

# 2008—2009 Health Choice Chart

All reimbursements are subject to plan provisions and medical necessity

	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
<b>Employee Payroll Contributions</b>	Single \$88 / month Family \$ 228 / month		Single \$ 39 / month Family \$103 / month		Single \$ 19 / month Family \$52 / month
<b>Dependent Eligibility</b>	Spouse / Same-Sex Domestic Partner; Dependent Children to Age 19; Full-Time Student to Age 23 <sup>1</sup>				Spouse / Same-Sex Domestic Partner; Dependent Children to Age 25 <sup>1</sup>
	<sup>1</sup> Note: IRS rules require that the value of any benefits provided to same sex domestic partners is taxable to the employee.				
<b>Annual Deductible (Calendar Year)</b>	\$150 per person / \$300 per family (covered preventive care services NOT subject to deductible)	\$300 per person / \$600 per family	\$250 per person / \$500 per family (covered preventive care services NOT subject to deductible)	\$500 per person / \$1,000 per family	None required
<b>Physician Office Visit Copayment/ Coinsurance (Primary Care &amp; Specialists)</b>	100% after \$15 co-pay	80%* After Deductible	100% after \$25 co-pay	70%* After Deductible	100% after \$15 co-pay
<b>Hospital Inpatient Admission Co-payment</b>	\$200 per admission (Not subject to annual deductible)	None required	None required	None required	\$200 per admission
<b>Medical &amp; Surgical Inpatient Hospital Services</b>	100% Subject to Admission Copayment	80% <sup>2</sup> After Deductible <u>within plan limits</u> May require pre-authorization	80% After Deductible <u>within plan limits</u> May require pre-authorization	70% <sup>2</sup> After Deductible <u>within plan limits</u> May require pre-authorization	100%
<b>Medical/Surgical Outpatient Hospital Services and Laboratory &amp; Diagnostic Tests</b>	100% After Deductible <u>within plan limits</u> May require pre-authorization	80% <sup>2</sup> After Deductible <u>within plan limits</u> May require pre-authorization	80% After Deductible <u>within plan limits</u> May require pre-authorization	70% <sup>2</sup> After Deductible <u>within plan limits</u> May require pre-authorization	100%
<b>Urgent Care Services</b>	100% after \$35 co-pay	80% <sup>2</sup> after deductible <u>within plan limits</u>	100% after \$50 co-pay	70% <sup>2</sup> after deductible <u>within plan limits</u>	100% after \$35 co-pay
<b>Emergency Room Services</b>	100% after \$75 co-pay	100% <sup>2</sup> after \$75 co-pay if life/limb threatening; otherwise 80% after deductible	80% after \$150 co-pay	90% <sup>2</sup> after \$150 co-pay if life/limb threatening; otherwise 70% after deductible	100% after \$75 co-pay (waived if admitted)
<b>Non-Maintenance Retail Pharmacy Prescription Drugs ALL Mandatory Generic</b>	\$10 Generic; \$20 Formulary Brand; \$35 Non-Formulary Brand 30-day Supply  Co-pay for maintenance medications <b>doubles after five fills</b>	75% <sup>2</sup> Claim form required 30-day Supply	\$15 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand 30-day Supply  Co-pay for maintenance medications <b>doubles after five fills</b>	75% <sup>2</sup> Claim form required 30-day Supply	\$10 Generic / \$15 Brand (Kaiser Formulary) 30-day Supply
<b>Mail Order Maintenance Prescription Drugs</b>	\$20 Generic; \$30 Formulary Brand; \$40 Non-Formulary Brand	N/A	\$30 Generic; \$40 Formulary Brand; \$60 Non-Formulary Brand	N/A	\$10 Generic / \$15 Brand (Kaiser Formulary) 62-day supply
<b>Maximum Annual Out-Of-Pocket</b>	N/A	\$1,200 per person / \$2,400 per family (Does not include co-pays or deductibles)	\$500 per person / \$1,000 per family (Does not include co-pays or deductibles)	\$2,000 per person / \$4,000 per family (Does not include co-pays or deductibles)	N/A
<b>Lifetime Maximum</b>	\$2.5 Million per Covered Person				None

<sup>2</sup> MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE . PRE-AUTHORIZATION (BY MMO) MAY BE REQUIRED FOR SOME SERVICES (E.G. SURGICAL PROCEDURES, DIAGNOSTIC TESTS, MRI, SCANS) FOR WHICH YOU ARE FINANCIALLY RESPONSIBLE. REFER TO YOUR PLAN CERTIFICATE.