

**2014 MEDICAL PLANS COMPARISON  
CALIFORNIA RETIREE BENEFITS - NON-MEDICARE RETIREES**

<b>Benefit</b>	<b>Blue Shield California (BSC) High Option</b>	<b>Blue Shield California (BSC) Low Option</b>	<b>Kaiser Permanente High Option</b>	<b>Kaiser Permanente Low Option</b>
Deductible	None	None	None	None
Ambulance	No charge	No charge	No charge	No charge
Durable Medical Equipment	No charge	No charge	No charge	No charge
Emergency Services	\$100/visit; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	No charge	No charge	No charge; 100 2-hr visits/CY	No charge; 100 2-hr visits/CY
Hospital				
Inpatient	\$100 per admit	\$100 per admit	\$100 per admit	\$100 per admit
Outpatient	\$50 copay	\$50 copay	\$15 copay	\$25 copay
Maximums (lifetime and annual)	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health				
Inpatient*	Provided by MHN; \$100 copay per admit	Provided by MHN; \$100 copay per admit	\$100 copay/admit; up to 45 days/CY no limit on mental health parity	\$100 copay per admit
Outpatient*	Provided by MHN: \$15 copay individual; \$7.50 copay group	Provided by MHN: \$25 copay individual; \$17.50 copay group	\$15 copay/individual; \$7 copay group; 20 visits/CY; no day limit mental health parity	\$25 individual; \$12 group
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge	No charge	No charge
Physical exam	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Physician Services -				
Office/Home visit	\$15 copay	\$25 copay	\$15 copay	\$25 copay
Prescription Drugs	Retail: \$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	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	No charge; 100 days/CY	No charge; 100 days/CY	No charge; 100 days/benefit period	No charge; 100 days/benefit period
Substance Abuse				
Inpatient	Provided by MHN; PPO - \$100 copay per admit	Provided by MHN; \$100 copay per admit	\$100 copay per admit; Detox only	\$100 copay per admit
Outpatient	MHN: \$15 copay/visit; (services must be preauthorized by MHN)	Provided by MHN: \$25 copay individual; \$17.50 copay group	\$15 copay individual; \$5 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