

HEALTH PLAN COMPARISON 2010-2011

Certificated Bargaining Units	KAISER PERMANENTE	
	High Plan	Mid Plan (Formerly Low Plan)
Calendar Year Deductible (Ind/Fam)	None	\$500/\$1,000
Annual Out-of-Pocket Max (Ind/Fam)	\$1,500/\$3,000	\$3,000/\$6,000
Hospital		
All Inpatient Services	\$250 Admit	20%
Outpatient Services	\$10/Surgery	20%
Physician Services		
Office Visits	\$10/Visit	\$20/Visit
Specialist Visit	\$10/Visit	\$20/Visit
Preventive Care	\$10/Visit	\$20/Visit
Allergy Testing/Treatment	\$10/Visit	\$20/Visit
Diagnostic X-Ray and Lab	No Charge	\$10/Visit
Ambulance Service	\$50/Trip	\$150/Trip
Emergency (waived if admitted)	\$50/Visit	20%
Chiropractic	\$15/Visit (20 visits/cal year)	\$15/Visit (20 visits/cal year)
Durable Medical Equipment	No Charge	20%
Hospice	No Charge	No Charge
Speech/Phys/Occupational Therapy	\$10/Visit	\$20/Visit
Skilled Nursing Facility Care	No Charge (100 days/cal year)	20% (100 days/cal year)
Prescription Drug		
Retail (100-Day Supply)	Generic \$10 / Brand \$20	Generic \$10 / Brand \$30
Mail Order Program (100 Day Supply)	Generic \$10 / Brand \$20	Generic \$10 / Brand \$30
Mental Health		
Inpatient	\$250/Admit (No visit limitations)	20% No visit Limitations
Outpatient	\$10 Visit/(No visit limitations)	\$20/Visit
Substance Abuse		
Inpatient	\$250/Admit	20%
Outpatient	\$10/Visit	\$20/Visit

This is a brief plan comparison. Refer to plan materials for specific coverage benefits. Plan materials will prevail over any discrepancies in this plan comparison.