

**2017 MEDICAL PLANS COMPARISON  
MEDIUM OPTION - ACTIVE EMPLOYEES**

<b>Benefit</b>	<b>Indemnity</b>	<b>Blue Shield California (BSC)</b>	<b>Kaiser Medium</b>
Deductible	\$100/person; \$300/family	None	None
Ambulance	PPO - 20%; OON - 30%	No charge	No charge
Calendar Year and lifetime maximums	Unlimited	Unlimited	Unlimited
Annual Co-pay limit			
Individual	\$6,600 - PPO; OON - none	\$1,000/person; \$2,000/2-party	\$1,500
Family	\$13,200 - PPO; OON - none	\$3,000	\$3,000
Clinical trials' coverage	Regular coverage for individuals participating in clinical trials for treatment for cancer or other life-threatening conditions.	Covered as required by legislation	Covered as required by legislation
Durable Medical Equipment	PPO - 20%; OON - 30%	No charge	No charge
Emergency Services	No deductible and no copay - PPO and OON - Emergency room services, emergency medical transportation and urgent care	No copay	No copay
Home Health Care	20%; 30 visits/CY	No charge	No charge; 100 2-hr visits/CY
Hospital			
Inpatient	PPO - 20%; OON - 30%	\$100 per admit	\$100 per admit
Outpatient	PPO - 20%; OON - 30%	Facility - \$50/surgery; no charge treatment	\$15 copay
Mental Health and Substance Use*			
Inpatient	Provided by MHN; PPO - 20%; OON - 30% UCR. Alternate levels of treatment covered.	Provided by MHN: \$100/admit; no maximum based on medical necessity;	\$100 copay/admit; \$100 copay for detox only for substance use
Outpatient	Provided by MHN; PPO - 20%; OON - 30% UCR. Prior authorization is required	Provided by MHN: \$15 copay- individual; \$7.50 group.	\$15 copay/individual; \$7 group (\$5 group for substance use)
Outpatient Diagnostic-X-ray and Laboratory	PPO - 20%; OON - 30% (no charge and no deductible for routine preventive treatment)	No charge	No charge
Physical exam	PPO - No deductible and no charge for preventive care/screening services (exams and diagnostic x-rays and lab work) and immunizations; OON - No charge first \$500; 30% of balance - frequency AMA	Preventive health services - no charge as required by law	\$15 copay
Physical Therapy	6 visits	\$15 per visit	
Physician Services -			
Office/Home visit	PPO - 20%; OON - 30%	\$15 copay; A+ Specialist - \$20	\$15 copay
Well baby care	PPO - 100% 1st \$100/yr/child up to age 2, 20% balance for PPO and 30% balance OON	No charge to age 2	No charge
Preventive health	No deductible and no charge for preventive care/screening services and immunizations received from in-network providers.	No charge	No charge
Prenatal and postnatal care	No deductible and no charge for routine preventive care received from in-network providers	No charge	No charge
Prescription Drugs	Sav Rx plan; Retail (30 day supply) and Mandatory Mail Order (60 day supply) - \$10 copay - Generic; \$30 copay Brand; Mail - 2 x retail; No copay or deductibles for in-network preventive birth control devices and medications for women (federally required devices and medications)	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 up to a maximum Plan payment of \$20/day	No charge; 100 days/CY	No charge; 100 days/benefit period

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

(Document #003095-1-14-16) No deductible for emergency admits under indemnity medical plan.

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