Aaron Services

Health Insurance Comparison

In-Network Benefits Plan Comparison

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	Option 1	Option 2	Option 3
Benefit	KP PLATINUM 0/0/20/S4	Kaiser KP GOLD 1500/0/20/S4	Kaiser KP 2500/25/40/S4
Description	IN-NETWORK	IN-NETWORK	IN-NETWORK
Annual Deductible (single/family)	\$0/\$0	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	N/A	Plan pays 100% after deductible	Plan pays 75% after deductible
Out-of-Pocket Maximum (single/family) (includes		1 3	1 7 1
deductible)	\$3,000/\$6,000	\$7,000/\$14,000	\$7,150/\$14,300
Maximum Benefit	Unlimited	Unlimited	Unlimited
Office Visits: Preventive Care	Ommittee	Ommittee	Ommittee
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
Office Visits: Illness or Injury	φυ copuj, deddenote warred	φο copay, academore warved	φο copay, academote warred
Primary Care Physician (PCP) office visit	\$20 Copay	\$20 Copay	\$40 Copay
Specialty Care Physician office visit	\$40 Copay	\$40 Copay	\$60 Copay
Emergency Room Services	φ το σορική	φ το Copuy	φου συρική
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
Hospital Services - Inpatient	\$ 10 Copus per visit	\$ 10 Copay per visit	φου copuy per visit
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
Outpatient Services	meraded with racinty rec	meraded with racinty rec	Timi pays 7570 after deduction
Surgery facility/Hospital charges	\$250 Copay per visit	\$500 Copay per visit	Plan pays 75% after deductible
Surgery memory/respirate sharges	\$250 Copay per visit	pour copuj por vioir	Plan pays 75% after deductible in KP Facilty / Plan
Diagnostic Lab services	\$0 Copay in KP Facility / \$20 Copay in hospital setting	\$0 Copay in KP Facility / \$20 Copay in hospital setting	pays 65% after deductible in hospital
Diagnostic Lab services	50 Copay in Kr Facility / \$20 Copay in nospital setting	50 Copay in Kr Facility / \$20 Copay in nospital setting	1
			Plan pays 75% after deductible in KP Facilty/ Plan
Diagnostic X-Ray	\$0 Copay in KP Facility / \$50 Copay in hospital setting		pays 65% after deductible in hospital
Major Diagnostics (CT, PET, MRI, MRA, and nuclear	\$100 Copay in KP Facility / \$200 Copay in hospital	\$120 Copay in KP Facility / \$240 Copay in hospital	Plan pays 75% after deductible in KP Facilty / Plan
medicine)	setting	setting.	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
Prescription Drugs	**Refills must be obtained through a Kaiser Pharmacy or	**Refills must be obtained through a Kaiser Pharmacy or	**Refills must be obtained through a Kaiser Pharmacy
	through home delivery	through home delivery.	or through home delivery.
			\$250 Individual / \$500 Family
Prescription Drug Deductible	None	None	(Not applicable to Generic Drugs)
1 8	\$15 Copay at KP Pharmacy / \$25 Copay at Network	\$15 Copay at KP Pharmacy / \$25 Copay at Network	\$20 Copay at KP Pharmacy / \$30 Copay at Network
Generic Drugs	Pharmacy	Pharmacy	Pharmacy
e	\$30 Copay at KP Pharmacy / \$40 Copay at Network	\$30 Copay at KP Pharmacy / \$40 Copay at Network	\$40 Copay at KP Pharmacy / \$50 Copay at Network
Preferred Brand Drugs	Pharmacy	Pharmacy	Pharmacy
	-	_	\$60 Copay at KP Pharmacy / \$70 Copay at Network
Non-Preferred Drugs	\$50 Copay at KP Pharmacy / \$60 Copay at Network Pharmacy	\$50 Copay at KP Pharmacy / \$60 Copay at Network	Pharmacy
Specialty Drugs	Member pays 20%	Pharmacy Member pays 20%	· ·
Employee Tier	Option 1 Rates	Option 2 Rates	Member pays 25% Option 3 Rates
	\$603.25	\$567.05	\$450.42
Employee only	\$603.25 \$1,206.50	The state of the s	\$450.42 \$900.84
Employee & Spouse Employee & Child(ren)	\$1,206.50 \$1,116.01	\$1,134.10 \$1,049.04	\$900.84 \$833.28
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Family	\$1,719.26	\$1,616.09	\$1,283.70