

**Aaron Services**  
**Health Insurance Comparison**  
**In-Network Benefits Plan Comparison**

<b>Benefit Description</b>	<b>OPTION 1 Kaiser KP Bronze 5250/40/40/S5 IN-NETWORK</b>	<b>OPTION 2 Kaiser KP GOLD 1500/0/30/S5 IN-NETWORK</b>	<b>OPTION 3 KP PLATINUM 0/0/20/S5 IN-NETWORK</b>
<b>Annual Deductible (single/family)</b>	\$5,250/\$10,500	\$1,500/\$3,000	\$0/\$0
<b>Coinsurance</b>	Plan pays 60%	Plan pays 100%	Plan pays 100%
<b>Out-of-Pocket Maximum (single/family) (includes deductible)</b>	\$7,350/\$14,700	\$7,250/\$14,500	\$2,500/\$5,000
<b>Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Office Visits: Preventive Care</b>			
Primary Care Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Well Child Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Office Visits: Illness or Injury</b>			
Primary Care Physician (PCP) office visit	\$40 Copay after deductible; deductible waived for first 3 visits	\$30 Copay	\$20 Copay
Specialty Care Physician office visit	\$60 Copay after deductible	\$50 Copay	\$40 Copay
<b>Emergency Room Services</b>			
Life-threatening illness, serious accidental injury	Plan pays 60% after deductible	\$500 Copay per visit; Copay waived if admitted	\$350 Copay per visit; Copay waived if admitted
Urgent Care	\$80 Copay after deductible; deductible waived for first 3 visits	\$60 Copay per visit	\$40 Copay per visit
<b>Hospital Services - Inpatient</b>			
Facility/ Hospital Charges	Plan pays 60% after deductible	Plan pay 100% after deductible	\$500 Copay per day
Physician Fees for Surgical and Medical Services	Plan pays 60% after deductible	Included with Facility Fee	Included with Facility Fee
<b>Outpatient Services</b>			
Surgery facility/Hospital charges	Plan pays 60% after deductible	\$500 Copay per visit	\$250 Copay (per occ)
Diagnostic Lab services	Plan pays 60% after deductible	\$0 Copay	Plan pays 100%
Diagnostic X-Ray	Plan pays 60% after deductible	\$20 Copay	Plan pays 100%
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 60% after deductible	\$350 Copay	\$100 Copay
Physician Fees for Surgical and Medical Services	Plan pays 60% after deductible	Included with Facility Fee	Included with Facility Fee
<b>Prescription Drugs</b>	<b>**Refills must be obtained through a Kaiser Pharmacy or through home delivery.</b>	<b>**Refills must be obtained through a Kaiser Pharmacy or through home delivery</b>	<b>**Refills must be obtained through a Kaiser Pharmacy or through home delivery</b>
Prescription Drug Deductible	N/A	N/A	N/A
Generic Drugs	\$15 Copay in KP Pharmacy / \$25 Copay in Network Pharmacy	\$10 Copay at KP Pharmacy / \$20 Copay at Network Pharmacy	\$10 Copay at KP Pharmacy / \$20 Copay at Network Pharmacy
Preferred Brand Drugs	\$50 Copay in KP Pharmacy / \$60 Copay in Network Pharmacy	\$40 Copay at KP Pharmacy / \$50 Copay at Network Pharmacy	\$40 Copay at KP Pharmacy / \$50 Copay at Network Pharmacy
Non-Preferred Drugs	\$70 Copay in KP Pharmacy / \$80 Copay in Network Pharmacy	\$60 Copay at KP Pharmacy / \$70 Copay at Network Pharmacy	\$60 Copay at KP Pharmacy / \$70 Copay at Network Pharmacy
Specialty Drugs	Member pays 30%	Member pays 25%	Member pays 25%
<b>Employee Tier</b>	<b>RATES</b>	<b>RATES</b>	<b>RATES</b>
Employee Only	\$426.85	\$633.95	\$686.07
Employee & Spouse	\$853.70	\$1,267.90	\$1,372.14
Employee & Child(ren)	\$789.67	\$1,172.81	\$1,269.23
Family	\$1,216.52	\$1,806.76	\$1,955.30