

# Health Plan Options at a Glance



	<b>GOLD 1</b>	<b>PLATINUM 2</b>	<b>GOLD 3</b>	<b>PLATINUM 4</b>	<b>GOLD 5</b>
	HMO Blue Shield Gold   30	HMO Blue Shield   0/25	HMO Kaiser Gold 80/250/30	HMO Kaiser Platinum 90	PPO Blue Shield Gold   500
	<b>TRIO Network</b>	<b>TRIO Network or Access+ Network</b>	<b>Kaiser Full Network</b>	<b>Kaiser Full Network</b>	<b>Full Network</b>
<b>1</b> Calendar Year Plan Deductible	No Deductible	No Deductible	\$250	No Deductible	\$500
<b>2</b> Calendar Year Maximum Out of Pocket ( <b>M-OOP</b> ) / Including Deductible	<b>\$7,000 co-pay limit per member / 2 max per family</b>	<b>\$2,350 co-pay limit per member / 2 max per family</b>	<b>\$7,800 co-pay limit per member / 2 max per family</b>	<b>\$4,500 co-pay limit per member / 2 max per family</b>	<b>\$8,500 co-pay limit per member / 2 max per family</b>
<b>3</b> Routine Office Visits	\$30 Co-Pay   \$55 for Specialist	\$25 Co-Pay   \$50 for Specialist	\$35 Co-Pay   \$55 for Specialist	\$20 Co-Pay   \$30 for Specialist	\$30 Co-Pay   \$55 for Specialist Ded Waived
<b>4</b> Preventative Services (see full benefit summaries for list of preventative services)	No charge	No charge	No charge	No charge	No charge
<b>5</b> Hospital In-Patient Charges	\$600 Co-Pay per day up to first 5 days then you pay \$0	\$250 Co-Pay per day up to first 3 days then you pay \$0	\$600 Co-Pay per day up to first 5 days then you pay \$0	\$250 Co-Pay per day up to first 5 days then you pay \$0	20% after deductible
<b>6</b> Out-Patient Surgeries	\$150 to \$300 co-pay See plan document.	\$100 to \$150 co-pay See plan document.	\$335 Co-Pay per procedure	\$125 co-pay See plan document.	20% after deductible
<b>7</b> Most laboratory tests and X-Rays	\$30/\$55 Co-Pay	\$20 Co-Pay	\$35/\$55 Co-Pay	\$20/\$50 Co-Pay	20% after deductible
<b>8</b> MRI, Most CT, and PET scans	\$50 to \$250 co-pay See plan document.	\$50 to \$200 co-pay See plan document.	\$275 Co-Pay After Deductible	\$100 co-pay See plan document.	20% after deductible
<b>9</b> RX Prescription Drugs					
Rx Deductible (for non-generic)	\$0	\$0	\$0	\$0	\$100
Generic Rx	\$20/\$25 Co-Pay	\$5/\$10 Co-Pay	\$15 Co-Pay	\$5 Co-Pay	\$15 Co-Pay
Brand Name Rx	\$35/\$55 Co-Pay	\$15/\$30 Co-Pay	\$40 Co-Pay	\$20 Co-Pay	\$50 Co-Pay
Non-Formulary Rx	\$55/\$85 Co-Pay	\$25/\$45 Co-Pay	\$40 Co-Pay*	\$20 Co-Pay	\$80 Co-Pay
Specialty	20% up to max \$250	20% up to max \$250	20% up to max \$250	10% up to max \$250	20% up to max \$250
<b>10</b> Comments					
<b>11</b> ----->					

### Important Notes:

The above amounts show what YOU pay for services when using an in-network provider. \*The above are highlights and you should be sure to review the plan summaries from the carriers that are online at our eBenefits Site.