

Plan Name	Blue Cross PPO		Blue Cross HMO	Kaiser HMO	Kaiser HMO Medicare Senior Advantage Plan
Eligibility	Active Employees & Retirees		Active Employees & Retirees	Active Employees and Retirees Under Age 65	Retirees Over Age 65 & Must Have Medicare Part A and B
	In-Network	Out-of-Network			
Annual Deductible					
- Individual	\$250.00	\$250.00	\$0.00	\$0.00	\$0.00
- Family	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00
Out of Pocket Maximum					
- Individual	\$1,000.00	\$3,000.00	\$1,000.00	\$1,500.00	\$1,500.00
- Family	\$2,000.00	\$6,000.00	\$2,000.00	\$3,000.00	
Medical/Outpatient					
Physician Office Visit					
- Primary Care Physician	\$20.00	70%	\$10.00	\$10.00	\$10.00
- Specialist	\$20.00	70%	\$10.00	\$10.00	\$10.00
Urgent Care	\$20.00	70%	\$10.00	\$10.00	\$10.00
Routine Preventive Care	No Charge	Not Covered	No Charge	No Charge	No Charge
Well Baby/Well Child	No Charge	70%	No Charge	No Charge	
X-Rays and Lab Tests	90%	70%	No Charge	No Charge	No Charge
CT, CAT MRI or PET Scans	90%	30% subject to utilization review \$800 per procedure limit	\$100.00	No Charge	No Charge
Durable Medical Equipment	90%	70%	20% of Charges	No Charge	20% of Charges
Hearing Aids	Up to \$2000/ear every 3 years	30%	50% of charges per ear every 3 years	Up to \$2000/ear every 3 years	Up to \$2000/ear every 3 years
Eyeglasses/Contacts	N/A	N/A	N/A	N/A	\$150 allowance every 24 months
Hospital Benefits					
- Inpatient	90%	70% after separate \$250 deductible	No Charge	No Charge	No Charge
- Outpatient Surgery	90%	70%	No Charge	\$10 per procedure	\$10 per procedure
Emergency Room	\$50 - waived if admitted	\$50 - waived if admitted	\$100 - waived if admitted	\$35 - waived if admitted	\$35 - waived if admitted
Ambulance Services	90%	90%	\$100/trip	No Charge	No Charge
Prescription Drugs					
Costco Pharmacy	\$0.00		\$0.00	N/A	N/A
Generic Formulary	\$5.00		\$5.00	\$5.00	\$5.00
Brand Name Formulary	\$15.00		\$15.00	\$10.00	\$10.00
Non-Formulary	\$30.00		\$30.00	Not Covered *	Not Covered *
Supply Limit	30 days		30 days	100 days	100 days
Mail Order Pharmacy					
Generic Formulary	\$10.00		\$10.00	\$5.00	\$5.00
Brand Name Formulary	\$30.00		\$30.00	\$10.00	\$10.00
Non-Formulary	\$75.00		\$75.00	Not Covered	Not Covered
Supply Limit	90 days		90 days	100 days	100 days

* If deemed medically necessary by Kaiser Permanente physician, then co-pay would be \$10

The charts in this document only provides highlights of the benefits offered. If there are inconsistencies between these charts and the official plan documents, the plan documents will govern. These charts do not serve as a contract.