

SUMMARY OF BENEFITS	Kaiser	Kaiser	Kaiser	Kaiser
	HSA 3500 Embedded Deductible	DHMO 3500 20%	DHMO 2500 30% Plus	DHMO 2000 20% Plus
Network:	HMO In-Network Only	HMO In-Network Only	HMO In-Network Only	HMO In-Network Only
Calendar Year Deductible:	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$10,500 Family	\$2,500 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance:	Kaiser Pays 70% You Pay 30%	Kaiser Pays 80% You Pay 20%	Kaiser Pays 70% You Pay 30%	Kaiser Pays 80% You Pay 20%
Maximum Out-of-Pocket: (Includes Deductible, All Copays and Coinsurance You Pay)	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$5,500 Individual \$11,000 Family
Preventative Services:	No Charge	No Charge	No Charge	No Charge
Office Visit/Specialist Copay:	Deductible then 30%	\$15 PCP \$30 Specialist	\$15 KP Medical Office Building \$35 PCP \$50 Specialist	\$15 KP Medical Office Building \$35 PCP \$50 Specialist
Retail Prescriptions: (30 day supply)	Deductible then 30%	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Specialty: 20% to max of \$250	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Specialty: 20% to max of \$250	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Specialty: 20% to max of \$250
Mail Order Prescriptions: (90 day supply)	Deductible then 30%	You pay 2 copays for up to a 90 day supply	You pay 2 copays for up to a 90 day supply	You pay 2 copays for up to a 90 day supply
Drug Coverage and Medicare:	Creditable	Creditable	Creditable	Creditable
Diagnostic Lab:	Deductible then 30%	Free Standing Facility: No Charge Hospital: Deductible then 20%	Free Standing Facility: No Charge Hospital: Deductible then 30%	Free Standing Facility: No Charge Hospital: Deductible then 20%
Diagnostic X-Ray:	Deductible then 30%	Free Standing Facility: \$30 Copay Hospital: Deductible then 20%	No Charge	No Charge
Diagnostic MRI/CT/PET:	Deductible then 30%	Free Standing Facility: \$150 Copay Hospital: Deductible then 20%	Deductible then 30%	Deductible then 20%
Inpatient Hospital:	Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Outpatient Surgery:	Deductible then 30%	Free Standing Facility: \$250 Copay Hospital: Deductible then 20%	Deductible then 30%	Deductible then 20%
Emergency Room: (In-Network or Out-of-Network)	Deductible then 30%	\$500 Copay	\$400 Copay	\$400 Copay
Urgent Care:	Deductible then 30%	\$30 Copay	\$50 Copay	\$50 Copay
Chiropractic Care:	Deductible then 30% (Limited 20 visits per year)	\$25 Copay (Limited 20 visits per year)	Not Covered	Not Covered
Acupuncture/Massage Therapy:	Deductible then 30% (Limited to 20 visits each per year)	\$25 Copay (Limited to 20 visits each per year)	Not Covered	Not Covered

The above HSA option includes an embedded deductible. Which means that no one person enrolled with family coverage would have to satisfy more than the individual deductible.