

**2014 MEDICAL PLANS COMPARISON
HIGH OPTION - A ACTIVE EMPLOYEES**

Benefit	Indemnity*	Blue Shield California (BSC)	Kaiser High
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime Maxmiums	Unlimited	Unlimited	Unlimited
Ambulance	PPO - 20%; OON - 20% UCR	No charge	No charge
Annual Co-pay limit			
Individual	\$500 - PPO; OON - None	\$600	\$1,500
Family	None	\$1,800	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 20% UCR	No charge	No charge
Emergency Services	20%** of allowable services over \$500	No copay	No copay
Home Health Care	20%; 30 visits/CY	\$3 copay, 100 visit/CY	No charge
Hospital			
Inpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Outpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Mental Health			
Inpatient***	Provided by MHN; PPO - No charge; OON - 20% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: No charge; no maximum based on medical necessity; (services must be preauthorized by MHN)	No charge
Outpatient***	Provided by MHN: \$10 copay individual; \$5 copay group.	Provided by MHN: \$3 copay	No charge
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% of UCR	No charge	No charge
Physical exam	PPO- no charge; OON no charge 1st \$500, balance 20%; frequency - AMA guidelines	No charge or \$3 copay	No charge
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay	No charge
Well child care	PPO - no charge; OON no charge 1st \$200 balance 20%	No charge	No charge
Physical therapy	13 visits	\$3 per visit	
Prescription Drugs	Express Scripts; Retail (30 days) and Mail Order (60 days) - \$2 copay	Retail: \$2 copay Mail - \$2 copay	Retail (100 day supply): No copay
Skilled Nursing Facility	No charge up to maximum Plan payment of \$20/day	No charge; 100 days per CY	No charge; 100 days/benefit period
Substance Abuse			
Inpatient	Provided by MHN; PPO - No charge; OON - 20% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: No charge; no maximum based on medical necessity; (services must be preauthorized by MHN)	No charge
Outpatient	Provided by MHN: \$10 copay individual; \$5 copay group	Provided by MHN: \$3 copay	No charge
Vision (through VSP)	\$5 copay/exam and materials 12-12-24	\$5 copay/exam and materials 12-12-24	\$5 copay/exam and materials 12-12-24
Wellness Benefit****	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	No copay	No copay

*Charges in excess of UCR are paid by the participant in addition to normal co-insurance for out-of-network (OON) providers and services.

**Deductible waived only for emergency accident admits under indemnity medical plan.

***MHN Authorization is required for inpatient PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs of admit.

****Includes: OB/GYN, Pap smear, Mammogram, routine Lab, immunizations, hearing, colonoscopy, bone density

Note: This is only a summary of your benefits; Refer to EOC or disclosure form for HMO benefit details, and exclusions and limitations.

2014 MEDICAL PLANS COMPARISON HIGH OPTION - B ACTIVE EMPLOYEES

Benefit	Indemnity*	Blue Shield California (BSC)	Kaiser High
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime maximums	None	None	None
Ambulance	PPO - 20%; OON - 20% UCR	No charge	No charge
Annual Co-pay limit			
Individual	\$500 - PPO; OON - None	\$600	\$1,500
Family	None	\$1,800	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 20% UCR	No charge	No charge
Emergency Services	20%** of allowable services over \$500	No copay	No copay
Home Health Care	20%; 30 visits/CY	\$3 copay; 100 visits/CY	No charge
Hospital			
Inpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Outpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Mental Health			
Inpatient***	Provided by MHN; PPO - No charge; OON - 20% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: No charge; no maximum based on medical necessity; (services must be preauthorized by MHN)	No charge
Outpatient***	Provided by MHN: \$10 copay individual; \$5 copay group.	Provided by MHN: \$3 copay	No charge
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% of UCR	No charge	No charge
Physical exam	PPO - No charge; OON no charge 1st \$500, 20% of UCR balance; frequency - AMA guidelines	\$3 copay	No charge
Physical therapy	6 visits	\$3 per visit	
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay	No charge
Well baby care	PPO - charge; OON - no charge 1st \$200, 20% UCR balance	No charge	No charge
Prescription Drugs	Express Scripts; Retail (30 days) and Mail Order (60 days) - \$2 copay	Retail: \$2 copay Mail - \$2 copay	Retail (100 day supply): No copay
Skilled Nursing Facility	No charge up to a maximum Plan payment of \$20/day	No charge; 100 days per CY	No charge; 100 days/benefit period
Substance Abuse			
Inpatient	Provided by MHN; PPO - No charge; OON - 20% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: No charge; no maximum based on medical necessity; (services must be preauthorized by MHN)	No charge
Outpatient	Provided by MHN: \$10 copay individual; \$5 copay group	Provided by MHN: \$3 copay	No charge
MES (Vision Benefits)	\$0 copay/exam and materials 12-12-24	\$0 copay/exam and materials 12-12-24	\$0 copay/exam and materials 12-12-24
Wellness	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	No copay	No copay

*Charges in excess of UCR are paid by the participant in addition to normal co-insurance for out-of-network (OON) providers and services.

**Deductible waived only for emergency accident admits under indemnity medical plan.

***MHN Authorization is required for inpatient PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs of admit.

Note: This is only a summary of your benefits; Refer to EOC or disclosure form for HMO benefit details, and exclusions and limitations.

**2014 MEDICAL PLANS COMPARISON
MEDIUM OPTION - ACTIVE EMPLOYEES**

Benefit	Indemnity	Blue Shield California (BSC)	Kaiser Medium
Deductible	\$100/person; \$300/family	None	None
Ambulance	PPO - 20%; OON - 30%	No charge	No charge
Calendar Year and lifetime maximums	Unlimited	Unlimited	Unlimited
Annual Co-pay limit			
Individual	\$3,000 - PPO; OON - None	\$1,000	\$1,500
Family	None	\$3,000	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 30%	No charge	No charge
Emergency Services	20%**	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	20%; 30 visits/CY	No charge	No charge; 100 2-hr visits/CY
Hospital			
Inpatient	PPO - 20%; OON - 30%	\$100 per admit	\$100 per admit
Outpatient	PPO - 20%; OON - 30%	Facility - \$50/surgery; no charge treatment	\$15 copay
Mental Health			
Inpatient*	Provided by MHN; PPO - 20%; OON - 30% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: \$100/admit; no maximum based on medical necessity; (services must be preauthorized by MHN)	\$100 copay/admit
Outpatient*	Provided by MHN; PPO - 20%; OON - 30% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: \$15 copay- individual; \$7.50 group.	\$15 copay/individual; \$7 group
Outpatient Diagnostic-X-ray and Laboratory	PPO - 20%; OON - 30%	No charge	No charge
Physical exam	PPO - No charge 1st \$500, 20% balance; OON - no charge 1st \$500, 30% balance; frequency AMA	No charge or \$15 copay	\$15 copay
Physical Therapy	6 visits	\$15 per visit	
Physician Services -			
Office/Home visit	PPO - 20%; OON - 30%	\$15 copay	\$15 copay
Well baby care	PPO - 100% 1st \$100/yr/child up to age 2, 20% balance for PPO and 30% balance OON	No charge to age 2	No charge to age 2
Prescription Drugs	Express Scripts; Retail (30 day supply) and Mandatory Mail Order (60 day supply) - \$10 copay - Generic; \$30 copay Brand; Mail - 2 x retail	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	No charge up to a maximum Plan payment of \$20/day	No charge; 100 days/CY	No charge; 100 days/benefit period
Substance Abuse			
Inpatient	Provided by MHN; PPO - 20%; OON - 30% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: \$100/admit; no maximum based on medical necessity; (services must be preauthorized by MHN)	\$100 copay/admit; Detox only
Outpatient	Provided by MHN; PPO - 20%; OON - 30% UCR. Prior authorization is required to avoid a 15% penalty.	Provided by MHN: \$15 copay- individual; \$7.50 group.	\$15 copay/individual; \$5 group

*MHN Authorization is required for inpatient PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs of admit.

**deductible waived only for emergency accident admits under indemnity medical plan.

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations

**2014 MEDICAL PLANS COMPARISON
MEDIUM OPTION - HMO ONLY - ACTIVE EMPLOYEES**

Benefit	Blue Shield California (BSC)	Kaiser Medium
Deductible	None	None
Ambulance	No charge	No charge
Calendar Year and lifetime maximums		
Annual Co-pay limit		
Individual	\$1,000	\$1,500
Family	\$3,000	\$3,000
Durable Medical Equipment	No charge	No charge
Emergency Services	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	No charge	No charge; 100 2-hr visits/CY
Hospital		
Inpatient	\$100 per admit	\$100 per admit
Outpatient	Facility - \$50/surgery; no charge treatment	\$15 copay
Maximums (lifetime and annual)	Unlimited	Unlimited
Mental Health		
Inpatient*	Provided by MHN; \$100 copay per admit	\$100 copay/admit
Outpatient	Provided by MHN: \$15 copay individual; \$7.50 copay group	\$15 copay/individual; \$7 group
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge
Physical exam	\$15 copay	\$15 copay
Physician Services -		
Office/Home visit	\$15 copay	\$15 copay
Well baby care	No charge to age 2	No charge to age 2
Prescription Drugs	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	No charge; 100 days/CY	No charge; 100 days/benefit period
Substance Abuse		
Inpatient*	Provided by MHN; \$100 copay per admit	\$100 copay/admit
Outpatient	Provided by MHN: \$15 copay individual; \$7.50 copay group	\$15 copay/individual; \$5 group

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations.

*Preauthorization required for inpatient mentalhealth and substance abuse.

**2014 MEDICAL PLANS COMPARISON
LOW OPTION - HMO ONLY - ACTIVE EMPLOYEES**

Benefit	Blue Shield California (BSC)	Kaiser Low
Deductible	None	None
Ambulance	No charge	No charge
Annual Co-pay limit		
Individual	\$1,000	\$1,500
Family	\$3,000	\$3,000
Durable Medical Equipment	No charge	No charge
Emergency Services	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	No charge	No charge
Hospital		
Inpatient	\$100 per admit	\$100 per admit
Outpatient	Facility - \$50/surgery; no charge treatment	\$25 copay
Maximums (lifetime and annual)	Unlimited	Unlimited
Mental Health		
Inpatient*	Provided by MHN; \$100 copay per admit	\$100 copay per admit
Outpatient	Provided by MHN: \$25 copay individual; \$17.50 copay group	\$25 individual; \$12 group
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge
Physical exam	\$25 copay	\$25 copay
Physician Services -		
Office/Home visit	\$25 copay	\$25 copay
Well baby care	No charge to age 2	No charge to age 2
Prescription Drugs	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand
Skilled Nursing Facility	No copay; 100 days/CY	No charge; 100 days/benefit period
Substance Abuse		
Inpatient*	Provided by MHN; \$100 copay per admit	\$100 copay per admit
Outpatient	Provided by MHN: \$25 copay individual; \$17.50 copay group	\$25 individual; \$5 group

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations

*Preauthorization required for inpatient mentalhealth and substance abuse.