

KCCD - Plan Comparison All Active Employees and Early Retirees

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% \$0, no charge Physical and Occupational Therapy - Limits apply 0% 10% 20% \$0, no charge PHARMACY BENEFITS Plan 5-20 7-25 7-25 Trad HMO \$10 Individual/Family Brand & Specialty Rx Deductibles none 10/200/200/200/200/200/200/200/200/200/2		Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
Individual/Family Deductibles S0/50 S500/ S1,000	10/1/21 to 9/30/22 Plan Year	100-A \$20	90-G \$20	80-G \$30	
Individualy-Family Deductibles SJ,090 SJ,000 SJ,0	MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Out-of-Pocket (OOP) Max	Individual/Family Deductibles	\$0/\$0			
Sample S	· '				
### PROFESSIONAL SERVICES Office Visit (OV), Urgent Care or Specialist/Consultants co-pay Frenatal, postnatal office visit co-pay Scans: GT, CAT, MIR, PET etc. O% 10% 20% So, no charge So, no charge So, no charge Infertility (diagnosis/treatment of causes of infertility) Not covered Infertility (diagnosis/treatment of causes of infertility) Preventive Care (includes physical exams & screenings) So, no charge S100 C-pay (S100 C-pay S100 C-pay S1					
S20 S20 S30 S10	(includes medical deductibles, co-insurance and co-pays)	\$3,000	\$3,000	\$4,000	\$3,000
Seans: CT, CAT, MRI, PET etc. O% 10% 20% S0, no charge S10, S0, no charge S10, S0, no charge S10, S0, s	PROFESSIONAL SERVICES	-			
Scans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures Infertility (diagnosis/treatment of causes of infertility) Preventive Care (includes physical exams & screenings) Preventiv	Office Visit (OV), Urgent Care or Specialist/Consultants co-pay	\$20	\$20	\$30	\$10
Diagnostic X-ray & Laboratory Procedures Infertility (diagnosis/treatment of causes of infertility) Preventive Care (includes physical exams & screenings) Preventive Care (includes k & screenings) Preventive Care (includes hysical exams & screenings	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) ### MOSPITAL & SKILLED MURSING FACILITY SERVICES #### Foreignery Room visit (waived if admitted) ### Sino co-pay (sino co	Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	\$0, no charge
Intertility (diagnosis/treatment of causes of intertility)	Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	
Preventive Care (includes physical exams & screenings) Ded Waived Ded Waived Ded Waived S0, no charge S100 co-pay S100 c	Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	
Ded Waived Ded	Proventive Care (includes physical example, careonings)	0%	0%	0%	\$0 no charge
Down	r reventive care (includes physical exams & screenings)	Ded Waived	Ded Waived	Ded Waived	50, no charge
Sino co-pay	HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Wasved if admitted S100 Co-pay S100 C	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% \$10/30 visits OTHER SERVICES Acupuncture or Chiropractic - Limits apply 0% 10% 20% \$10/30 visits Ambulance (Ground or Air) 0% 10% 20% \$0, no charge Physical and Occupational Therapy - Limits apply 0% 10% 20% \$0, no charge PHARMACY BENEFITS Plan 5-20 none	(waived if admitted)	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100
Surgery, Outpatient (performed in Surgery Center) 0% 10% 20% \$10	Inpatient Hospital (preauthorization required)	0%	10%	20%	\$0, no charge
Surgery, Outpatient (performed in a Hospital) 0% 10% 20% \$10	Outpatient Hospital	0%	10%	20%	\$10
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT INPATIENT: Facility Based Care (preauth required) 0% 10% 20% \$0, no charge OUTPATIENT: Facility Based Care (preauth required) 0% 10% 20% \$10 OTHER SERVICES SACUPUNCTURE OF Chiropractic - Limits apply 0% 10% 20% \$10/30 visits combined Ambulance (Ground or Air) 0% 10% 20% \$50 \$50 Durable Medical Equipment (DME) 0% 10% 20% \$0, no charge \$10/30 visits combined Physical and Occupational Therapy - Limits apply 0% 10% 20% \$0, no charge Physical and Occupational Therapy - Limits apply 0% 10% 20% \$10 PHARMACY BENEFITS Plan none none none none Individual/Family Brand & Specialty Rx Deductibles none \$1,500/\$\$ \$1,500/\$\$ \$1,500/\$\$ \$2,500 \$2,500 \$2,500 \$2,500 \$2,500 \$0 at Costco \$5 at Other \$0 at Costco \$5 at Other \$7 at Other \$10 up to 100 day \$10 up to 100 day \$10 up to 100 da	Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	\$10
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% \$0, no charge Physical and Occupational Therapy - Limits apply 0% 10% 20% \$0, no charge PHARMACY BENEFITS Plan 5-20 7-25 7-25 Trad HMO \$10 Individual/Family Brand & Specialty Rx Deductibles none 10/200/200/200/200/200/200/200/200/200/2	MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
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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-pay/30 days supply Brand co-pay/30 days supply Specialty co-pay/up to 30 days supply Mail Order (Generic-Brand co-pax/90 days supply) Acupuncture or Chiropractic - Limits apply 0% 10% 20% \$10/8 20% \$50, no charge \$0, no charge \$10/30 visits combined \$50 \$50 \$0 no charge \$10/9 \$50, none \$10/9 \$50/9 \$50/9 \$50/9 \$50/9 \$50/9 \$50/9 \$50/9 \$50/9 \$5	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-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% \$50 \$0, no charge \$0, no charge 10% 20% \$50 \$0, no charge 7-25 none none none none 110% 20% \$50 \$0, no charge \$1,000 \$1,000 \$1,500/ \$2,500 \$2,500 \$2,500 \$2,500 \$3,500 \$3,500 \$50 at Costco \$7 at Other Network Network \$10 up to 100 day supply	OTHER SERVICES				
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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 0% 10% 20% \$10 Trad HMO \$10 none none \$1,500/ \$2,500 \$2,500 \$2,500 \$0 at Costco \$7 at Other Network Network \$20 \$25 \$25 \$10 up to 100 day supply	,		-		
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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) Specialty Co-pay/90 days supply					
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Brand co-pay/30 days supply \$20 \$25 \$25 \$10 up to 100 day supply \$20 Must Use Navitus Mail \$25 Must Use Navitus Mail			•		supply
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	Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$60	\$0-\$60	day supply