

| 2020-2021   | Blue Shield  | Blue Shield  | Blue Shield   | Blue Shield   | Kaiser   | Kaiser  |
|---|--|--|---|---|--|---|
|   | 100-A \$20   | 90-G \$20  | 10-0  | 10-0  | Trad HMO \$0   | Trad HMO \$15   |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums  | Member Pays  | Member Pays  | Member Pays   | Member Pays   | Member Pays  | Member Pays   |
| Individual/Family Deductibles   | \$0/\$0  | \$500/\$1,000  | \$0/\$0   | \$0/\$0   | \$0  | \$0   |
| Individual/Family Out-of-Pocket (OOP) Max<br>(includes medical deductibles, co-insurance and co-pays)   | \$1,000/\$3,000  | \$1,000/\$3,000  | \$1,000/\$2,000   | \$1,000/\$2,000   | \$1,500/\$3,000  | \$1,500/\$3,000   |
| includes medical deductibles, co-insurance and co-pays)   |  |  |   | TRIO Network  |  |   |
| PROFESSIONAL SERVICES<br>Office Visit (OV) co-pay   |  |  |   |   |  |   |
| (\$0 Copay for first 3 calendar year Primary Care office<br>visits on Non-HSA PPO plans)  | \$20   | \$20   | \$10  | \$10  | \$0  | \$15  |
| Urgent Care co-pay  | \$20   | \$20   | \$10  | \$10  | \$0  | \$15  |
| Specialists/Consultants co-pay  | \$20   | \$20   | \$10  | \$10  | \$0  | \$15  |
| Prenatal, postnatal office visit co-pay   | \$20   | \$20   | \$0   | \$0   | \$0  | \$0   |
| Scans: CT, CAT, MRI, PET etc.   | 0%   | 10%  | \$0   | \$0   | \$0  | \$0   |
| Diagnostic X-ray & Laboratory Procedures  | 0%   | 10%  | \$0   | \$0   | \$0  | \$0   |
| Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)   | Not covered  | Not covered  | 50%   | 50%   | Co-pay applies   | Co-pay applies  |
| Preventive Care (includes physical exams & screenings)  | 0%<br>Ded Waived   | 0%<br>Ded Waived   | \$0   | \$0   | \$0  | \$0   |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES  |  |  |   |   |  |   |
| Emergency Room visit  | 0%   | 10%  |   |   |  |   |
| (waived if admitted)  | \$100 co-pay   | \$100 co-pay   | \$100   | \$100   | \$100  | \$100   |
| Inpatient Hospital (preauthorization required) - limits may   |  |  | 4.0   | 4.0   | 4.0  | 4.0   |
| apply   | 0%   | 10%  | \$0   | \$0   | \$0  | \$0   |
| Outpatient Hospital   | 0%   | 10%  | \$0   | \$0   | \$0  | \$15  |
| Surgery, Outpatient (performed in Surgery Center)   | 0%   | 10%  | \$0   | \$0   | \$0  | \$15  |
| Surgery, Outpatient (performed in a Hospital) - limits may<br>apply   | 0%   | 10%  | \$0   | \$0   | \$0  | \$15  |
|   |  |  |   |   |  |   |
| INPATIENT: Facility Based Care (preauth required)   | 0%<br>0%   | 10%<br>10%   | \$0<br>\$10   | \$0<br>\$10   | \$0<br>\$0   | \$0<br>\$15   |
| INPATIENT: Facility Based Care (preauth required)   |  |  | \$10  | \$10  | \$0  | \$15  |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply  |  |  |   |   | \$0<br>\$10/30 visits  | \$15<br>\$10/30 visits  |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES   | 0%   | 10%  | \$10<br>\$10/30 visits  | \$10<br>\$10/30 visits  | \$0<br>\$10/30 visits  | \$15<br>\$10/30 visits  |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply   | 0%<br>0%<br>0%   | 10%<br>10%<br>10%  | \$10<br>\$10/30 visits<br>combined w/chiro  | \$10<br>\$10/30 visits<br>combined w/chiro  | \$0<br>\$10/30 visits<br>combined w/chiro  | \$15<br>\$10/30 visits<br>combined w/chird<br>\$50<br>\$10/30 visits  |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply   | 0%<br>0%<br>\$100 co-pay   | 10%<br>10%<br>\$100 co-pay   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits  | \$15<br>\$10/30 visits<br>combined w/chird<br>\$50<br>\$10/30 visits  |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)  | 0%<br>0%<br>\$100 co-pay<br>0%   | 10%<br>10%<br>\$100 со-рау<br>10%  | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu  | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu  |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)  | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%   | 10%<br>10%<br>\$100 co-pay<br>10%<br>10%   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge   | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess   |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)<br>Physical and Occupational Therapy - Limits apply<br>Hearing Aids  | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24   | 10%<br>10%<br>\$100 co-pay<br>10%<br>10%<br>10% and<br>Amount in excess<br>of \$700<br>allowance/24  | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance  | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months  |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)<br>Physical and Occupational Therapy - Limits apply<br>Hearing Aids<br>PHARMACY BENEFITS<br>Plan   | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24   | 10%<br>10%<br>\$100 co-pay<br>10%<br>10%<br>10% and<br>Amount in excess<br>of \$700<br>allowance/24  | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>\$10<br>\$0% Coinsurance<br>1 device/24<br>months<br><b>5-20</b>   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance  | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance   |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)<br>Physical and Occupational Therapy - Limits apply<br>Hearing Aids<br>PHARMACY BENEFITS   | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months   | 10%<br>10%<br>\$100 co-pay<br>10%<br>10%<br>10% and<br>Amount in excess<br>of \$700<br>allowance/24<br>months  | \$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months   | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Custom \$5-\$20   |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)<br>Physical and Occupational Therapy - Limits apply<br>Hearing Aids<br>PHARMACY BENEFITS<br>Plan<br>Pharmacy Benefit Manager<br>Individual/Family Brand & Specialty Rx Deductibles   | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br>5-20   | 10%<br>10%<br>10%<br>\$100 co-pay<br>10%<br>10%<br>10% and<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br>5-20   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>\$10<br>\$0% Coinsurance<br>1 device/24<br>months<br><b>5-20</b>   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>5-20</b>  | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Trad HMO \$0<br>Kaiser<br>none   | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br><b>Custom \$5-\$20</b><br><b>(30 day)</b><br>Kaiser<br>none   |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)<br>Physical and Occupational Therapy - Limits apply<br>Hearing Aids<br>PHARMACY BENEFITS<br>Plan<br>Pharmacy Benefit Manager   | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br>5-20<br>Navitus  | 10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10%   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br>5-20<br>Navitus  | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>5-20</b><br>Navitus   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Trad HMO \$0<br>Kaiser   | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Custom \$5-\$20<br>(30 day)<br>Kaiser   |
| INPATIENT: Facility Based Care (preauth required)<br>OUTPATIENT: Facility Based Care (preauth required)<br>OTHER SERVICES<br>Acupuncture - Limits apply<br>Ambulance (Ground or Air)<br>Chiropractic - Limits apply<br>Durable Medical Equipment (DME)<br>Physical and Occupational Therapy - Limits apply<br>Hearing Aids<br>PHARMACY BENEFITS<br>Plan<br>Pharmacy Benefit Manager<br>Individual/Family Brand & Specialty Rx Deductibles<br>Individual/Family Rx Out-of-Pocket (OOP) Max   | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br>5-20<br>Navitus<br>none  | 10%<br>10%<br>\$100 co-pay<br>10%<br>10%<br>10%<br>10% and<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br><b>5-20</b><br>Navitus<br>none   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>5-20</b><br>Navitus<br>none   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>5-20</b><br>Navitus<br>none   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Trad HMO \$0<br>Kaiser<br>none<br>Included w/Med   | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br><b>Custom \$5-\$20</b><br>(30 day)<br>Kaiser<br>none<br>Included w/ Med   |
| INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager 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 | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br><b>5-20</b><br><u>Navitus</u><br>none<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other  | 10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10%   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>5-20</b><br>Navitus<br>none<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>5-20</b><br>Navitus<br>none<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Trad HMO \$0<br>Kaiser<br>none<br>Included w/ Med<br>OOP Max<br>\$5 up to 100 day  | \$15<br>\$10/30 visits<br>combined w/chird<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br><b>Custom \$5-\$20</b><br><b>(30 day)</b><br>Kaiser<br>none<br>Included w/ Med<br>OOP Max<br>\$5 up to 30 day<br>supply   |
| INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)  | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br>5-20<br>Navitus<br>none<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other<br>Network   | 10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10% and<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br><b>5-20</b><br>Navitus<br>none<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other<br>Network | \$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br>50% Coinsurance<br>1 device/24<br>months<br>50% Coinsurance<br>1 device/24<br>months<br>51,500/\$2,500<br>\$0 at Costco<br>\$5 at Other<br>Network   | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br><b>50%</b> Coinsurance<br><b>50%</b> Coinsurance   | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Trad HMO \$0<br>Kaiser<br>none<br>Included w/ Med<br>OOP Max<br>\$5 up to 100 day<br>supply<br>\$5 up to 100 day   | \$15<br>\$10/30 visits<br>combined w/chirc<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br><b>Custom \$5-\$20</b><br>(30 day)<br>Kaiser<br>none<br>Included w/ Med<br>OOP Max<br>\$5 up to 30 day<br>\$20 up to 30 day   |
| INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager 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                        | 0%<br>0%<br>\$100 co-pay<br>0%<br>0%<br>0%<br>Amount in excess<br>of \$700<br>allowance/24<br>months<br>5-20<br>Navitus<br>none<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other<br>Network<br>\$20<br>\$20 Must Use  | 10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10%<br>10%   | \$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br>50% Coinsurance<br>1 device/24<br>months<br>50% Coinsurance<br>1 device/24<br>months<br>\$10<br>\$1,500/\$2,500<br>\$0 at Costco<br>\$5 at Other<br>Network<br>\$20<br>\$20 Must Use                     | \$10<br>\$10/30 visits<br>combined w/chiro<br>\$100<br>\$10/30 visits<br>combined w/acu<br>0%<br>\$10<br>50% Coinsurance<br>1 device/24<br>months<br>50% Coinsurance<br>1 device/24<br>months<br>50% Coinsurance<br>1 device/24<br>months<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100<br>\$100 | \$0<br>\$10/30 visits<br>combined w/chiro<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$0<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Trad HMO \$0<br>Kaiser<br>none<br>Included w/ Med<br>OOP Max<br>\$5 up to 100 day<br>supply<br>\$5 up to 100 day<br>supply                               | \$15<br>\$10/30 visits<br>combined w/chire<br>\$50<br>\$10/30 visits<br>combined w/acu<br>no charge<br>\$15<br>amount in excess<br>of \$500 allowance<br>every 36 months<br>Custom \$5-\$20<br>(30 day)<br>Kaiser<br>none<br>Included w/ Med<br>OOP Max<br>\$5 up to 30 day<br>supply<br>\$20 up to 30 day<br>supply  |
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services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.