

Board, Mgmt/Conf, CTETA, SEIU	SONOMA COUNTY OFFICE OF EDUCATION Kaiser Health Plan Comparison 2017-18			
PLANS	Kaiser	Kaiser	Kaiser	Kaiser
	High Pkg 1 \$10	High Pkg 2 \$20	\$500 Deductible	H.S.A.-A
MEDICAL - CALENDAR YEAR DEDUCTIBLES & MAXIMUMS	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0	\$500/\$1000	\$1,500/\$3,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pay)	\$1,500/ \$3,000	\$1,500/ \$3,000	\$3,000/ \$6,000	\$3,000/ \$6,000
PROFESSIONAL SERVICES				
Office Visit (OV) co-pay	\$10	\$20	\$20	10%
Urgent Care co-pay	\$10	\$20	\$20	10%
Specialists/Consultants co-pay	\$10	\$20	\$20	10%
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	\$50	10%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	\$10	10%
Preventative care (includes physical exams & screenings)	\$0	\$0	0% Ded Waived	\$0/ Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Emergency Room visit (waived if admitted)	\$100	\$100	10%	10%
Inpatient Hospital (preauthorization required)	\$0	\$0	10%	10%
Outpatient Hospital	\$10	\$20	10%	10%
Surgery, Outpatient (performed in Surgery Center)	\$10	\$20	10%	10%
Surgery, Outpatient (performed in a Hospital)	\$10	\$20	10%	10%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
Inpatient: Facility Based Care (preauth required)	\$0	\$0	10%	10%
Outpatient: Facility Based Care (preauth required)	\$10	\$20	10%	10%

OTHER SERVICES				
Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	Limited Coverage if authorized
Ambulance (Ground or air)	\$50	\$50	\$150	10%
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	Not covered
Durable Medical Equipment (DME)	no charge	no charge	20%	10%
Physical and Occupational Therapy - Limits Apply	\$10	\$20	\$20	10%
PHARMACY BENEFITS				
Plan	High Pkg 1 \$10	High Pkg 2 \$20	\$500 Deductible	H.S.A.-A
Individual/Family Brand & Speciality Rx Deductibles	none	none	none	Included w/Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included with Med/OOP Max	Included with Med/OOP Max	Included with Med/OOP Max	Included with Med/OOP Max
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$10 up to 100 day supply	\$10	\$10 after deductible is met
Brand co-pay/30 days supply	\$10 up to 100 day supply	\$20 up to 100 day supply	\$30	\$30 after deductible is met
Speciality co-pay/up to 30 days supply	\$10 up to 100 day supply	\$20 up to 100 day supply	\$30	\$30 after deductible is met
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$10/up to 100 day supply	\$10-\$20/up to \$100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60 up to 100 day supply