram per calendar year. Standard Option - Same as High Option	High Option – Covered in full. Age 35-39: one baseline mammogram; Age 40-49; One mammogram every two calendar years; Age 50+ One mammogram per calendar year. Standard Option - Same as High Option
Maternity	Covered in full once pregnancy is diagnosed.	No copayment applies after the first visit.	High Option - In network: first visit 100% after \$10 copay; other visits 100%; Out-of-network: 80% covered after deductible. Standard Option – In network: first visit 100% after \$30 copay; other visits 100%; Out-of-network: same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – In network: first visit 100% after \$30 copay; other visits 100%; Out-of-network - Same as High Option.
Maximum Lifetime Benefit	Unlimited Maximum.	Unlimited Maximum.	High Option - Unlimited Maximum. Standard Option - Same as High Option	High Option - Unlimited Maximum. Standard Option - Same as High Option
Out-of-Pocket Annual Maximum	N/A	\$1,100 per individual up to a cap of \$3,600 for a family	High Option - In network: Individual: \$1,000 plus the annual deductible; Family: \$2,000 plus the annual deductible; Out-of-network: Individual: \$2,000 plus the annual deductible; Family: \$4,000 plus the annual deductible. Standard Option - Same as High Option	High Option - In network: Individual: \$1,000 plus the annual deductible; Family: \$2,000 plus the annual deductible; Out-of-network: Individual: \$2,000 plus the annual deductible; Family: \$4,000 plus the annual deductible. Standard Option - Same as High Option
Physical	\$5 copay.	\$5 copay Primary Care Physician;	High Option - In network: \$10 copay; Out-of-network: 80% covered after deductible (limit 1/calendar year). Standard Option - In network: \$15 copay Primary Care Physician; \$30 copay Specialist; Out-of-network: same as High Option.	High Option - In network: \$10 copay; Out-of-network: 80% covered after deductible (limit 1/calendar year). Standard Option - In network: \$15 copay Primary Care Physician; \$30 copay Specialist; Out-of-network: same as High Option.

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Benefit Type	Kaiser Permanente	United Healthcare	POS High and Standard Option Plans In Service Area	POS High and Standard Option Plans Out of Area
Prescriptions	Kaiser Rx Plan (included with Kaiser HMO medical plan): \$5 at on-site pharmacies and for mail order; \$15 at participating community pharmacies.	No Rx Plan included; diabetic supplies covered under a pharmacy rider.	High and Standard Option – No Rx Plan included; diabetic supplies covered under a pharmacy rider.	High and Standard Option – No Rx Plan included; diabetic supplies covered under a pharmacy rider.
Rehabilitation Services	Inpatient: Covered in full (Unlimited). Outpatient: \$5 copay; outpatient services for physical therapy are limited to up to 30 visits; occupational and speech therapy per injury, incident or condition are covered for a period not to exceed 90 days.	\$10 copay/visit. 60 combined visits per year (short-term non-chronic conditions only).	High Option - In network: 100%; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
Skilled Nursing Facility	Covered in full; 100 days maximum.	Covered in full 60 days per calendar year maximum.	High Option - In network: covered in full (100 days max/calendar year); Out-of-network: 80% covered after deductible (100 days max/calendar year). Standard Option - Same as High Option	High Option - In network: covered in full (60 days max/calendar year); Standard Option – Same as High Option.
Specialists	\$5 copay.	\$10 copay.	High Option - In network: \$10 copay; Out-of-network: 80% covered after deductible. Standard Option - In network: \$30 copay; Out-of-network: same as High Option.	High Option - In network: \$10 copay; Out-of-network: 80% covered after deductible. Standard Option - In network: \$30 copay; Out-of-network: same as High Option.

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Benefit Type	Kaiser Permanente	United Healthcare	POS High and Standard Option Plans In Service Area	POS High and Standard Option Plans Out of Area
Substance Abuse/Mental Health	Inpatient: Covered in full; Outpatient: \$5 copay	Inpatient: Covered in full; Outpatient: \$5 copay	High Option - In network: Inpatient- covered in full; Outpatient- \$10 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible. Standard Option – In network: Inpatient- \$150 per admission copay; Outpatient- \$15 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible.	High Option - In network: Inpatient- covered in full; Outpatient- \$10 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible. Standard Option – In network: Inpatient- \$150 per admission copay; Outpatient- \$15 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible.
Surgery	Covered in full.	Inpatient: covered in full; Outpatient: \$25 copay.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.	High Option - In network: covered in full; Out-of-network: 80% covered after deductible. Standard Option – Same as High Option.
Vision (Routine)	\$5 copay for exams; 25% discount on lenses/frames at Kaiser centers; 15% discount off the cost of contact lenses.	\$25 copay/exam; 15%-20% discount through participating optical centers.	High Option - In network: refraction not covered; (pediatric visual screening - covered in full under well child care). Out-of-network: refraction not covered (pediatric visual screening - 80% not subject to deductible under well child care). Standard Option - Same as High Option	High Option - In network: refraction not covered (pediatric visual screening – covered in full under well child care); Out-of-network: refraction not covered (pediatric visual screening – 80% not subject to deductible under well childcare). Standard Option - Same as High Option
Well Child Care	Well baby/well child covered in full up to age 5.	\$5 copay Primary Care Physician	High Option - In network: \$10 copay; Out-of-network: 80% not subject to deductible (up to age 18). Standard Option - In network: \$15 copay; Out-of-network: same as High Option.	High Option - In network: \$10 copay; Out-of-network: 80% not subject to deductible (up to age 18). Standard Option - In network: \$15 copay; Out-of-network: same as High Option.

Note: This comparison is to be used as a guide only and not as the benefits offered. Consult the individual plan booklets for complete information.