

Medical Plan Comparison

Licensed

Benefit	BCPPO		BCC500	KAISER
Choice of Provider	Your choice of doctor/hospital		Your choice of doctor/hospital	Must use Kaiser provider & facility
	PPO	Non-PPO	--	--
Annual Deductible (per calendar year)	\$100 Person \$300 Family	\$200 Person \$600 Family	\$500 Person \$1,500 Family	No deductible
Major Medical Benefits (per calendar year)	After deductible, all eligible services paid at 90% of 1st \$5,000, then 100%	After deductible, all eligible services paid at 70% 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)	After deductible, paid at 90%	After deductible, paid at 70%	80% after deductible	Paid in full
Physicians Services Office Visits Lab & X-Ray Surgery	After deductible, paid at 90% After deductible, paid at 90% After deductible, paid at 90%		80% after deductible 80% after deductible 80% after deductible	Paid in Full after \$5/\$10 Co-payment per visit
Prescription Drugs	Separate \$50 deductible RX card per person; if covered drug pays 90% Preferred & Generic or 50% non-preferred (See CHOICES list on website http://www.regence.com)		Separate \$100 deductible RX card per person; if covered drug pays 80% Preferred & Generic or 50% non-preferred (See CHOICES list on website http://www.regence.com)	Users drug formulary; \$5/\$10 co-pay, 30 day supply; \$5/\$10 co-pay, 90 day supply via mail order
Ambulance	80% after deductible		80% after deductible	\$50 + \$5/\$10 co-pay per trip
Emergency Room Care	\$100 co-pay (waived if admitted) then 90%	\$100 co-pay (waived if admitted) then 90%	\$100 co-pay (waived if admitted) then 80%	\$50 + \$5/\$10 co-pay
Additional Accident	90% after deductible		80% after deductible	Paid as regular benefit
Maternity Care	90% after deductible		80% after deductible	Prenatal & postnatal paid in full
Preventive Care	Paid at 100%		Paid at 100%	Paid in full - all members
Annual Breast/Pelvic Exam (Females)	Paid at 100% after \$15 co-pay		Paid at 100%	Paid in full after \$5/\$10 co-pay
Periodic Health Plan	Paid per schedule up to \$500 per covered member		Paid per schedule up to \$500 per covered member	Paid in full after \$5/\$10 co-pay per visit
Chiropractic Services	90% after deductible	70% after deductible	80% after deductible	Not covered