

NON-REPRESENTED — 2016 Medical Coverage Options

The chart below summarizes the main features of the medical plans available to Non-represented employees. For the full details of each plan, including exclusions, refer to the Evidence of Coverage plan documents.

	Kaiser HMO ¹	Blue Shield HMO ¹	PPO Saver Plan		Blue Shield PPO	
			In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar-Year Deductible Individual/Family	None	None	\$1,500/\$3,000 (For family coverage, full calendar-year deductible must be met before plan pays benefits)		\$300/\$600	\$500/\$1,000
Annual Out-of-Pocket (includes deductible) Maximum Individual/Family	\$1,500/\$3,000	\$250/\$500	\$3,275/\$6,550 (For family coverage, full annual out-of-pocket maximum must be met before plan pays benefits)		\$1,300/\$2,600	\$5,500/\$11,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited		Unlimited	
Health Savings Account (HSA)	None	None	Available		None	
Covered Services						
Inpatient Hospital	No charge	No charge	90%	Plan pays 40% up to \$600 per day or \$360	80%	Plan pays 60% up to \$600 per day or \$360
Outpatient Surgery	\$5 copay	No charge	90%	Plan pays up to 60% of \$350 per claim, or \$210	80%	Plan pays up to 60% of \$350 per claim, or \$210
Ambulatory Surgery Center and Outpatient Services	\$5 copay	No charge	90%	Plan pays up to 40% of \$350 per claim, or \$210	80%	Plan pays up to 60% of \$350 per claim, or \$210
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted), then 90%	\$100 copay (waived if admitted), then 90%	80%	80%
Physician Office Visit	\$5 copay	\$5 copay	90%	60%	80%	60%
Routine Physical	No charge	No charge	No charge ²	Not covered	No charge ²	60%
Well-Baby & Well-Child Care	No charge	No charge	No charge ²	Not covered	No charge ²	60%
Well-Woman Exams	No charge	No charge	No charge ²	Not covered	No charge ²	60%
Maternity Care	No charge	\$5 copay	90%	60%	80%	60%
Lab and X-ray	No charge	No charge	90%	60%	80%	60%
Physical or Occupational Therapy	\$5 copay	\$5 copay	90%	60%	80%	60%
Chiropractic Care	\$5 copay (Up to 30 visits/year)	\$5 copay (Up to 30 visits/year)	90% (Up to 20 visits/year)	60% (Up to 20 visits/year)	80%	60%
Durable Medical Equipment	No charge	No charge	90%	60%	80%	60%
Mental Health – Inpatient	Kaiser	Blue Shield	Blue Shield		Blue Shield	
	No charge	No charge	90%	Plan pays up to 60% of \$600 per day, or \$360	80%	Plan pays up to 60% of \$600 per day, or \$360
Mental Health – Outpatient	Kaiser	Blue Shield	Blue Shield		Blue Shield	
	\$5 copay	\$5 copay	90%	60%	80%	60%
Prescription Drugs³	Kaiser	Blue Shield	Blue Shield⁴		Express Scripts	
Out-of-Pocket Maximum Individual/Family	None	None	None		\$5,550/\$11,100	
Retail						
Generic	\$5 copay	\$5 copay	\$5 copay	Not covered	\$0 copay	Not covered
Brand	\$5 copay	\$10 copay	\$10 copay	Not covered	\$20 copay	
Non-formulary	\$5 copay	\$35 copay	\$35 copay	Not covered	\$50 copay	
Retail Supply	100 days	30 days	30 days	Not covered	30 days	
Mail Order						
Generic	\$5 copay	\$5 copay	\$5 copay	Not covered	\$0 copay	
Brand	\$5 copay	\$10 copay	\$10 copay	Not covered	\$20 copay	
Non-formulary	N/A	\$35 copay	\$35 copay	Not covered	\$50 copay	
Mail-Order Supply	100 days	90 days	90 days	Not covered	90 days	

¹ If you enroll in an HMO plan, you can obtain services only within the plan's geographic service area, except for emergency services.

² Preventive care is 100% covered in-network with no deductible required. Routine tests and screenings are free to you when you use in-network providers, too.

³ Some contraceptive prescriptions for women are 100% covered in-network with no copay or deductible required. Contact the plan for details.

⁴ Subject to calendar-year deductible.

If you don't enroll for coverage when you're first eligible, you'll be automatically enrolled in the Non-represented default coverage for yourself only: Blue Shield PPO medical plan, Delta PPO Plus Premier plan, vision coverage, life and accidental death & dismemberment insurance, and the employee assistance program.