

**2017 MEDICAL PLANS COMPARISON HIGH OPTION - B ACTIVE EMPLOYEES**

<b>Benefit</b>	<b>Indemnity*</b>	<b>Blue Shield California (BSC)</b>	<b>Kaiser High</b>
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime maximums	None	Unlimited	None
Ambulance	PPO - 20%; OON - 20% UCR	No charge	No charge
Annual Co-pay limit			
Individual	\$500 - PPO; OON - None	\$600/person; \$1,200/two-party	\$1,500
Family	None	\$1,800	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 20% UCR	No charge	No charge
Emergency Services	20%** of allowable services over \$500	No copay	No copay
Home Health Care	20%; 30 visits/CY	\$3 copay; 100 visits/CY	No charge
Hospital			
Inpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Outpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Mental Health and substance use***			
Inpatient	Provided by MHN; PPO - No charge; OON - 20% UCR. Alternate levels of treatment covered.	Provided by MHN: No charge; no maximum based on medical necessity;	No charge
Outpatient	Provided by MHN: \$0 copay individual; \$5 copay group.	Provided by MHN: \$3 copay	No charge
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% of UCR	No charge	No charge
Physical exam	PPO - No charge; OON no charge 1st \$500, 20% of UCR balance; frequency - AMA guidelines	\$3 copay; well woman - no charge	No charge
Physical therapy	6 visits	\$3 per visit	
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay - routine; A+ specialist - \$20	No charge
Well baby care	PPO - charge; OON - no charge 1st \$200, 20% UCR balance	No charge	No charge
Prescription Drugs	Sav Rx plan; Retail (30 days) and Mail Order (60 days) - \$2 copay	Retail: \$2 copay Mail - \$2 copay	Retail (100 day supply): No copay
Skilled Nursing Facility	No charge up to a maximum Plan payment of \$20/day	No charge; 100 days per CY	No charge; 100 days/benefit period
Substance Use			
Inpatient	Provided by MHN; PPO - No charge; OON - 20% UCR. Alternate levels of treatment covered.	Provided by MHN: No charge; no maximum based on medical necessity;	No charge
Outpatient	Provided by MHN: \$10 copay individual; \$5 copay group	Provided by MHN: \$3 copay	No charge
MES (Vision Benefits)	\$0 copay/exam and materials 12-12-24	\$3 copay/exam and materials 12-12-24	\$0 copay/exam and materials 12-12-24
Wellness	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	No copay	No copay

\*Charges in excess of UCR are paid by the participant in addition to normal co-insurance for out-of-network (OON) providers and services.

\*\*Deductible waived only for emergency accident admits under indemnity medical plan.

\*\*\*MHN Authorization is required for inpatient PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs. of admit.

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

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