

**2016 MEDICAL PLANS COMPARISON
CALIFORNIA RETIREE BENEFITS - NON-MEDICARE RETIREES**

Benefit	Blue Shield California (BSC) High Option	Blue Shield California (BSC) Low Option	Kaiser Permanente High Option	Kaiser Permanente Low Option
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	Facility - \$50/surgery; no charge treatment	\$15 copay	\$25 copay
Maximums (lifetime and annual)	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health*				
Inpatient*	Provided by MHN; \$100 copay per admit. Alternative levels of treatment covered - \$50 copay.	Provided by MHN; \$100 copay per admit. Alternate levels of treatment - \$50 copay.	\$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
Preventive Health Benefits	\$15 copay	\$25 copay - routine physical; well women care - no charge; well-baby - no charge to age 2 year	\$15 copay	\$25 copay
Physician Services -				
Office/Home visit	\$15 copay; Access+specialist - \$20	\$25 copay; Access+specialist - \$30	\$15 copay	\$25 copay
Rehabilitative	\$15 copay	\$25 copay/visit	\$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 Use*				
Inpatient	Provided by MHN; PPO - \$100 copay per admit. Alternate levels of treatment covered - \$50 copay.	Provided by MHN; PPO - \$100 copay per admit. Alternate levels of treatment covered - \$50 copay.	\$100 copay per admit; Detox only	\$100 copay per admit
Outpatient	MHN: \$15 copay/visit;	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