

# Medical plans comparison chart

If you live in a Kaiser Permanente service area in CA, CO, DC, GA, MD, OR, VA or WA, you may be able to elect a Kaiser Permanente HMO or HSA medical plan. Partners enrolled in a Kaiser HMO plan must receive all care from Kaiser providers (except in the case of an emergency in which you are outside of a Kaiser service area). 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. Note that benefits in **RED** are for California residents only.

Plan Feature	Kaiser Medical Plans		
	Enhanced PPO Plan	HSA Plan	Value PPO Plan
<b>Plan Year Deductible</b> • Employee • Family	\$1,000 \$2,000	\$2,000 \$4,000 <sup>1</sup> ( <b>\$2,800<sup>1</sup> CA</b> )	\$4,000 \$8,000
<b>Petco Contribution to HSA</b> • Employee • Family	n/a n/a	\$250 (\$62.50 quarterly) \$500 (\$125 quarterly)	n/a n/a
<b>Plan Year Out-of-Pocket Max</b> • Employee • Family	\$6,000 \$12,000	\$4,000 \$8,000 <sup>5</sup>	\$6,000 \$12,000
	In-Network YOU PAY	In-Network YOU PAY	In-Network YOU PAY
<b>Preventive Care</b>	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>Telemedicine—Virtual Doctor Visits</b>	\$0 <sup>3</sup>	20% <sup>2</sup>	\$0 <sup>3</sup>
<b>Office Visit</b> • PCP • Specialist	\$25 copay \$50 copay	20% <sup>2</sup> 20% <sup>2</sup>	\$40 copay \$80 copay ( <b>\$50 copay CA</b> )
<b>Urgent Care</b>	\$100 copay ( <b>\$25 copay CA</b> )	20% <sup>2</sup>	\$100 copay ( <b>\$40 copay CA</b> )
<b>Emergency Room</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Diagnostic Testing</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Outpatient X-Ray and Lab</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Hospitalization</b> • Inpatient Semi-Private Room • Inpatient Physician	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	30% <sup>2</sup> 30% <sup>2</sup>
<b>Outpatient Treatment (PT, OT, ST)</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Mental Health/Substance Abuse</b> • Inpatient • Outpatient	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	30% <sup>2</sup> 30% <sup>2</sup>
<b>Pharmacy Retail</b> • Specified Preventive Drugs <sup>4</sup> • Generic • Brand Formulary • Brand Non-Formulary	<b>30-day supply</b> 100% covered <sup>3,4</sup> \$10 copay 20% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> (20% <sup>3</sup> , <b>\$100 max CA</b> )	<b>30-day supply</b> 100% covered <sup>3</sup> 20% <sup>2</sup> ( <b>\$50 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> )	<b>30-day supply</b> 100% covered <sup>3,4</sup> \$10 copay 30% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> ( <b>\$100 max CA</b> )
<b>Pharmacy Mail Service</b> • Specified Preventive Drugs <sup>4</sup> • Generic • Brand Formulary • Brand Non-Formulary	<b>90-day supply</b> 100% covered <sup>3,4</sup> \$20 copay 20% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> (20% <sup>3</sup> , <b>\$100 max CA</b> )	<b>90-day supply</b> 100% covered <sup>3</sup> 20% <sup>2</sup> ( <b>\$50 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> ) 20% <sup>2</sup> ( <b>\$100 max CA</b> )	<b>90-day supply</b> 100% covered <sup>3,4</sup> \$20 copay 30% <sup>3</sup> ( <b>\$100 max CA</b> ) 30% <sup>3</sup> ( <b>\$100 max CA</b> )

1) The family deductible must be met before any person receives benefits.  
 2) Coinsurance or copay after you meet the plan year deductible unless otherwise noted.  
 3) Plan year deductible waived.

4) As specified in essential drug list.  
 5) The family out-of-pocket max must be met before benefits are paid at 100% for any family member.