

**2016 MEDICAL PLANS COMPARISON  
KAISER BRONZE OPTION - HMO ONLY - ACTIVE EMPLOYEES**

Benefit	Kaiser Bronze
Deductible	\$5,000 person; \$10,000 family
Ambulance	\$300 per trip after deductible
Annual Co-pay limit	
Individual	\$6,250
Family	\$12,500
Clinical Trials coverage	Covered as required by legislation
Durable Medical Equipment	30% coinsurance after deductible
Emergency Services	\$300 pr visit after deductible
Urgent Care	\$60 copay/visit after deductible
Home Health Care	No charge after deductible
Hospital	
Inpatient	30% coinsurance after deductible
Outpatient	30% coinsurance after deductible
Mental Health and Substance Use	
Inpatient	30% coinsurance after deductible
Outpatient	\$60 individual after deductible \$30 group after deductible; \$5 substance use
Outpatient Diagnostic-X-ray and Laboratory	Most 30% coinsurance after deductible
Physical exam	No charge no deductible
Physical Occupational, speech therapy	\$60 copay/visit after deductible
Physician Services -	
Office/Home visit	\$60 copay after deductible
Well baby care through age 23 months	No charge no deductible
Preventive health	No charge no deductible
Prenatal and postnatal care	No charge no deductible
Prescription Drugs	After deductible: Generic \$15 copay - 30-day; \$30 copay mail (100-day) Brand \$50 copay - 30-day retrail; \$100-mail (100--day) Specialty - 30% coinsurance
Skilled Nursing Facility	30% coinsurance after deductible
Routine eye exam	No charge - exam, lens and frames, no deductible every 12 months
Hearing exam	No charge, no deductible

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