

## 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
<b>Allergy Testing</b>	\$5 copay.	\$5 copay Primary Care Physician; \$10 copay Specialist.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>Deductible</b>	Copay where applicable.	No Annual Deductible.	<b>High Option</b> - In network: none; Out-of-network: \$300 individual; \$600 family. <b>Standard Option</b> - Same as High Option	<b>High Option</b> - In network: none; Out-of-network: \$250 individual; \$500 family. <b>Standard Option</b> - Same as High Option
<b>Diagnostic/Lab/X-Ray</b>	Covered in full.	Covered in full. No Copayment.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>Dr. Office Visits</b>	\$5 copay.	\$5 copay Primary Care Physician; \$10 copay Specialist.	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% covered after deductible. <b>Standard Option</b> - In network: \$15 copay; Out-of-network: same as High Option.	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% covered after deductible. <b>Standard Option</b> - In network: \$15 copay; Out-of-network: same as High Option.
<b>Emergency Room</b>	\$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.	<b>High Option</b> - In network: \$25 copay waived if admitted to hospital; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – In network: \$35 copay waived if admitted to hospital; Out-of-network: same as High Option.	<b>High Option</b> - In network: \$50 copay, waived if admitted; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>Hearing Aids</b>	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.	<b>High Option</b> - In network For minor children. One hearing aid for each hearing impaired ear once every 36 months. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network For minor children. One hearing aid for each hearing impaired ear once every 36 months. <b>Standard Option</b> – Same as High Option.

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<b>Hearing Screening</b>	\$5 copay for hearing exam (hearing aids are excluded).	\$5 copay Primary Care Physician; \$10 copay Specialist.	<b>High Option</b> - In network: childhood hearing screening covered in full; Out-of-network: childhood hearing screening, 80% not subject to deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: childhood hearing screening covered in full; Out-of-network: childhood hearing screening, 80% not subject to deductible. <b>Standard Option</b> – Same as High Option.
<b>Home Health Care Services</b>	Covered in full if medically necessary.	Covered in full. No copayment; 60 visit maximum for skilled care services per calendar year.	<b>High Option</b> - In network: covered in full (90 visits max/calendar year); Out-of-network: 80% covered after deductible (90 visits max/calendar year). <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full (40 visits per calendar year); Out-of-network: 80% covered after deductible (40 visits per calendar year). <b>Standard Option</b> – Same as High Option.
<b>Hospice</b>	Covered in full.	Covered in full. (See coverage booklet for eligibility information.)	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>Hospital</b>	Covered in full.	Covered in full.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – In network: covered in full after \$150 copay per admission; Out-of-network: same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – In network: covered in full after \$150 copay per admission; Out-of-network: same as High Option.
<b>Immunizations</b>	Included in well child care visits up to age 5 at no charge.	\$5 copay Primary Care Physician	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full when billed with office visit; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>In vitro Fertilization</b>	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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<b>Mammography - Preventive Screening Schedule</b>	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.	<b>High Option</b> – 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. <b>Standard Option</b> - Same as High Option	<b>High Option</b> – 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. <b>Standard Option</b> - Same as High Option
<b>Maternity</b>	Covered in full once pregnancy is diagnosed.	No copayment applies after the first visit.	<b>High Option</b> - In network: first visit 100% after \$10 copay; other visits 100%; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – In network: first visit 100% after \$30 copay; other visits 100%; Out-of-network: same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – In network: first visit 100% after \$30 copay; other visits 100%; Out-of-network - Same as High Option.
<b>Maximum Lifetime Benefit</b>	Unlimited Maximum.	Unlimited Maximum.	<b>High Option</b> - Unlimited Maximum. <b>Standard Option</b> - Same as High Option	<b>High Option</b> - Unlimited Maximum. <b>Standard Option</b> - Same as High Option
<b>Out-of-Pocket Annual Maximum</b>	N/A	\$1,100 per individual up to a cap of \$3,600 for a family	<b>High Option</b> - 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. <b>Standard Option</b> - Same as High Option	<b>High Option</b> - 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. <b>Standard Option</b> - Same as High Option
<b>Physical</b>	Covered with no copay.	\$5 copay Primary Care Physician;	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% covered after deductible (limit 1/calendar year). <b>Standard Option</b> - In network: \$15 copay Primary Care Physician; \$30 copay Specialist; Out-of-network: same as High Option.	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% covered after deductible (limit 1/calendar year). <b>Standard Option</b> - In network: \$15 copay Primary Care Physician; \$30 copay Specialist; Out-of-network: same as High Option.

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<b>Prescriptions</b>	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.
<b>Rehabilitation Services</b>	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).	<b>High Option</b> - In network: 100%; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>Skilled Nursing Facility</b>	Covered in full; 100 days maximum.	Covered in full 60 days per calendar year maximum.	<b>High Option</b> - In network: covered in full (100 days max/calendar year); Out-of-network: 80% covered after deductible (100 days max/calendar year). <b>Standard Option</b> - Same as High Option	<b>High Option</b> - In network: covered in full (60 days max/calendar year); <b>Standard Option</b> – Same as High Option.
<b>Specialists</b>	\$5 copay.	\$10 copay.	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% covered after deductible. <b>Standard Option</b> - In network: \$30 copay; Out-of-network: same as High Option.	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% covered after deductible. <b>Standard Option</b> - In network: \$30 copay; Out-of-network: same as High Option.

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<b>Substance Abuse/Mental Health</b>	Inpatient: Covered in full; Outpatient: \$5 copay	Inpatient: Covered in full; Outpatient: \$5 copay	<b>High Option</b> - In network: Inpatient- covered in full; Outpatient- \$10 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible. <b>Standard Option</b> – In network: Inpatient- \$150 per admission copay; Outpatient- \$15 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible.	<b>High Option</b> - In network: Inpatient- covered in full; Outpatient- \$10 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible. <b>Standard Option</b> – In network: Inpatient- \$150 per admission copay; Outpatient- \$15 copay; Out-of-network: Inpatient- 80% covered after deductible; Outpatient- 80% covered after deductible.
<b>Surgery</b>	Covered in full.	Inpatient: covered in full; Outpatient: \$25 copay.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.	<b>High Option</b> - In network: covered in full; Out-of-network: 80% covered after deductible. <b>Standard Option</b> – Same as High Option.
<b>Vision (Routine)</b>	\$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.	<b>High Option</b> - 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). <b>Standard Option</b> - Same as High Option	<b>High Option</b> - 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). <b>Standard Option</b> - Same as High Option
<b>Well Child Care</b>	Well baby/well child covered in full up to age 5.	\$5 copay Primary Care Physician	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% not subject to deductible (up to age 18). <b>Standard Option</b> - In network: \$15 copay; Out-of-network: same as High Option.	<b>High Option</b> - In network: \$10 copay; Out-of-network: 80% not subject to deductible (up to age 18). <b>Standard Option</b> - In network: \$15 copay; Out-of-network: same as High Option.