

## KCCD - Plan Comparison All Active Employees and Early Retirees

100-A \$20   Member Pays   Member Pays   S0/50   S500   S		Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
Individual/Family Deductibles		100-A \$20	90-G \$20	80-G \$30	
Individual/Family Deductions   S1,000	MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Out-of-Pocket (OOP) Max	Individual/Family <b>Doductibles</b>	¢n/¢n	\$500/	\$500/	\$0,
Sa,000   S	individual/Family Deductibles			\$1,000	no deductible
## PROFESSIONAL SERVICES  Office Visit (OV), Urgent Care or Specialist/Consultants co-pay  Prenatal, postnatal office visit co-pay  \$20 \$20 \$30 \$30 \$50, no charge \$50, no					
Second	(includes medical deductibles, co-insurance and co-pays)	\$3,000	\$3,000	\$4,000	\$3,000
Seans: Cr, CAT, MRI, PET etc.   0%   10%   20%   50, no charge   50, no char	PROFESSIONAL SERVICES				
Scans: CT, CAT, MRI, PET etc.   0%   10%   20%   50, no charge   510 Ox, no charge	Office Visit (OV), Urgent Care or Specialist/Consultants co-pay	\$20	\$20	\$30	\$10
Diagnostic X-ray & Laboratory Procedures  Infertility (Idagnosis/treatment of causes of infertility)  Preventive Care (includes physical exams & screenings)  Ded Waived  Ded	Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$0, no charge
Infertility (diagnosis/treatment of causes of infertility) Preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Care (includes physical exams & screenings)  ### Assumption of the preventive Sino one pay (and the preventive Sino one pay one pay (and the preventive Sino one pay one pay one pay (and the preventive Sino one pay one pay one pay one pay (and the preventive Sino one pay one p	Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	\$0, no charge
Intertitity (diagnosis/treatment of causes of intertitity)	Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	
Preventive Care (Includes physical exams & screenings)   Ded Waived   So, no charge	Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	-
Ded Waived   Ded	Proventive Care (includes physical evams 9 sersenings)	0%	0%	0%	\$0, no charge
Description	Freventive Care (includes physical exams & screenings)	Ded Waived	Ded Waived	Ded Waived	50, 110 charge
Sample   S	HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Warved if admitted	Emergency Room visit	0%	10%	20%	\$100
Outpatient Hospital         0%         10%         20%         \$10           Surgery, Outpatient (performed in Surgery Center)         0%         10%         20%         \$10           Surgery, Outpatient (performed in a Hospital)         0%         10%         20%         \$10           MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT           ImpATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$0, no charge           OUTPATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$0, no charge           OUTPATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$10/30 visits combined           OUTPATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$10/30 visits combined           OUTPATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$50           OUTPATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$10/30 visits combined           OUTPATIENT: Facility Based Care (preauth required)         0%         10%         20%         \$50.00         \$50.00         \$50.00         \$50.00         \$50.00         \$50.00         \$50.00	(waived if admitted)	\$100 co-pay	\$100 co-pay	\$100 co-pay	·
Surgery, Outpatient (performed in Surgery Center) Surgery, Outpatient (performed in a Hospital)  MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT  INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility	Inpatient Hospital (preauthorization required)		10%	20%	\$0, no charge
Surgery, Outpatient (performed in a Hospital)  MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT  INPATIENT: Facility Based Care (preauth required)  OW 10% 20% \$0, no charge 0 0000 00% 10% 20% \$100 00% 10% 20% \$100 0000 00% 10% 20% \$100 0000 00% 10% 20% \$100 0000 00% 10% 20% \$100 0000 00% 10% 20% \$100 0000 00% 10% 20% \$100 0000 0000 00% 10% 20% \$100 0000 0000 0000 0000 0000 0000 00	·				·
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT     INPATIENT: Facility Based Care (preauth required)   0%   10%   20%   \$10     OUTPATIENT: Facility Based Care (preauth required)   0%   10%   20%   \$10     OTHER SERVICES		<b></b>	-		
NPATIENT: Facility Based Care (preauth required)   0%   10%   20%   \$10	Surgery, Outpatient (performed in a Hospital)	0%	10%	20%	\$10
OUTPATIENT: Facility Based Care (preauth required)     0%     10%     20%     \$10       OTHER SERVICES       Acupuncture or Chiropractic - Limits apply     0%     10%     20%     \$10/30 visits combined       Ambulance (Ground or Air)     0%     10%     20%     \$50       Durable Medical Equipment (DME)     0%     10%     20%     \$50       Physical and Occupational Therapy - Limits apply     0%     10%     20%     \$0, no charge       PHARMACY BENEFITS     5-20     10%     7-25     7-25     Trad HMO \$10       Individual/Family Brand & Specialty Rx Deductibles     none     none     none     none     Included w/ Med       Individual/Family Rx Out-of-Pocket (OOP) Max     \$1,500/     \$1,500/     \$1,500/     \$2,500     \$2,500     \$2,500     \$2,500     \$2,500     \$2,500     \$2,500     \$2,500     \$0 at Costco     \$7 at Other Network     \$10 up to 100 day supply     \$10 up to	MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
Acupuncture or Chiropractic - Limits apply  Ambulance (Ground or Air)  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  PHARMACY BENEFITS  Plan  Individual/Family Brand & Specialty Rx Deductibles Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  Generic Co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  O%  10%  20%  \$10/3  20%  \$0, no charge  \$0, no charge  \$10/3  \$10/3  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$20/4  \$10/4  \$10/4  \$20/4  \$10/4  \$10/4  \$20/4  \$10/4  \$10/4  \$10/4  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$1/500/ \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/500  \$2/	INPATIENT: Facility Based Care (preauth required)	0%	10%	20%	\$0, no charge
Acupuncture or Chiropractic - Limits apply  Ambulance (Ground or Air)  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  PHARMACY BENEFITS  Plan  Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  Generic co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Acupuncture or Chiropractic - Limits apply  0%  10%  20%  \$10%  20%  \$50  \$0, no charge  \$10  Trad HMO \$10  none  none  none  none  \$1,500/ \$2,500  \$2,500  \$2,500  \$2,500  \$2,500  \$0 at Costco \$7 at Other Network  Network  \$10 up to 100 day supply  \$10 up to 100 day supply  \$20 Must Use Navitus Mail  Navitus Mail  Mail Order (Generic-Brand co-pay/90 days supply)  \$10-\$10/up to 100  S0-\$50  \$10-\$10/up to 100  \$10%  \$20%  \$50  \$50  \$50  \$50  \$50  \$50  \$50  \$	OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	\$10
Acupuncture or Chiropractic - Limits apply  Ambulance (Ground or Air)  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  PHARMACY BENEFITS  Plan  Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  Generic co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand Co-pay/90 days supply)  Mail Order (Generic-Brand Co-pay/90 days supply)  O%  10%  10%  20%  \$50  \$0, no charge \$0, no charge \$0, no charge \$1,00% \$1,00% \$1,500/ \$1,500/ \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$3 at Costco \$7 at Other Network Network Network  \$10 up to 100 day supply \$10 up to 100 day	OTHER SERVICES				
Ambulance (Ground or Air)  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  PHARMACY BENEFITS  Plan  Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pay/30 days supply)  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Ambulance (Ground or Air)  0%  10%  20%  \$0, no charge \$0, no charge \$1,500 \$1,000 \$1,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$3 at Costco \$7 at Other Network Network  \$20 Must Use Navitus Mail  Navitus Mail  Ambulance (Ground or Air)  0%  10%  20%  \$50 no charge \$1,000 \$1,500/ \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$3 at Costco \$7 at Other Network Network  \$10 up to 100 day supply	Acupuncture or Chiropractic - Limits apply	0%	10%	20%	· · · · ·
Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply  PHARMACY BENEFITS  Plan Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  Generic co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Durable Medical Equipment (DME)  0% 10% 20% \$0, no charge \$10  Trad HMO \$10  none \$1,500/ \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$0 at Costco \$7 at Other Network Network Network Network  Specialty co-pay/up to 30 days supply  Specialty Corpay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Specialty Corpay/up to 30 days supply  Specialty Corpay/up	Ambulance (Ground or Air)	0%	10%	20%	
Physical and Occupational Therapy - Limits apply  PHARMACY BENEFITS  Plan  Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  Generic co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Physical and Occupational Therapy - Limits apply  9 10%  20%  \$10  20%  \$10  Trad HMO \$10  none  \$1,500/ \$1,500/ \$2,500 \$2,500 \$2,500 \$2,500 \$3 at Costco \$7 at Other Network  Network  \$20 \$25 \$25 \$25 \$30 up to 100 day supply  \$20 Wust Use Navitus Mail  \$30,550 \$50,560 \$50,560 \$50,560 \$50,560 \$50,560	,		-		· · · · · · · · · · · · · · · · · · ·
S-20   T-25   None	Physical and Occupational Therapy - Limits apply		-		
S-20   T-25   None	PHARMACY RENEEITS				<u> </u>
Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  Seneric co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Individual/Family Brand & Specialty Rx Deductibles Inone Individual/Family Rx Out-of-Pocket (OOP) Max Included w/ Med OOP Ma	Plan	5-20	7-25	7-25	Trad HMO \$10
Individual/Family Rx Out-of-Pocket (OOP) Max  (includes Rx deductibles and co-pays)  Seneric co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  \$1,500/ \$2,500 \$2,500 \$2,500 \$2,500 \$0 at Costco \$7 at Other Network Network  \$20 \$25 \$25 \$25 \$25 \$10 up to 100 day supply \$20 Must Use Navitus Mail \$1,500/ \$2,500 \$2,500 \$1,500/ \$2,500 \$2,500 \$1,500/ \$2,500 \$2,500 \$10 up to 100 day supply \$20 Must Use Navitus Mail \$3,500/ \$2,500 \$3,500/ \$4,500/ \$2,500 \$3,500/ \$4,500/ \$2,500 \$3,500/ \$4,500/ \$2,500 \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$3,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500/ \$4,500	Individual/Family Brand & Specialty Rx Deductibles				
(includes Rx deductibles and co-pays)\$2,500\$2,500\$2,500\$0 at CostcoGeneric co-pay/30 days supply\$0 at Costco\$0 at Costco\$0 at Costco\$7 at Other Network\$7 at Other Network\$10 up to 100 day supplyBrand co-pay/30 days supply\$20\$25\$25\$10 up to 100 day supplySpecialty co-pay/up to 30 days supply\$20 Must Use Navitus Mail\$25 Must Use Navitus Mail\$25 Must Use Navitus Mail\$10 up to 100 day supplyMail Order (Generic-Brand co-pay/90 days supply)\$0.\$50\$0.\$60\$0.\$60\$0.\$60		<b></b>			
\$0 at Costco \$0 at Costco \$7 at Other Network  Brand co-pay/30 days supply  \$20  \$25  \$25 Must Use Navitus Mail  \$20 Must Use Navitus Mail  \$30 at Costco \$7 at Other Network  \$40 up to 100 day supply					
Specialty co-pay/90 days supply   Spec	Generic co-pay/30 days supply	_			
Brand co-pay/30 days supply  \$20 \$25 \$25 \$25 \$10 up to 100 day supply  \$20 Must Use Navitus Mail  \$30 Mail Order (Generic-Brand co-pay/90 days supply)  \$30 Mail Order (Generic-Brand co-pay/90 days supply)  \$30 So-\$60 \$30 So-\$60 \$30 So-\$60		\$5 at Other	\$7 at Other	\$7 at Other	
Specialty co-pay/30 days supply   \$20   \$25   \$25   \$10 up to 100 day supply					supply
\$20 Must Use Navitus Mail Specialty co-pay/up to 30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  \$0.\$50  \$0.\$60  \$0.\$60  \$0.\$60	Brand co-pay/30 days supply	\$20	\$25	\$25	1 ' ' 1
Specialty co-pay/up to 30 days supply  Navitus Mail  Navitus Mail  Navitus Mail  Navitus Mail  Supply  \$10-\$10/up to 100	Specialty co-pay/up to 30 days supply	\$20 Must Use	\$25 Must Use	\$25 Must Use	
Mail Order (Generic-Brand co-pay/90 days supply) \$0-\$50 \$0-\$60 \$0-\$60 \$10-\$10/up to 100		Navitus Mail		Navitus Mail	
day supply	Mail Order (Generic Brand co. pay/00 days supply)	\$0.550	\$0.500	¢0 ¢c0	
	ivian Order (Generic-Brand CO-pay/90 days supply)	\$0-\$50	\$U-\$0U	υσζ-υς	day supply