



## Comparison of Medical Plans

Indemnity Insurance Plans			HMOs			
	Anthem Blue Cross I	Anthem Blue Cross II	Anthem Blue Cross Prudent Buyer Plan	Cigna Network Model Plan	Kaiser Permanente	UnitedHealthcare <sup>4</sup>
<b>Calendar Year Deductibles/Copayments</b>	\$100 – individual; \$100 – family	\$500 – individual; \$1,500 – family	\$100 – individual; \$200 – family	None	None	None
<b>Annual Maximum Out-of-Pocket Expenses (for most services)</b>	N/A	\$2,500, including deductible (Does not include amounts over allowable charges)	N/A	\$1,500 – individual; \$3,000 – family	Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
<b>Lifetime Maximum Benefits</b>	\$1,000,000	\$1,000,000	\$1,000,000	Unlimited	Unlimited	Unlimited
<b>Hospital Benefits</b>						
<b>Room and Board</b>	\$75 per day maximum <sup>1</sup> ; \$150 per day maximum special care unit <sup>1</sup>	90% for PPO hospital <sup>2</sup> ; 80% non-PPO for semi-private room; special care unit up to 2.5 times semi-private room rate	80% Prudent Buyer; 70% non-Prudent Buyer with \$75 per day maximum; \$150 per day intensive care (for non-Prudent Buyer)	No charge	No charge	No charge
<b>Surgical Services</b>	80% <sup>1</sup>	80%	80% Prudent Buyer; 70% non-Prudent Buyer	No charge for inpatient or outpatient	No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
<b>Hospital Services and Supplies</b>	100% <sup>1</sup>	90% PPO hospital <sup>2</sup> ; 80% non-PPO hospital	80% Prudent Buyer; 70% non-Prudent Buyer (up to \$250 per day for non-Prudent Buyer)	No charge	No charge	No charge
<b>Hospital Admission Authorization Requirements</b>	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice	Authorization by a Prudent Buyer physician required. Non-Prudent Buyer physicians must contact Anthem Blue Cross	Authorization by a Cigna HealthCare physician required within 48 hours in case of emergency outside service area	Authorization by a Kaiser Permanente physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating UnitedHealthcare medical group or physician required. Within 24 hours in case of emergency
<b>Nursing Benefits</b>						
<b>Skilled Nursing Facility Care</b>	70% (in-network) or 50% (out-of-network) up to \$150 per day for up to 100 days per calendar year <sup>1</sup>	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year <sup>1</sup>	80% of semi-private room rate for up to 100 days per confinement period	No charge; limit 60 days per contract year (limit 100 days per contract year for CA only)	No charge; limit 100 days per benefit period	No charge; up to 100 days per benefit period
<b>Private Duty Nurses</b>	80% in accordance with requirements	80% in accordance with requirements	80% in accordance with requirements	No charge if authorized by a Cigna HealthCare physician (100 visits per contract year together with Home Healthcare)	No charge if authorized by Kaiser Permanente physician	No charge (if medically necessary)
<b>Home Healthcare</b>	100% in accordance with requirements <sup>1</sup>	100% in accordance with requirements <sup>1</sup>	100% in accordance with requirements	No charge; limited 60 visits per contract year (100 visits per contract year for CA only) together with Private Duty Nursing	No charge if authorized by Kaiser Permanente physician	No charge; 100 visits maximum per calendar year
<b>Hospice Care</b>	100% up to plan limitations, in accordance with requirements <sup>1</sup>	100% in accordance with requirements <sup>1</sup>	100% up to plan limitations, in accordance with requirements <sup>1</sup>	No charge	No charge if authorized by Kaiser Permanente physician (up to 100 2-hour visits per calendar year)	No charge when authorized by a UnitedHealthcare participating physician or medical group. Prognosis of life expectancy of one year or less.
<b>Emergency Benefits</b>						
<b>Inpatient</b>	\$75 per day <sup>1</sup> maximum; \$150 per day maximum special care unit <sup>1</sup>	90% PPO hospital <sup>2</sup> ; 80% non-PPO hospital	80% Prudent Buyer; 70% non-Prudent Buyer	No charge	No charge	No charge
<b>Outpatient</b>	100% at a hospital only <sup>1</sup>	80%	80% Prudent Buyer; 70% non-Prudent Buyer	\$50 copay; waived if admitted; \$25 copay for urgent care center	\$5 at Kaiser Permanente facility; waived if admitted directly to the hospital	\$50; waived on admission
<b>Ambulance</b>	80% for transportation to first hospital where care is given	80% for transportation to first hospital where care is given	80%	No charge when true emergency authorized by a Cigna HealthCare physician	No charge if emergency	No charge when medically necessary
<b>Outpatient Benefits</b>						
<b>Doctor's Office Visits</b>	80%	80%	80% Prudent Buyer; 70% non-Prudent Buyer	\$5 copay	\$5 copay	\$5 copay
<b>Preadmission X-Ray and Lab Tests</b>	100% <sup>1</sup>	100% <sup>1</sup>	100% Prudent Buyer; 70% non-Prudent Buyer	No charge	No charge	No charge with an office visit
<b>Routine Checkups, CA only</b>						
<b>—Adult</b>	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250	\$5 copay	\$5 copay	\$5 copay; no charge for age 2 and under
<b>—Children Under 17</b>	\$25 copay in-network; 80% out-of-network	\$25 copay in-network; 80% out-of-network	\$25 copay in-network; out-of-network covered up to \$20			
<b>Immunizations</b>	Not covered except for children under age 17	Not covered except for children under age 17	Not covered except for children under age 17	No charge (after \$5 office visit copay, if applicable)	No charge if generally available	\$5 copay; no charge for age 2 and under
<b>Outpatient Surgical Services</b>	100% <sup>1</sup>	100% <sup>1</sup> (80% hospital facility fees)	100% <sup>1</sup> Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non-Prudent Buyer)	No charge	\$5 copay	No charge
<b>Physical Therapy</b>	80% in accordance with requirements	80% in accordance with requirements	80% Prudent Buyer; 70% non-Prudent Buyer	\$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only)	\$5 copay	Inpatient: no charge; outpatient: \$5 copay
<b>Speech Therapy</b>	80% in accordance with requirements	80% in accordance with requirements	80% in accordance with requirements	\$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only)	\$5 copay	Inpatient: no charge; outpatient: \$5 copay
<b>Maternity</b>	80% in accordance with requirements	80% in accordance with requirements	80% Prudent Buyer; 70% Non-Prudent Buyer; in accordance with requirements	\$5 copay for initial visit to confirm pregnancy; no charge for subsequent maternity visits	\$5 copay	No charge; office visit copays are waived after initial office visit copay
<b>Prescription Drug Benefits</b>						
<b>Prescription Drugs</b>	<b>Retail:</b> 80% in-network; 60% out-of-network <b>Mail order:</b> \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)	<b>Retail:</b> 80% in-network; 60% out-of-network <b>Mail order:</b> \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)	<b>Retail:</b> 80% in-network; out-of-network coverage may vary. Contact Anthem Blue Cross for more information. <b>Mail order:</b> \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty for a 90-day supply /specialty copay prorated for less than 90-day supply	<b>Retail:</b> \$7 copay for 30-day supply; <b>Mail order:</b> \$14 copay for 90-day supply	\$7 copay for up to 100-day supply; can be in person, through mail order, by telephone, or online at <a href="http://www.kp.org/myhealthmanager">www.kp.org/myhealthmanager</a>	<b>Retail:</b> \$7 copay for 30-day supply; <b>Mail order:</b> \$7 copay for 90-day supply
<b>Mental Health and Substance Abuse Benefits</b>						
<b>Inpatient</b>	\$75 per day <sup>1</sup> maximum; \$150 per day maximum intensive care <sup>1</sup>	90% PPO; 80% non-PPO	80% Prudent Buyer; 70% non-Prudent Buyer	No charge for an unlimited number of days	No charge; for an unlimited number of days	No charge; for an unlimited number of days (both Mental Health and Substance Abuse)
<b>Outpatient</b>	80% of covered expenses	80% of covered expenses	80% Prudent Buyer; 70% non-Prudent Buyer	No charge for an unlimited number of visits	\$5 copay per visit; for an unlimited number of visits	Mental Health: \$5 copay; for an unlimited number of visits, must be authorized through UnitedHealthcare Behavioral Health <sup>5</sup>  Substance Abuse: No charge; for an unlimited number of visits (Includes Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment)
<b>Vision Benefits</b>						
<b>Eye Exams</b>	Covered after accident only <sup>3</sup>	Covered after accident only <sup>3</sup>	Not covered	\$10 copay; limit one exam every 12 months through Cigna Vision	\$5 copay	\$5 copay through PCP <sup>5</sup>
<b>Lenses</b>	Covered after accident <sup>3</sup> and after eye surgery	Covered after accident <sup>3</sup> and after eye surgery	One pair, after eye surgery	Covered after cataract surgery	Not covered	Not covered
<b>Frames</b>	Covered after accident <sup>3</sup> or eye surgery only	Covered after accident <sup>3</sup> or eye surgery only	Not covered	Not covered	Not covered	Not covered
<b>Hearing Care Benefits</b>						
<b>Hearing Exams</b>	Covered after accident only <sup>3</sup>	Covered after accident only <sup>3</sup>	Not covered	Not covered	\$5 copay	\$5 copay
<b>Hearing Aids</b>	Covered after accident only <sup>3</sup>	Covered after accident only <sup>3</sup>	Not covered	Not covered	Not covered	\$5,000 maximum benefit every 3 years. Limited to a single hearing aid (including repair/replacement every 3 years).

**Carrier Notes:**

**Anthem Blue Cross Plans I, II, and Prudent Buyer**

Coinurance payment is the percentage of eligible charges after you meet the plan deductible, unless otherwise noted. **All plan reimbursements are based on negotiated rates or usual and customary charges.** Usual and Customary charges are the maximum amounts the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

<sup>1</sup> Indicates deductible waived.

**Anthem Blue Cross II**

<sup>2</sup> For non-Medicare members only.

**Anthem Blue Cross I and II**

<sup>3</sup> Treatment must be due to an accidental injury while insured and treatment must be received within two years of accident.

**HMOs**

Medical care must be received from HMO or contracted provider, physician or facility.

Mental Health Benefits for California Base Contracts: refer to evidence of coverage.

**UnitedHealthcare**

<sup>4</sup> Refer to UnitedHealthcare HMO Schedule of Benefits and Evidence of Coverage for detailed plan information.

<sup>5</sup> Your PCP is your Preferred Care Provider in the UnitedHealthcare HMO.