

**Parts A/B**

**2024-25**

Effective 10/1/24

	Kaiser	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$0	100-A \$0 (Non-Marketed)	100-A \$0 (Non-Marketed)	CompanionCare
		0-35 EGWP	200/0-35 EGWP	
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$0	\$0/\$0	\$0/\$0	See Plan Sheet
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes medical deductibles, co-insurance and co-pays)</i>	\$1,500/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	See Plan Sheet

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$0	\$0	\$0	See Plan Sheet
Urgent Care co-pay	\$0	\$0	\$0	See Plan Sheet
Specialists/Consultants co-pay	\$0	\$0	\$0	See Plan Sheet
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0	See Plan Sheet
Scans: CT, CAT, MRI, PET etc.	\$0	0%	0%	See Plan Sheet
Diagnostic X-ray & Laboratory Procedures	\$0	0%	0%	See Plan Sheet
Infertility (Refer to Plan Document)	Co-pay applies	Not covered	Not covered	See Plan Sheet
Preventive Care (includes physical exams & screenings)	\$0	0% Ded Waived	0% Ded Waived	See Plan Sheet

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (copay waived if admitted)	\$100	0% \$100 co-pay	0% \$100 co-pay	See Plan Sheet
Inpatient Hospital (preauthorization required) - limits may apply	\$0	0%	0%	See Plan Sheet
Outpatient Hospital	\$0	0%	0%	See Plan Sheet
Surgery, Outpatient (performed in Surgery Center)	\$0	0%	0%	See Plan Sheet
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$0	0%	0%	See Plan Sheet

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	0%	0%	See Plan Sheet
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	\$0	0%	0%	See Plan Sheet

**OTHER SERVICES**

Ambulance (Ground or Air)	\$50	0% \$100 co-pay	0% \$100 co-pay	See Plan Sheet
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	0%	0%	See Plan Sheet
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	0%	0%	See Plan Sheet
Durable Medical Equipment (DME)	no charge	0%	0%	See Plan Sheet
Physical and Occupational Therapy - Limits apply	\$0	0%	0%	See Plan Sheet
Hearing Aids	amount in excess of \$500 allowance every 36 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	See Plan Sheet

**PHARMACY BENEFITS**

Plan	Trad HMO \$10	0-35 EGWP	200/0-35 EGWP	CompanionCare
Pharmacy Benefit Manager	Kaiser	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	\$200/\$500	See Plan Sheet
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	Included w/ Med OOP Max	Coverage stages apply*	Coverage stages apply*	See Plan Sheet
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$0.00	\$0.00	See Plan Sheet
Brand co-pay/30 days supply	\$10 up to 100 day supply	\$35.00	\$35.00	See Plan Sheet
Specialty co-pay/up to 30 days supply	\$10 up to 30 day supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	See Plan Sheet
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$10/up to 100 day supply	\$0-\$90	\$0-\$90	See Plan Sheet
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	See Plan Sheet

\*Coverage stages apply, see benefit summary for details