

Summary of Medical Plans – Grid Comparison for 2019-2020

	Select and Select-Exclusive (SE)	Premier	Kaiser	New! Sutter Health Plus Units A,B,D,O,N,U,P,S and CRNAs only as of 7/8/19
Descriptions	Plan Provisions and Participant Share of Cost Under Each Plan			
Plan Providers “SJGH” refers to San Joaquin General Hospital	Providers in Anthem network in 3 counties only (for Select): -San Joaquin -Sacramento -Stanislaus SE utilize SJGH providers only	Providers in the Anthem Network	Kaiser facilities and doctors only	Sutter Health Plus (SHP) contracted facilities and physicians only
Deductibles	\$250 per person \$500 per family (\$125/\$250 if using SJGH)	\$125 per person \$250 per family	None	None
Out-of-Pocket Maximum	\$1,000 per person \$2,500 per family	\$1,000 per person \$2,500 per family	\$1,500 per person \$3,000 per family	\$1,500 per person \$3,000 per family
Acupuncture & Chiropractic (Up to 20 total visits per year combined, if plan choice covers the benefit)	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 information.	Covered Benefit \$20 co-pay/per visit
Ambulance	Deductible applies	Deductible applies	No charge	No charge
Doctor Visits: -Specialists -Allergy test/treat	\$10.00 co-pay per visit; \$ 5.00 co-pay per visit for SE	\$5.00 co-pay per visit	\$10.00 co-pay per visit	\$10.00 co-pay per visit
Durable Medical Equipment	Deductible applies 50% of charges	Deductible applies 50% of charges	20% of charges	No charge
Emergency Room (Hospital facility charge waived if admitted)	Deductible applies \$100 co-pay per admission; \$40 co-pay for SE	Deductible applies (\$100 co-pay per admission)	\$100 per visit	\$50 per visit
Home Health Care	Deductible applies	Deductible applies	No charge	No charge
Hospice	Deductible applies	Deductible applies	No charge	No charge

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Hospital Inpatient or Intensive Care Unit (ICU)	Deductible applies \$100 co-pay per admission.	Deductible applies \$100 co-pay per admission	No charge	No charge
Hospital Outpatient Surgery	Deductible applies	Deductible applies	\$10 co-pay	\$10 co-pay
Laboratory Services	Deductible applies	Deductible applies	No charge	No charge
Prescription Drugs	<u>Up to 30 days:</u> \$ 5 generic \$15 preferred Non-preferred not covered <u>Up to 90 days:</u> \$10 generic \$30 preferred Non-preferred not covered	<u>Up to 30 days:</u> \$ 5 generic \$10 preferred \$30 non-preferred <u>Up to 90 days:</u> \$10 generic \$20 preferred \$60 non-preferred	<u>Up to 100-days</u> \$10 generic \$20 preferred <u>Up to 30 days only:</u> \$20 specialty drugs	<u>Up to 30 days:</u> \$10 Tier 1 drugs \$20 Tier 2 drugs \$40 Tier 3 drugs \$40 Tier 4 drugs <u>Up to 100 days:</u> \$20 Tier 1 drugs \$40 Tier 2 drugs \$80 Tier 3 drugs N/A Tier 4
Preventative Care Services (Affordable Care Act Requirement)	No charge	No charge	No charge	No charge
Rehabilitation Therapy (Physical, Speech, and Occupational)	Deductible applies, plus \$10 co-pay per visit	Deductible applies, plus \$5 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit
Urgent Care	Deductible applies, plus \$40 co-pay per visit	Deductible applies, plus \$40 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit
X-Rays	Deductible applies	Deductible applies	No charge	No charge

This matrix is for cursory plan comparison only. Detailed benefit information is available in each plan's Plan Document.