

Aaron's Plumbing Inc
Health Insurance Comparison
In-Network Benefits Plan Comparison

<i>Benefit Description</i>	Current and Renewal Kaiser HMO D IN-NETWORK	Current and Renewal Kaiser KP/2000/25/40/\$2 IN-NETWORK	Alternate Kaiser HDHP-4500-40-\$2 IN-NETWORK
<i>Annual Deductible (single/family)</i>	\$500/\$1,500	\$2,000/\$4,000	\$4,500/\$9,000
<i>Coinurance</i>	Plan pays 80% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>	\$2,000/\$6,000	\$6,350/\$12,700	\$6,350/\$12,700
<i>Maximum Benefit</i>	Unlimited	Unlimited	Unlimited
<i>Office Visits: Preventive Care</i>			
Primary Care Physician Office Visit	\$0 Copayment; deductible waived	\$0 Copayment; deductible waived	\$0 Copayment; deductible waived
Specialist Physician Office Visit	\$0 Copayment; deductible waived	\$0 Copayment; deductible waived	\$0 Copayment; deductible waived
Well Child Care	\$0 Copayment; deductible waived	\$0 Copayment; deductible waived	\$0 Copayment; deductible waived
<i>Office Visits: Illness or Injury</i>			
Primary Care Physician (PCP) office visit	\$25 Copayment	\$40 Copayment	Plan pays 60% after deductible
Specialty Care Physician office visit	\$35 Copayment	\$60 Copayment	Plan pays 60% after deductible
<i>Emergency Room Services</i>			
Life-threatening illness, serious accidental injury	\$100 Copayment per visit; waived if admitted	Plan pays 75% after deductible	Plan pays 60% after deductible
<i>Hospital Services - Inpatient</i>			
Facility/ Hospital Charges	Plan pays 80% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible
<i>Outpatient Services</i>			
Surgery facility/ hospital charges	Plan pays 80% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible
Diagnostic Lab services	Plan pays 80% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible
Diagnostic X-Ray	Plan pays 80% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 80% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible
<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.
Prescription Drug Deductible	\$150 Individual/\$450 Family (Not applicable to Generic Drugs)	None	None
Preventive Generic Drugs	\$10 Copayment at KP Pharmacy/ \$16 Copayment at Network Pharmacy	\$5 Copayment at KP Pharmacy/ \$15 Copayment at Network Pharmacy	Plan pays 60% after deductible
Preferred Generic Drugs	\$10 Copayment at KP Pharmacy/ \$16 Copayment at Network Pharmacy	\$20 Copayment at KP Pharmacy/ \$30 Copayment at Network Pharmacy	Plan pays 60% after deductible
Preferred Brand Drugs	\$20 Copayment after deductible at KP Pharmacy/\$26 Copayment after deductible at Network Pharmacy	\$40 Copayment at KP Pharmacy/\$50 Copayment at Network Pharmacy	Plan pays 60% after deductible
Non-Preferred Drugs	N/A	\$60 Copayment at KP Pharmacy/\$70 Copayment at Network Pharmacy	Plan pays 60% after deductible
Specialty Drugs	N/A	Member pays 25%	Plan pays 60% after deductible