

## TALB — 2016 Medical Coverage Options

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

	Kaiser HMO <sup>1</sup>	Blue Shield HMO <sup>1</sup>	Blue Shield PPO	
			In-Network	Out-of-Network
Calendar-Year Deductible Individual/Family	None	None	\$300/\$600	\$500/\$1,000
Annual Out-of-Pocket Maximum (includes deductible) Individual/Family	\$1,500/\$3,000	\$250/\$500	\$1,300/\$2,600	\$5,500/\$11,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
<b>Covered Services</b>				
Inpatient Hospital	No charge	No charge	80%	Plan pays 60% up to \$600 per day or \$360
Outpatient Surgery	\$5 copay	No charge	80%	Plan pays up to 60% of \$350 per claim, or \$210
Ambulatory Surgery Center and Outpatient Services	\$5 copay	No charge	80%	Plan pays up to 60% of \$350 per claim, or \$210
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	80%	80%
Physician Office Visit	\$5 copay	\$5 copay	80%	60%
Routine Physical	No charge	No charge	No charge <sup>2</sup>	60%
Well-Baby & Well-Child Care	No charge	No charge	No charge <sup>2</sup>	60%
Well-Woman Exams	No charge	No charge	No charge <sup>2</sup>	60%
Maternity Care	No charge	\$5 copay	80%	60%
Lab and X-ray	No charge	No charge	80%	60%
Physical or Occupational Therapy	\$5 copay	\$5 copay	80%	60%
Chiropractic Care	\$5 copay (Up to 30 visits/year)	\$5 copay (Up to 30 visits/year)	80%	60%
Durable Medical Equipment	No charge	No charge	80%	60%
<b>Mental Health – Inpatient</b>	<b>Kaiser</b>	<b>Blue Shield</b>	<b>Blue Shield</b>	
	No charge	No charge	80%	Plan pays up to 60% of \$350 per claim, or \$210
<b>Mental Health – Outpatient</b>	<b>Kaiser</b>	<b>Blue Shield</b>	<b>Blue Shield</b>	
	\$5 copay	\$5 copay	80%	60%
<b>Prescription Drugs<sup>3</sup></b>	<b>Kaiser</b>	<b>Blue Shield</b>	<b>Express Scripts</b>	
Out-of-Pocket Maximum Individual/Family	None	None	\$5,550/\$11,100	
Retail Generic Brand Non-formulary Retail Supply	\$5 copay \$5 copay \$5 copay 100 days	\$5 copay \$10 copay \$35 copay 30 days	\$0 copay \$20 copay \$50 copay 30 days	Not covered
Mail Order Generic Brand Non-formulary Mail-Order Supply	\$5 copay \$5 copay N/A 100 days	\$5 copay \$10 copay \$35 copay 90 days	\$0 copay \$20 copay \$50 copay 90 days	Not covered

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

<sup>2</sup> 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.

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

If you don't enroll for coverage when you're first eligible, you'll be automatically enrolled in the TALB 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.