

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

<b>Benefit Description</b>	<b>Option 1 KP PLATINUM 0/0/20/S4 IN-NETWORK</b>	<b>Option 2 Kaiser KP GOLD 1500/0/20/S4 IN-NETWORK</b>	<b>Option 3 Kaiser KP 2500/25/40/S4 IN-NETWORK</b>
<b>Annual Deductible (single/family)</b>	\$0/\$0	\$1,500/\$3,000	\$2,500/\$5,000
<b>Coinsurance</b>	N/A	Plan pays 100% after deductible	Plan pays 75% after deductible
<b>Out-of-Pocket Maximum (single/family) (includes deductible)</b>	\$3,000/\$6,000	\$7,000/\$14,000	\$7,150/\$14,300
<b>Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Office Visits: Preventive Care</b>			
Primary Care Physician Office Visit	\$0 Copay; deductible waived	\$0 Copay; deductible waived	\$0 Copay; deductible waived
Specialist Physician Office Visit	\$0 Copay; deductible waived	\$0 Copay; deductible waived	\$0 Copay; deductible waived
Well Child Care	\$0 Copay; deductible waived	\$0 Copay; deductible waived	\$0 Copay; deductible waived
<b>Office Visits: Illness or Injury</b>			
Primary Care Physician (PCP) office visit	\$20 Copay	\$20 Copay	\$40 Copay
Specialty Care Physician office visit	\$40 Copay	\$40 Copay	\$60 Copay
<b>Emergency Room Services</b>			
Life-threatening illness, serious accidental injury	\$350 Copay per visit	\$350 Copay per visit	Plan pays 75% after deductible
Urgent Care	\$40 Copay per visit	\$40 Copay per visit	\$80 Copay per visit
<b>Hospital Services - Inpatient</b>			
Facility/ Hospital Charges	\$500 Copay per day	Plan pays 100% after deductible	Plan pays 75% after deductible
Physician Fees for Surgical and Medical Services	Included with Facility Fee	Included with Facility Fee	Plan pays 75% after deductible
<b>Outpatient Services</b>			
Surgery facility/Hospital charges	\$250 Copay per visit	\$500 Copay per visit	Plan pays 75% after deductible
Diagnostic Lab services	\$0 Copay in KP Facility / \$20 Copay in hospital setting	\$0 Copay in KP Facility / \$20 Copay in hospital setting	Plan pays 75% after deductible in KP Facility / Plan pays 65% after deductible in hospital
Diagnostic X-Ray	\$0 Copay in KP Facility / \$50 Copay in hospital setting	\$0 Copay in KP Facility / \$50 Copay in hospital setting	Plan pays 75% after deductible in KP Facility/ Plan pays 65% after deductible in hospital
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	\$100 Copay in KP Facility / \$200 Copay in hospital setting	\$120 Copay in KP Facility / \$240 Copay in hospital setting	Plan pays 75% after deductible in KP Facility / Plan pays 65% after deductible in hospital
Physician Fees for Surgical and Medical Services	Included with Facility Fee	Included with Facility Fee	Plan pays 75% after deductible
<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	None	None	\$250 Individual / \$500 Family (Not applicable to Generic Drugs)
Generic Drugs	\$15 Copay at KP Pharmacy / \$25 Copay at Network Pharmacy	\$15 Copay at KP Pharmacy / \$25 Copay at Network Pharmacy	\$20 Copay at KP Pharmacy / \$30 Copay at Network Pharmacy
Preferred Brand Drugs	\$30 Copay at KP Pharmacy / \$40 Copay at Network Pharmacy	\$30 Copay at KP Pharmacy / \$40 Copay at Network Pharmacy	\$40 Copay at KP Pharmacy / \$50 Copay at Network Pharmacy
Non-Preferred Drugs	\$50 Copay at KP Pharmacy / \$60 Copay at Network Pharmacy	\$50 Copay at KP Pharmacy / \$60 Copay at Network Pharmacy	\$60 Copay at KP Pharmacy / \$70 Copay at Network Pharmacy
Specialty Drugs	Member pays 20%	Member pays 20%	Member pays 25%
<b>Employee Tier</b>	<b>Option 1 Rates</b>	<b>Option 2 Rates</b>	<b>Option 3 Rates</b>
Employee only	\$603.25	\$567.05	\$450.42
Employee & Spouse	\$1,206.50	\$1,134.10	\$900.84
Employee & Child(ren)	\$1,116.01	\$1,049.04	\$833.28
Family	\$1,719.26	\$1,616.09	\$1,283.70