



January 1 – December 31, 2017

# Kaiser High Deductible Medical Plan

BENEFIT FEATURES	
	<b>Kaiser Permanente</b>
	<b>High Deductible Plan with Health Savings Account Option</b>
	Kaiser Permanente Network <b>PCP Referred</b> (within Kaiser Network)
<b>Choice of Provider</b>	Your choice of Kaiser Permanente physicians and providers.
<b>Annual Deductible*</b>	
<ul style="list-style-type: none"> <li>Individual (Annual Deductible includes Medical Care and copay Drug Benefits)</li> </ul>	\$1,500 per individual
<ul style="list-style-type: none"> <li>Maximum per Family (Annual Deductible includes Medical Care and copay Drug Benefits)</li> </ul>	\$3,000** per family
<b>Annual Out-of-Pocket Maximum</b> (Includes Deductible)	\$6,000 per family
<b>Out-of-Hospital Services</b>	
<ul style="list-style-type: none"> <li>Office Visits</li> </ul>	You pay 10% after deductible
<ul style="list-style-type: none"> <li>Specialist Visits</li> </ul>	You pay 10% after deductible
<ul style="list-style-type: none"> <li>Urgent Care Facility</li> </ul>	You pay 10% after deductible
<b>Preventive Care</b>	
<ul style="list-style-type: none"> <li>Well Baby / Well Child</li> </ul>	No copay or deductible
<ul style="list-style-type: none"> <li>Adult Physical Exam</li> </ul>	No copay or deductible
<ul style="list-style-type: none"> <li>Well-Woman Care</li> </ul>	No copay or deductible
<ul style="list-style-type: none"> <li>Prostate Cancer Screening</li> </ul>	No copay or deductible
<ul style="list-style-type: none"> <li>Colorectal Cancer Screenings</li> </ul>	No copay or deductible
<ul style="list-style-type: none"> <li>Specialty X-rays (CT, MRI, PET). **Precertification Required**</li> </ul>	You pay 10% after deductible
<ul style="list-style-type: none"> <li>Diagnostic X-Rays and Lab Tests</li> </ul>	You pay 10% after deductible
<b>In-Hospital Services</b>	
<ul style="list-style-type: none"> <li>Semiprivate Room and Board (Precertification required)</li> </ul>	You pay 10% after deductible
<ul style="list-style-type: none"> <li>Emergency Room</li> </ul>	You pay 10% after deductible
<b>Outpatient Surgery</b>	You pay 10% after deductible

BENEFIT FEATURES			
	<b>Kaiser Permanente</b>		
	<b>High Deductible Plan with Health Savings Account Option</b>		
	Kaiser Permanente Network <b>PCP Referred</b> (within Kaiser Network)		
<b>Durable Medical Equipment</b>	You pay 10% after deductible; benefit limited to \$2,500 per plan year		
<b>Prosthetic Devices</b>	No charge after deductible		
<b>Skilled Nursing Facility</b> (Maximum 100 days per year)	You pay 10% after deductible		
<b>Mental Health &amp; Substance Abuse</b>	You pay 10% after deductible		
<ul style="list-style-type: none"> <li>• Outpatient Physician Visits</li> <li>• Inpatient Physician Visits</li> </ul>	You pay 10% after deductible		
<b>Physical/Occupational/Speech Therapy</b>	You pay 10% after deductible		
<b>Chiropractic Care</b>	Not covered. Discounts available through <a href="http://www.kp.org">www.kp.org</a>		
<b>Prescription Drug Benefits</b>			
<b>Retail</b> (up to 30-day supply)	<p><b>Generic:</b> after deductible – \$10 copay after deductible for a 30-day supply \$20 copay for a 31 to 60 day supply \$30 copay for 61 to 100 day supply</p> <p><b>Brand:</b> after deductible – \$30 copay after deductible for a 30-day supply \$60 copay for a 31 to 60 day supply \$90 copay for 61 to 100 day supply</p> <p><b>Brand Non-Formulary:</b> If prescribed by KP physician, covered at the brand copay</p>		
<b>Mail-Order</b> (31 to 100-day supply)	<p><b>Generic:</b> after deductible – \$10 copay after deductible for a 30-day supply \$20 copay for a 31 to 100 day supply</p> <p><b>Brand:</b> after deductible – \$30 copay after deductible for a 30-day supply \$60 copay 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>		
<b>Cost for Coverage</b> Per Pay Period***	<b>Total Plan Cost</b>	<b>County Contribution</b>	<b>Employee Cost</b>
<ul style="list-style-type: none"> <li>• Employee Only</li> <li>• Employee + 1 Dependent</li> <li>• Employee + 2 or more Dependents</li> </ul>	\$191.29 \$382.58 \$541.34	\$122.01 \$122.01 \$122.01	\$69.28 \$260.57 \$419.33
<b>Health Savings Account Option****</b>			
<ul style="list-style-type: none"> <li>• Individual Contribution Maximum for 2017</li> <li>• Family Contribution Maximum for 2017 (Family includes employee plus one or more dependents)</li> </ul>	\$3,400 \$6,750		

\* All references to “annual” and “per year” on this chart refer to policy year of January 1 through December 31, 2017.

\*\* The individual deductible included in family coverage will not exceed \$2,600 for 2017.

\*\*\* Excluding the third pay periods in the months of July and December.

\*\*\*\*HSA deductions are not available through payroll but may be set up at a banking institution of your choice, if eligible.

#### 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, then 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.