

**2016 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/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
Hospital		
Inpatient	\$100 per admit	\$100 per admit
Outpatient	Facility - \$50/surgery; no charge treatment	\$25 copay
Mental Health and Substance Use		
Inpatient	Provided by MHN; \$100 copay per admit. Alternative levels of treatment - \$50 copay.	\$100 copay per admit
Outpatient	Provided by MHN: \$25 copay individual; \$17.50 copay group	\$25 individual; \$12 group \$25 individual; \$5 group - substance use
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge
Physical exam	Preventive health services - no charge as required by law	\$25 copay
Physical therapy	No charge - preventive	No charge - preventive
Physician Services -		
Office/Home visit	\$25 copay; Access+specialist - \$30 copay	\$25 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 fro 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