

# Summary of Medical Plans

	Select Exclusive Plan	Select Plan	Premier Plan	Kaiser Permanente Plan
<b>Plan Providers</b>	Health Care Services at San Joaquin General Hospital	Providers in the Anthem Prudent Buyer Network of CA in 3 Counties Only: San Joaquin, Sacramento & Stanislaus	All providers in the Anthem Prudent Buyer Network of CA	Kaiser facilities and providers only
<b>Deductible (applies to all services except doctor's office visits and prescription drugs) per Plan Year</b>	\$125 per person \$250 per family	\$250 per person \$500 per family	\$125 per person \$250 per family	None
<b>Out-of-Pocket Maximum Once annual maximum is reached, Plan pays 100% of eligible expenses for balance of Plan Year.</b>	\$1,000 per person \$2,500 per family  Certain expenses do not count toward out-of-pocket maximum.	\$1,000 per person \$2,500 per family  Certain expenses do not count toward out-of-pocket maximum.	\$1,000 per person \$2,500 per family  Certain expenses do not count toward out-of-pocket maximum.	\$1,500 per person \$3,000 per family  Certain expenses do not count toward out-of-pocket maximum.
<b>Acupuncture/Chiropractor Up to 20 visits combined per Plan year</b>	Deductible applies Plan pays up to \$25 per visit	Deductible applies Plan pays up to \$25 per visit	Deductible applies Plan pays up to \$25 per visit	Not covered Discounts available, contact Kaiser for details
<b>Ambulance</b>	Deductible applies	Deductible applies	Deductible applies	\$0
<b>Doctor Office Visit</b> • Specialist Office Visit • Allergy testing or treatment	\$5 co-pay per visit	\$10 co-pay per visit	\$5 co-pay per visit	\$10 co-pay per visit
<b>Durable Medical Equipment, Orthotics, Prosthetics</b>	Deductible applies 50% of charges	Deductible applies 50% of charges	Deductible applies 50% of charges	20% of charges
<b>Emergency Room</b> • Hospital facility charge – waived if admitted	Deductible applies plus \$40 co-pay per admission	Deductible applies plus \$100 co-pay per admission	Deductible applies plus \$100 co-pay per admission	\$100 co-payment per visit per admission
<b>Home Health Care</b>	Deductible applies	Deductible applies	Deductible applies	\$0
<b>Hospice</b>	Deductible applies	Deductible applies	Deductible applies	\$0
<b>Hospital Inpatient or Intensive Care Unit (ICU) services and supplies</b>	Deductible applies	Deductible applies plus \$100 co-pay per admission	Deductible applies plus \$100 co-pay per admission	\$0
• Surgeon, assistant surgeon, anesthesiologist	Deductible applies	Deductible applies	Deductible applies	\$10 co-pay
• Hospital or Skilled Nursing Facility Doctor Visit	Deductible applies	Deductible applies	Deductible applies	Deductible applies

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<b>Laboratory Services</b>	Deductible applies	Deductible applies	Deductible applies	\$0
<b>Mental Health</b>				
• <b>Outpatient Therapy</b>	\$5 co-pay per visit	\$10 co-pay per visit	\$5 co-pay per visit	\$5 co-pay for group therapy visit (\$10 individual visit)
• <b>Inpatient Therapy</b>	Deductible applies	Deductible applies plus \$100 co-pay per admission	Deductible applies plus \$100 co-pay per admission	\$0
<b>Outpatient Surgery Facility</b>	Deductible applies	Deductible applies	Deductible applies	\$10 per procedure
<b>Prescription Drugs 30 Day Supply</b>	\$5 generic \$15 preferred Non-preferred not covered	\$5 generic \$15 preferred Non-preferred not covered	\$5 generic \$10 preferred \$30 non-preferred	\$10 generic \$20 preferred Non-preferred not covered
<b>Prescription Drugs 90 Day Supply</b>	\$10 generic \$30 preferred Non-preferred not covered	\$10 generic \$30 preferred Non-preferred not covered	\$10 generic \$20 preferred \$60 non-preferred	\$10 generic \$20 preferred Non-preferred not covered
<b>Preventive Care Services (Recommended Under the Affordable Care Act)</b>	\$0	\$0	\$0	\$0
<b>Rehabilitation Therapy (Physical, Speech, Occupational)</b>	Deductible applies plus \$10 co-pay per visit	Deductible applies plus \$10 co-pay per visit	Deductible applies plus \$5 co-pay per visit	\$10 co-pay per visit
<b>Urgent Care</b>	Deductible applies plus \$40 co-pay per visit	Deductible applies plus \$40 co-pay per visit	Deductible applies plus \$40 co-pay per visit	\$10 co-pay per visit
<b>X-Rays</b>	Deductible applies	Deductible applies	Deductible applies	\$0