

Medical plans comparison chart

The HMSA CompMed PPO plan has contracts with a network of preferred providers from which you can choose. You do not need to select a primary care physician and you do not need referrals to see other providers in the network. With the Kaiser Platinum HMO, you will select a primary care physician (PCP) who is responsible for managing and coordinating your health care. If you need to see a specialist, your PCP will provide a referral. See the Summary of Benefits & Coverage (SBC) on <https://mypetcobenefits.com> for details on the HMSA CompMed PPO plan or KP Platinum HMO plan.

Plan Feature	HMSA CompMed PPO		KP Platinum HMO
	In-Network You Pay	Out-of-Network You Pay	Must Use Kaiser Providers In-Network You Pay
Plan Year Deductible	None	None	None
Plan Year Out-of-Pocket Max • Employee • Family	\$2,500 \$7,500		\$2,500 \$5,000
Preventive Care	\$0	\$0	\$0
Office Visit • PCP • Specialist	\$14 copay \$14 copay	\$14 copay \$14 copay	\$15 copay \$15 copay
Emergency Room • Emergency Room • Urgent Care Facility	20% \$14 copay	20% ¹ \$14 copay	\$50 copay \$15 copay
Hospital Services • Inpatient • Outpatient Surgery	20% 20%	20% ¹ 20% ¹	\$50 copay/day \$50 copay
Diagnostic Testing	20%	20%	\$10 copay
Pregnancy and Maternity Care	10%	10% ¹	\$15 copay
Mental Health/Substance Abuse • Inpatient • Outpatient	20% 20%	20% ¹ 20% ¹	\$50 copay/day \$15 copay
Pharmacy Retail • Generic Maintenance • Generic Other • Brand Name • Non-Formulary • Specialty	30-day supply \$7 copay \$7 copay \$30 copay \$30 copay \$100 copay	30-day supply \$7 copay and 20% \$7 copay and 20% \$30 copay and 20% \$30 copay and 20% Not covered	30-day supply \$5 copay \$10 copay \$35 copay \$35 copay \$35 copay
Pharmacy Mail Service • Generic Maintenance • Generic Other • Brand Name • Non-Formulary • Specialty	90-day supply \$11 copay \$11 copay \$65 copay \$65 copay Not covered	90-day supply \$7 copay and 20% \$7 copay and 20% \$30 copay and 20% \$30 copay and 20% Not covered	90-day supply \$10 copay \$20 copay \$70 copay \$70 copay \$70 copay

1) The plan pays benefits based on the eligible charge, which is what HMSA participating providers have agreed to accept as payment for services. When you receive care out-of-network, you are responsible for the difference between HMSA's eligible charge and the provider's actual charge.