

Summary of Medical Benefits

Benefit	Kaiser HMO California Employees	Cigna / \$2,200 HRA Non-California and California Employees	
	In-Network Coverage Only	In-Network	Out-of-Network
Deductibles and Maximums			
Annual Deductible			
Individual	\$1,650	\$3,000	\$6,000
Family	\$3,300	\$6,000	\$12,000
Out-of-Pocket Annual Maximum			
Individual	\$7,800	\$6,000	\$12,000
Family	\$15,600	\$12,000	\$24,000
Covered Services			
Physician Office Visit	\$55 Copay	\$40 copay	40% after deductible
Preventive Care	100%	100%	40% after deductible
Urgent Care	\$55 Copay	\$50 copay	40% after deductible
Inpatient		\$500 copay, 20% after deductible	40% after deductible
Outpatient	40% after deductible		
Emergency		\$300 copay, 20% after deductible	\$300 copay, 20% after deductible
Lab and X-Ray	\$25 / \$75	20% after deductible	40% after deductible
Prescription Drugs			
Retail 30 Day Supply Generic / Brand / Specialty	\$20 / \$75 after \$350 deductible / 20% (\$250 max) after \$350 deductible	\$10 / \$40 / \$70	N/A
Mail Order Generic / Brand / Speciality	100 Day Supply \$40 / \$150 after \$350 deductible / N/A	90 Day Supply \$25 / \$100 / \$175	N/A

For a family deductible, the insurance “kicks in” per individual once they fulfill their deductible, even if the other members have not fulfilled theirs. The deductible is “embedded.”