

**2016 MEDICAL PLANS COMPARISON  
MEDIUM OPTION - HMO ONLY - ACTIVE EMPLOYEES**

<b>Benefit</b>	<b>Blue Shield California (BSC)</b>	<b>Kaiser Medium</b>
Deductible	None	None
Ambulance	No charge	No charge
Calendar Year and lifetime maximums		
Annual Co-pay limit		
Individual	\$1,000/person; \$2,000/2-party	\$1,500
Family	\$3,000	\$3,000
Clinical trials' coverage	Covered as required by legislation	Covered as required by legislation
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
Mental Health and Substance Use*		
Inpatient*	Provided by MHN; \$100 copay per admit; alternate levels of treatment - \$50 copay	\$100 copay/admit
Outpatient	Provided by MHN: \$15 copay individual; \$7.50 copay group	\$15 copay/individual; \$7 group (\$15 individual and \$5 group - substance use)
Outpatient Diagnostic-X-ray and Laboratory	No charge for preventive	No charge
Physical exam	Preventive health services - no charge as required by law	\$15 copay
Physical Therapy	No charge - preventive	No charge preventive
Physician Services -		
Office/Home visit	\$15 copay; Access+specialist - \$20	\$15 copay
Well baby care	No charge to age 2	No charge
Preventive health	No charge preventive	No charge
Prenatal and postnatal care	No charge preventive	No charge
Prescription Drugs	No copay for in-network preventive birth control devices and medications for women (a list of federally required birth control devices and/or medications is available from the Administrative Office. Other copays - \$10 generic; \$30 brand retail and mail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	No charge; 100 days/CY	No charge; 100 days/benefit period

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

\*Alternate levels of care includes Day Treatment, Partial hospitalization and intensive outpatient care.