



January 1 – December 31, 2015

# Traditional Medical Plans

BENEFIT FEATURES	Anthem Blue Cross Prudent Buyer Plan PPO		Anthem Blue Cross Select HMO	Anthem Blue Cross California Care/Full Access HMO	Kaiser Permanente (HMO)
	PPO Network Self-referred (within Blue Cross PPO network)	Out-of-Network Self-referred (outside PPO network)	Select HMO Network PCP Referred (within HMO medical group)	California Care HMO Network PCP Referred (within HMO medical group)	HMO Network PCP Referred (within HMO medical group)
<b>Choice of Provider</b>	May obtain care directly from any Anthem Blue Cross PPO Network Provider.	May obtain care from any other provider. However, you pay the highest costs when you use this level under the PPO Plan.	Must receive services from your Primary Care Physician (PCP) or be referred by your PCP to specialist within the same medical group. <b>***PCP must be a member of the Anthem Select HMO Network***</b>	Must receive services from your Primary Care Physician (PCP) or be referred by your PCP to specialist within the same medical group. <b>***PCP can be selected from the Anthem California Care HMO Network***</b>	Your choice of Kaiser Permanente physicians and providers.
<b>Annual Deductible*</b> • Individual • Maximum per Family	\$300 per individual \$600 per family	\$600 per individual \$1,200 per family	None None	None None	None None
<b>Annual Out-of-Pocket Maximum</b> (Excludes Deductible)	\$2,000 per individual \$4,000 per family	\$4,000 per individual \$8,000 per family	\$2,000 per individual \$4,000 two party, \$6,000 per family	\$2,000 per individual \$4,000 two party, \$6,000 per family	\$1,500 per individual \$3,000 per family
<b>Out-of-Hospital Services</b> • Office Visits • Specialist Visits • Urgent Care Facility	You pay \$20 per visit (deductible waived)	You pay 40% after deductible	\$25 co pay	\$30 co pay	\$25 co pay
	You pay \$40 per visit (deductible waived)	You pay 40% after deductible	\$40 co pay	\$45 co pay	\$25 co pay
	You pay 20% after deductible	You pay 40% after deductible	\$40 co pay (waived if admitted)	\$45 co pay (waived if admitted)	\$25 co pay
<b>Preventive Care</b> • Well Baby / Well Child • Adult Physical Exam • Well-Woman Care • Prostate Cancer Screening • Colorectal Cancer Screenings • X-ray and Lab (CT, MRI, PET) (Precertification required)	No co pay	You pay 40% after deductible; benefit limited to \$20 per exam	No co pay	No co pay	No co pay
	No co pay	Not covered	No co pay	No co pay	No co pay
	No co pay	You pay 40% Deductible waived	No co pay	No co pay	No co pay
	No co pay	You pay 40% Deductible waived	No co pay	No co pay	No co pay
	No co pay	You pay 40% Deductible waived	No co pay	No co pay	No co pay
	You pay 20% after deductible	You pay 40% after deductible	You pay \$100 for CT or CAT scan, MRI, Nuclear Cardiac Scan or PET Scan. No charge for other x-ray & lab	You pay \$100 for CT or CAT scan, MRI, Nuclear Cardiac Scan or PET Scan. No charge for other x-ray & lab	No co pay



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<b>In-Hospital Services</b> <ul style="list-style-type: none"> <li>Semiprivate Room and Board (Precertification required)</li> <li>Emergency Room</li> </ul>	\$150 co pay per admission (\$500 if precertification not obtained); then you pay 20% after deductible  You pay \$75 (waived if admitted directly from the ER), then you pay 20% after deductible	\$300 co pay per admission (\$500 if precertification not obtained); then you pay 40% after deductible  You pay \$75 (waived if admitted directly from the ER), then you pay 20% after deductible	You pay \$200 per admission  You pay \$125 (waived if admitted)	You pay \$200 per admission  You pay \$125 (waived if admitted)	You pay \$100 per admission  You pay \$125 (waived if admitted)
<b>Outpatient Surgery</b>	You pay 20% after deductible	You pay 40% after deductible	\$100 co pay per admission	\$100 co pay per admission	You pay \$25 per procedure
<b>Durable Medical Equipment</b>	You pay 20% after deductible	You pay 40% after deductible	No co pay	No co pay	No co pay
<b>Skilled Nursing Facility</b> (Maximum 100 days per year)	You pay 20% after deductible; precertification required	You pay 40% after deductible; precertification required or \$500 penalty applied	No co pay; maximum 100 days a year	No co pay; maximum 100 days a year	No co pay; maximum 100 days a year
<b>Mental Health &amp; Substance Abuse</b> <ul style="list-style-type: none"> <li>Outpatient Physician Visits</li> <li>Inpatient Physician Visits</li> </ul>	You pay \$20 per visit  You pay 20% after deductible	You pay 40% after deductible  You pay 40% after deductible	You pay \$25 co pay for physician  You pay \$200 per admission	You pay \$30 co pay for physician  You pay \$200 per admission	\$25 co pay per individual visit \$12 co pay per group visit for MH \$5 co pay per group visit for SA  You pay \$100 per admission
<b>Physical/Occupational/Speech Therapy</b>	You pay 20% after deductible; up to 24 visits per year	You pay 40% after deductible; up to 24 visits per year	You pay \$25 co pay (Limited to 60-day period of care)	You pay \$30 co pay (Limited to 60-day period of care)	\$25 co pay
<b>Chiropractic Care</b>	You pay 20% after deductible; up to 24 visits per year	You pay 40% after deductible; up to 24 visits per year	You pay \$25 co pay (Limited to 60-day period of care)	You pay \$30 co pay (Limited to 60-day period of care)	**Not covered; discounts available through <a href="http://www.kp.org">www.kp.org</a>



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Retail Co pay Drugs	<p><b>Generics:</b> \$10 / co pay for up to 30-day supply  <b>Formulary:</b> \$20 / co pay for up to 30-day supply  <b>Non-Formulary:</b> \$35 for up to 30-day supply</p>					<p><b>Generics:</b> \$10 co pay up to 30 days            \$20 co pay for a 31 to 60 day supply            \$30 co pay for a 61 to 100 day supply</p> <p><b>Brand:</b> \$25 co pay up to 30 days            \$50 co pay for a 31 to 60 day supply            \$75 co pay for a 61 to 100 day supply</p>	
Mail Order Drug Program	<p><b>Generics:</b> \$20 / co pay for up to 90-day supply  <b>Formulary:</b> \$40 / co pay for up to 90-day supply  <b>Non-Formulary:</b> \$60 / co pay for up to 90-day supply            For Mail Order request for up to 90-day Supply</p>					<p><b>Brand Non-Formulary:</b>            If prescribed by KP physician, covered at the brand copay</p> <p><b>Generics:</b> \$10 co pay up to 30 days            \$20 co pay for a 31 to 100 day supply</p> <p><b>Brand:</b>            \$25 co pay up to 30 days            \$50 co pay for a 31 to 100 day supply</p> <p><b>Brand Non-Formulary:</b>            If prescribed by KP physician, covered at the brand copay</p>	
<p><b>Cost for Coverage (Twice-Monthly)</b></p> <ul style="list-style-type: none"> <li>Employee Only</li> <li>Employee + 1 Dependent</li> <li>Employee + 2 or more Dependents</li> </ul>	<p>\$435.97</p> <p>\$871.92</p> <p>\$1,233.77</p>	<p>\$294.54</p> <p>\$588.99</p> <p>\$833.39</p>	<p>\$654.65</p> <p>\$1,309.29</p> <p>\$1,852.67</p>	<p>\$214.05</p> <p>\$428.10</p> <p>\$605.75</p>			

\* All references to "annual" and "per year" on this chart refer to policy year of January 1 through December 31, 2015.



**THIS COMPARISON CHART IS  
NOT A CONTRACT**

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, than the Evidence of Coverage (EOC) plan document shall prevail.

Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.

