

Aaron Services
Health Insurance Comparison
In-Network Benefits Plan Comparison

<i>Benefit Description</i>	OPTION 1 KAISER KP Bronze 5250/20/40/S6 IN-NETWORK	OPTION 2 KAISER KP GOLD 1500/0/30/S6 IN-NETWORK	OPTION 3 KAISER KP PLATINUM 0/0/20/S6 IN-NETWORK
<i>Annual Deductible (single/family)</i>	\$5,250/\$10,500	\$1,500/\$3,000	\$0/\$0
<i>Coinsurance</i>	Plan pays 80%	Plan pays 100%	Plan pays 100%
<i>Out-of-Pocket Maximum (single/family)</i> <i>(includes deductible)</i>	\$7,900/\$15,800	\$7,750/\$15,500	\$2,500/\$5,000
<i>Maximum Benefit</i>	Unlimited	Unlimited	Unlimited
<i>Office Visits: Preventive Care</i>			
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%
<i>Office Visits: Illness or Injury</i>			
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
<i>Emergency Room Services</i>			
Life-threatening illness, serious accidental injury	Plan pays 80% after deductible	\$500 Copay	\$350 Copay
Urgent Care	\$80 Copay after deductible; deductible waived for first 3 visits	\$60 Copay	\$40 Copay
<i>Hospital Services - Inpatient</i>			
Facility/ Hospital Charges	Plan pays 80% after deductible	Plan pays 100% after deductible	\$500 Copay per day
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 100% after deductible	Included with Facility Fee
<i>Outpatient Services</i>			
Surgery facility/Hospital charges	Plan pays 80% after deductible	\$500 Copay per visit	\$250 Copay (per occ)
Diagnostic Lab services	Plan pays 80% after deductible	\$0 Copay	Plan pays 100%
Diagnostic X-Ray	Plan pays 80% after deductible	\$50 Copay	Plan pays 100%
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 80% after deductible	\$400 Copay	\$100 Copay
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Included with Facility Fee	Included with Facility Fee
<i>Prescription Drugs</i>	**Refills must be obtained through a Kaiser Pharmacy or through home delivery.	**Refills must be obtained through a Kaiser Pharmacy or through home delivery	**Refills must be obtained through a Kaiser Pharmacy or through home delivery
Generic Drugs	\$20 Copay in KP Pharmacy / \$30 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 / \$70 Copay in Network Pharmacy	\$40 Copay at KP Pharmacy / \$60 Copay at Network Pharmacy	\$40 Copay at KP Pharmacy / \$50 Copay at Network Pharmacy
Non-Preferred Drugs	\$70 Copay in KP Pharmacy / \$100 Copay in Network Pharmacy	\$60 Copay at KP Pharmacy / \$90 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%
Employee Tier	RATES	RATES	RATES
Employee Only	\$435.50	\$643.26	\$696.09
Employee & Spouse	\$871.00	\$1,286.52	\$1,392.18
Employee & Child(ren)	\$805.68	\$1,190.03	\$1,287.77
Family	\$1,241.18	\$1,833.29	\$1,983.86