



## KCCD - Plan Comparison

### All Retiree Groups 65+ w/Medicare A & B\*\*

ALL persons enrolled are 65+ with Medicare Parts A & B

<b>10/1/18 to 9/30/19 Plan Year</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Kaiser Senior Advantage HMO*</b>
	<b>100-A \$0</b>	<b>100-G \$20</b>	<b>Trad HMO \$10</b>
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family <b>Deductibles</b>	\$0/\$0	\$500/ \$1,000	\$0, no deductible
Individual/Family <b>Out-of-Pocket (OOP) Max</b> <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,500/ \$3,000

#### PROFESSIONAL SERVICES

Office Visit (OV), Urgent Care or Specialist/Consultants <b>co-pay</b>	\$0	\$20	\$10
Prenatal, postnatal office visit co-pay	\$0	\$20	\$0, no charge
Scans: CT, CAT, MRI, PET etc.	0%	0%	\$0, no charge
Diagnostic X-ray & Laboratory Procedures	0%	0%	\$0, no charge
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	\$10 OV, no charge hospital
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	\$0, no charge

#### HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	\$100
Inpatient Hospital (preauthorization required)	0%	0%	\$0, no charge
Outpatient Hospital	0%	0%	\$10
Surgery, Outpatient (performed in Surgery Center)	0%	0%	\$10
Surgery, Outpatient (performed in a Hospital)	0%	0%	\$10

#### MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	0%	\$0, no charge
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	0%	\$10

#### OTHER SERVICES

Acupuncture or Chiropractic - Limits apply	0%	0%	\$10/30 visits combined
Ambulance (Ground or Air)	0%	0%	\$50
Durable Medical Equipment (DME)	0%	0%	\$0, no charge
Physical and Occupational Therapy - Limits apply	0%	0%	\$10

#### PHARMACY BENEFITS

<b>Plan</b>	<b>0-20 EGWP</b>	<b>0-25 EGWP</b>	<b>Trad HMO \$10</b>
Individual/Family Brand & Specialty Rx Deductibles	none	none	none
Generic co-pay/30 days supply	\$0 - All Retail Pharmacies	\$0 - All Retail Pharmacies	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$20	\$25	\$10 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$10 up to 100 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$60	\$10-\$10/up to 100 day supply

**\*\* If enrolled in Medicare Parts A & B, you will automatically enroll in Medicare Part D**

This is simply a Plan Election Form with a brief overview of benefits. For details, limitations and exclusions please refer to the Benefit Summary or Plan Booklet.

\* You must live or work in a **Kaiser Service Area** to be eligible to enroll.