KAISER MEDICAL PLAN COMPARISON CHART

	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Deductibles/Maximums			
Calendar year (CY) Deductible	None	None	$500 individual $1,000 family
Out-of-Pocket annual maximum (Some benefits excluded from the OoP maximum, refer to EOC for details)	$1,500 individual $3,000 family	$3,000 individual $6,000 family	$5,000 individual $10,000 family
Office/Outpatient Care			
Office visits	$10 copay	$40 copay	$30 copay* (ded. doesn't apply to the first 3 combined visits)
Preventive Services	No charge	No charge	No charge
Specialists	$10 copay	$50 copay	$30 copay*
Emergency Medical Care			
Emergency room	$75 copay (waived if admitted)	$150 copay (waived if admitted)	You pay: 20%*
Urgent care	$10 copay	$40 copay	$30 copay* (ded. doesn't apply to the first 3 visits combined)
Diagnostic Services			
Laboratory and Pathology Tests	No charge	$10 copay	$15 copay
Diagnostic Tests and X-Ray	No charge	Most X-rays: $10 per encounter MRI, most CT, and PET scans: $100 per procedure	You pay: 20%*
Hospital Services			
Hospital care (Physician and Facility charges)	No charge for approved services obtained in a Kaiser Permanente or other approved facility	$500 per day	You pay: 20%*

***Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan**

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

KAISER MEDICAL PLAN COMPARISON CHART *(CONTINUED)*

	Kaiser Traditional HMO	Kaiser Choice HMO	Kaiser Virtual Complete
Surgical Services			
Hospital – In Patient Surgical Services	No charge (Facility and Physician services)	$500 per day	You pay: 20%*
Outpatient / Ambulatory Surgery Center	Physician Services: No charge Facility: $10 per procedure	$250 per procedure	You pay: 20%*
Mental Health Care and Substance Abuse Treatment			
Outpatient services	$10 copay individual session $5 copay group session	$40 copay individual session $20 copay group session $5 copay group session for subtance abuse	$30 copay* individual session $15 copay* group session $5 copay*group session for substance abuse (ded. doesn't apply to the first 3 visits combined)
Inpatient services	No charge	$500 per day	You pay: 20%*
Prescription Drugs			
Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (up to 100 day supply): Generic: $10 copay Brand: $15 copay Specialty: $15 copay (30-day supply) Mail order is voluntary	Pharmacy (30-day supply): Generic: $15 copay Brand: $35 copay Specialty: 30%, not to exceed $250 Mail order is voluntary. Up to 100-day Supply	Pharmacy (up to 100 day supply): Generic: $30 for up to a 100-day supply Brand: $30 for up to a 30-day supply* $60 for up to 100-day supply* Specialty: 20% Coinsurance not to exceed $250 for up to 30-day supply*
Other Services			
Chiropractic care	$15 copay/visit 20 visits max annually - Medical diagnosis/ necessity required	Not covered (25% discount off a contracted chiropractor's regular rates through authorized ASH Network)	Not covered (25% discount off a contracted chiropractor's regular rates through authorized ASH Network
Physical and Occupational Therapy Speech Therapy	$10 copay	$40 copay	$30 copay*

***Member pays Calendar Year (CY) deductible before Kaiser pays for covered services under the benefit plan**

Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.