

# Medical Plan Comparison

## Administrators

Benefit	A-100 PLAN	A-500 PLAN	KAISER \$5
<b>Choice of Provider</b>	Your choice of doctor/hospital	Your choice of doctor/hospital	Must use Kaiser provider & facility
<b>Annual Deductible</b> (per calendar year)	\$100 Person \$300 Family	\$500 Person \$1,500 Family	No deductible
<b>Major Medical Benefits</b> (per calendar year)	After deductible, all eligible services paid at 80% of 1st \$5,000, then 100%	After deductible, all eligible services paid at 80% of 1st \$5,000, then 100%	Paid in full after applicable co-payment
<b>Lifetime Maximum</b>	\$2,000,000	\$2,000,000	No limit
<b>Hospital Services:</b> Inpatient Semi-private room (Visit website or see booklet for Outpatient Benefits)	After deductible, paid at 80%	80% after deductible	Paid in full
<b>Physicians Services</b> Office Visits Lab & X-Ray Surgery	After deductible, paid at 80% After deductible, paid at 80% After deductible, paid at 80%	80% after deductible 80% after deductible 80% after deductible	Paid in Full after \$5 Co-payment per visit
<b>Prescription Drugs</b>	Separate \$50 deductible RX card per person; if covered drug pays 80% Preferred & Generic or 50% non-preferred (See CHOICES list on website <a href="http://www.regence.com">http://www.regence.com</a> )	Separate \$100 deductible RX card per person; if covered drug pays 80% Preferred & Generic or 50% non-preferred (See CHOICES list on website <a href="http://www.regence.com">http://www.regence.com</a> )	Users drug formulary; \$5 co-pay, 30 day supply; \$5 co-pay, 90 day supply via mail order
<b>Ambulance</b>	80% after deductible	80% after deductible	\$50 + \$5 co-pay per trip
<b>Emergency Room Care</b>	\$100 co-pay (waived if admitted) then 80%	\$100 co-pay (waived if admitted) then 80%	\$50 + \$5 co-pay
<b>Additional Accident</b>	80% after deductible	80% after deductible	Paid as regular benefit
<b>Maternity Care</b>	80% after deductible	80% after deductible	Prenatal & postnatal paid in full
<b>Preventive Care</b> Immunizations to age 18	Paid at 100%	Paid at 100%	Paid in full - all members
<b>Annual Breast/Pelvic Exam</b> (Females)	Paid at 100%	Paid at 100%	Paid in full after \$5 co-pay
<b>Periodic Health Plan</b>	Paid per schedule up to \$500 per covered member	Paid per schedule up to \$500 per covered member	Paid in full after \$5 co-pay per visit
<b>Chiropractic Services</b>	80% after deductible	80% after deductible	Not covered