

# Medical Plan Comparison

		HMSA PPO Plan		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network	In-Network Only
<b>PLAN FEATURES</b>				
Annual Deductible (Individual/Family)	Embedded	\$350 / \$1,050		None
Annual Out-of-Pocket Maximum (Individual/Family)	Embedded	\$3,000 / \$9,000		\$2,500 / \$7,500
Coinsurance		80%		N/A
Preventive Care		No cost	Covered up to the HMSA allowed amount	No Cost
Primary Care Physician (PCP)		\$17 copay *	\$17 copay * Covered up to the HMSA allowed amount	\$15 copay for adults 18+ \$0 copay for children through age 17
Specialist Visit		\$17 copay *	\$17 copay * Covered up to the HMSA allowed amount	\$15 copay for adults 18+ \$0 copay for children through age 17
Urgent Care		\$17 copay *	\$17 copay *	\$15 copay per visit
Emergency Room		80% *		\$75 copay per day
Inpatient Hospital		80% *	80* up to the HMSA allowed amount	\$75 copay per day
Outpatient Surgery		80% *	80* up to the HMSA allowed amount	\$15 copay per visit
Lab/X-Ray (Outpatient)		80% *	80* up to the HMSA allowed amount	90%

\* After deductible



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