

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

Benefit Description		Kaiser HMO D IN-NETWORK	Kaiser KP/2000/25/40/S2 IN-NETWORK	Kaiser HDHP-4500-40-S2 IN-NETWORK
Annual Deductible (single/family)		\$500/\$1,500	\$2,000/\$4,000	\$4,500/\$9,000
Coinsurance		Plan pays 80% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible
Out-of-Pocket Maximum (single/family) (includes deductible)		\$2,000/\$6,000	\$6,350/\$12,700	\$6,350/\$12,700
Maximum Benefit		Unlimited	Unlimited	Unlimited
Office Visits: Preventive Care				
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
Office Visits: Illness or Injury				
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
Emergency Room Services				
Life-threatening illness, serious accidental injury		\$100 Copayment per visit; waived if admitted	Plan pays 75% after deductible	Plan pays 60% after deductible
Hospital Services - Inpatient				
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
Outpatient Services				
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
Prescription Drugs		*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 Member pays 25%	Plan pays 60% after deductible
Specialty Drugs		N/A		Plan pays 60% after deductible
Employee Tier	# of Employees	Renewal Rates	Alternate Rates	Alternate Rates
Employee Only	13	\$599.00	\$501.93	\$354.53
Employee & Spouse	1	\$1,198.01	\$1,003.86	\$655.88
Employee & Child(ren)	1	\$1,078.19	\$928.57	\$709.06
Family	1	\$1,797.04	\$1,430.50	\$1,010.41
Monthly Total	16	\$11,860.24	\$9,888.02	\$6,984.24