

RETIREES - UNDER AGE 65 (OR 1 Person Over Age 65 w/Medicare Parts A/B and/or Dependent(s) Under Age 65)
2024-25
Effective 10/1/24

	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$30	80-G \$30	80-C \$20	90-G \$20	100-D \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$500/\$1,000	\$200/\$500	\$500/\$1,000	\$300/\$600
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,500/\$3,000	\$2,000/\$4,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$30	\$30	\$20	\$20	\$20
Urgent Care co-pay	\$30	\$30	\$20	\$20	\$20
Specialists/Consultants co-pay	\$30	\$30	\$20	\$20	\$20
Prenatal, postnatal office visit co-pay	\$0	\$30	\$20	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	\$0	20%	20%	10%	0%
Diagnostic X-ray & Laboratory Procedures	\$0	20%	20%	10%	0%
Infertility (Refer to Plan Document)	Co-pay applies	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	\$0	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit <i>(copay waived if admitted)</i>	\$100	20% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	0% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	\$0	20%	20%	10%	0%
Outpatient Hospital	\$30	20%	20%	10%	0%
Surgery, Outpatient (performed in Surgery Center)	\$30	20%	20%	10%	0%
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$30	20%	20%	10%	0%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	20%	20%	10%	0%
OUTPATIENT: Facility Based Care (preauth required)	\$30	20%	20%	10%	0%

OTHER SERVICES

Ambulance (Ground or Air)	\$50	20% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	0% \$100 co-pay
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	20%	20%	10%	0%
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	20%	20%	10%	0%
Durable Medical Equipment (DME)	no charge	20%	20%	10%	0%
Physical and Occupational Therapy - Limits apply	\$30	20%	20%	10%	0%
Hearing Aids	amount in excess of \$500 allowance every 36 months	20% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months

PHARMACY BENEFITS

Plan	Trad HMO \$30	200/10-35	200/10-35	9-35	200/10-35
Pharmacy Benefit Manager	Kaiser	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500	\$200/\$500	none	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	Included w/ Med OOP Max	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$10 at Other Network
Brand co-pay/30 days supply	\$30 up to 100 day supply	\$35.00	\$35.00	\$35.00	\$35.00
Specialty co-pay/up to 30 days supply	\$30 up to 30 day supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$30/up to 100 day supply	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

*Coverage stages apply, see benefit summary for details