

**2020 MEDICAL PLANS COMPARISON  
HIGH OPTION - A ACTIVE EMPLOYEES**

<b>Benefit</b>	<b>Indemnity*</b>	<b>UnitedHealthcare (UHC)</b>	<b>Kaiser High</b>
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime Maximums	Unlimited	Unlimited	Unlimited
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 visit/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.	No charge; no maximum based on medical necessity;	No charge
Outpatient	Provided by MHN: \$0 copay individual; \$5 copay group.	\$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, balance 20%; frequency - AMA guidelines	\$3 copay/well woman - no charge	No charge
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay - routine; A+Specialist - \$20	No charge
Well child care	PPO - no charge; OON no charge 1st \$200 balance 20%	No charge	No charge
Physical therapy/Chiropractic	30 visits ****	30 Visits \$10 Copay \$50 Appliance Benefit	
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	PPO - 20% of Allowable, OON - 20% of UCR	No charge; 100 days per CY	No charge; 100 days/benefit period
Vision (through VSP)	\$5 copay/exam and materials 12-12-24	\$3 copay/exam and materials 12-12-24	\$5 copay/exam and materials 12-12-24
Wellness Benefit	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.

\*\*\*\* The chiropractic benefit is limited to 17 visits per calendar year. If additional appointments are required, any remaining physical therapy visits can be used. In no event will more than 30 visits be covered in any calendar year including physical therapy and chiropractic treatment.

UCR: Allowable Charges and benefit payments to non-PPO providers are based on the 90th percentile of the UCR allowable provided by Anthem Blue Cross.

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