

# Medical Plan Comparison

Classified

Benefit	PPO Plan		C-500 Plan	Kaiser \$10
Choice of Provider	Your choice of doctor/hospital		Your choice of doctor/hospital	Must use Kaiser provider & facility
Annual Deductible (per calendar year)	\$100 Person \$300 Family		\$500 Person \$1,500 Family	No deductible
Major Medical Benefits (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
Lifetime Maximum	\$2,000,000		\$2,000,000	No limit
Hospital Services: Inpatient Semi-private room (Visit website or see booklet for Outpatient Benefits)	Paid at 90%	Paid at 70%	80% after deductible	Paid in full
Physicians Services Office Visits Lab & X-Ray Surgery	Paid at 90%	Paid at 70%	80% after deductible 80% after deductible 80% after deductible	Paid in Full after \$10 Co-payment per visit
Prescription Drugs	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> )	Paid in full after \$10 co-pay for up to 30 day supply Paid in full after \$10 co-pay 90 day supply via mail order for maintenance drugs
Ambulance	Paid at 80%		80% after deductible	Paid in full after \$50 co-pay per trip
Emergency Room Care	\$100 co-pay then 90% (waived if admitted)		\$100 co-pay (waived if admitted) then 80%	\$50 + \$10 co-pay
Additional Accident	80% after deductible		80% after deductible	Paid as regular benefit
Maternity Care	90% after deductible	70% after deductible	80% after deductible	Inpatient prenatal & postnatal paid in full; outpatient paid in full after \$10 co-pay
Preventive Care (up to \$500 per calendar year)  Well-baby care to age 2  Immunizations all ages  Routine Physical exams (including lab & X-ray)  Annual women's exams (including Pap and mammogram - not subject to \$500 max)	Paid at 100%		Paid at 100%	Paid in full after \$10 co-pay - all members
Annual Breast/Pelvic Exam (Females)	Paid at 100% after \$15 co-pay; one exam per calendar year		Paid at 100% after \$15 co-pay; one exam per calendar year	Paid in full after \$10 co-pay
Periodic Health Plan	Not covered		Not covered	Not covered
Chiropractic Care		80% after \$100 deductible	80% after \$100 deductible	See Alternative Care
Alternative Care	n/a		n/a	Member pays \$10 co-pay for Naturopathic, Chiropractic, and/or Acupuncture care. Member pays \$25 co-pay for Massage Therapy. Massage Therapy is limited to 12 one-hour visits per calendar year.