

Medical Plan Comparison

4/1/19 Renewal

****Kaiser PLUS Plans allow member to seek care out-of-network for up to 10 visit per member per plan year**

Benefit Design	NEW Kaiser DHMO Plan 9	NEW Kaiser DHMO Plus** Plan 11	NEW Kaiser Flexible Choice Plan D			NEW Kaiser Out of Area PPO Plan 10	
Population Who May Enroll	DC/MD/ Northern VA	DC/MD/VA	DC/MD/VA			NC/PA/TN/WV only	
Network Access	In-Network Only	In-Network **	Option 1 Kaiser Signature In-Network	Option 2 PHCS-Multiplan In-Network	Option 3 Out-of-Network	In-Network PHCS-MultiPlan	Out-of-Network
Deductible:							
Individual	\$1,000	\$500	\$0	\$500	\$1,000	\$500	\$1,000
Family	\$2,000	\$1,000	\$0	\$1,000	\$2,000	\$1,000	\$2,000
Out of Pocket Max							
Individual	\$3,000	\$3,000	\$2,250	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$6,000	\$6,000	\$4,500	\$6,000	\$12,000	\$8,000	\$16,000
Co-pay Office Visit - Primary	\$20	\$20 (**Allows 10 out of network visits, \$40 copay)	\$30	\$45	30%	\$20	Ded, then 40%
Co-pay Office visit - Specialist	\$30	\$30 copay (**Allows 10 out of network visits, \$50 copay)	\$40	\$55	30%	\$30	Ded, then 40%
Copay Office visit - Urgent Care	\$30	\$30	--	--	--	\$30	Ded, then 40%
Copay Urgent Care Center i.e. Patient First, Express Care	--	--	\$40	\$55	30%	--	--
Emergency Room (Facility Fee)	\$100, waived if admitted	\$100, waived if admitted	\$100, waived if admitted	\$100, waived if admitted	\$100, waived if admitted	\$100, waived if admitted	\$100, waived if admitted
Labs and X-rays	\$20	No Charge (**Allows 10 out of network visits, \$20 copay)	no charge	Ded, then 10%	30%	\$20	Ded, then 40%
CT, MRI, PET scans	Ded, then 10%	Ded, then \$0	\$100	Ded, then 10%	30%	Ded, then 20%	Ded, then 40%
In-patient Hospital (Facility fee)	Ded, then 10%	Ded, then \$0	\$100	Ded, then 10%	30%	Ded, then 20%	Ded, then 40%
In-patient Hospital (Physician fee)	--	--					
Out-patient Surgery (Facility fee)	Ded, then 10%	Ded, then \$0	\$75	Ded, then 10%	30%	Ded, then 20%	Ded, then 40%
Out-patient Surgery (Physician fee)	--	--					
Prescription Drug Coverage	\$10/\$30/\$50	Kaiser \$10/\$30/\$50 (**Plan allows 5 out-of-network fills/refills, \$30/\$50/\$70)	\$10/\$30/\$55	\$25/\$50/\$75	\$30/\$55/\$75	\$15/\$35/\$60	\$25/\$50/\$80
Mail Order (90-Day Supply)	2 copays	2 copays (**Out-of-Network Mail Order N/A)	2 copays	2 copays	2 copays	2 copays	2 copays