

**2017 MEDICAL PLANS COMPARISON
LOW OPTION - HMO ONLY - ACTIVE EMPLOYEES**

Benefit	Kaiser Low
Deductible	None
Ambulance	No charge
Annual Co-pay limit	
Individual	\$1,500
Family	\$3,000
Clinical Trials coverage	Covered as required by legislation
Durable Medical Equipment	No charge
Emergency Services	\$100 copay; waived if admitted
Home Health Care	No charge
Hospital	
Inpatient	\$100 per admit
Outpatient	\$25 copay
Mental Health and Substance Use*	
Inpatient	\$100 copay per admit
Outpatient	\$25 individual; \$12 group \$25 individual; \$5 group - substance use
Outpatient Diagnostic-X-ray and Laboratory	No charge
Physical exam	\$25 copay
Physical therapy	No charge - preventive
Physician Services -	
Office/Home visit	\$25 copay
Well baby care	No charge
Preventive health	No charge
Prenatal and postnatal care	No charge
Prescription Drugs	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand
Skilled Nursing Facility	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

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