

**2020 MEDICAL PLANS COMPARISON
LOW OPTIONS - HMO ONLY - ACTIVE EMPLOYEES**

Benefit	Kaiser Low	Current UHC Low Option
Deductible	None	None
Ambulance	No charge	No charge
Annual Co-pay limit		
Individual	\$1,500	\$1,000/person; \$2,000/2-party
Family	\$3,000	\$3,000
Chiropractic	NONE	30 Visits \$10 Copay \$50 Appliance Benefit
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/visit; Urgent Care:\$25 copay/visit
Home Health Care	No charge	No charge
Hospital		
Inpatient	\$100 per admit	\$100 copay/admit
Outpatient	\$25 copay	\$50 copay/surgery
Mental Health and Substance Use*		UHC
Inpatient	\$100 copay per admit	\$100 copay/admit
Outpatient	\$25 individual; \$12 group \$25 individual; \$5 group - substance use	\$50 copay/substance abuse - \$25 copay
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge
Physical exam	\$25 copay	No charge
Physical therapy	No charge - preventive	\$25 copay/visit
Physician Services -		
Office/Home visit	\$25 copay	\$25 copay; \$30 copay for Access+specialist
Well baby care	No charge	No charge to age 2
Preventive health	No charge	No charge - preventive
Prenatal and postnatal care	No charge	No charge - preventive
Prescription Drugs Generic Brand Brand non-formulary Specialty drugs	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand	30-day retail; 90-day mail \$10 copay retail and mail \$30 copay retail and mail \$30 copay retail and mail \$30 copay retail and mail

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO
*Alternate levels of care includes Day Treatment, Partial hospitalization and intensive outpatient