

BENEFITS	KAISER PLAN 2
DOCTOR VISITS	Covered, \$10 Co-Pay
ANNUAL PHYSICAL	Covered, \$10 Co-Pay
IMMUNIZATIONS	Covered, No Charge
PREVENTATIVE CARE FOR CHILDREN	Covered, No Charge Up to Age 2 After Age 2 - \$10 Co-Pay
WELL WOMAN: PAP SMEAR/MAMMOGRAM	Pap Smear-Covered, \$10 Co-Pay Mammogram Covered, No Charge
OUTPATIENT X-RAY & LAB	Covered, No Charge
PHYSICAL THERAPY	Covered, \$10 Co-Pay
CHIROPRACTIC	Covered, 40 Visits, \$10 co-pay
ACUPUNCTURE	Covered, \$10 Co-Pay Referral by Plan Dr.
HOSPITAL INPATIENT	Covered, No Charge
HOSPITAL EMERGENCY ROOM	Covered, \$35 Co-Pay Waived if Admit
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Covered, No Charge
HOME HEALTH CARE	Covered, No Charge (Limits)
HOSPICE	Covered, No Charge
DURABLE MEDICAL EQUIPMENT	Covered, No Charge In accord with DME Formulary
AMBULANCE-GROUND/AIR	Covered, No Charge If medically necessary
MENTAL HEALTH-INPATIENT	Covered, No Charge 45 Days per calendar year (limits) No limits AB88 Parity
MENTAL HEALTH OUTPATIENT	Covered, \$10 Co-Pay 45 Days per calendar year (limits) No limits AB88 Parity
SUBSTANCE ABUSE INPATIENT	Detox - No Charge Transitional Residential Recovery Services - \$100 per admission (limits) Residential Rehab (30 days cal yr) - No Charge (limits)
SUBSTANCE ABUSE OUTPATIENT	Covered, \$10 Co-Pay for individual visits; \$5 Co-Pay for group visits (no limits)
OUT OF POCKET MAXIMUM	\$1500 per person/\$3000 Per Family
LIFETIME MAX PER PERSON	No Lifetime Maximum
PRESCRIPTION DRUGS (Co-Payments)	Retail \$5 Co-Pay Mail Order \$5 Co-Pay Retail (up to 100 day supply) Mail Order Refills Only

Dental DPO Option	\$114.64	
Medical		\$970.00
Chiropratic		\$15.39
Delta Dental, 2000		\$105.17
VSP C \$15		\$20.84
Monthly		\$1,111.40
Annual		\$13,336.80
DISTRICT CAP		\$10,520.00
DIFFERENCE PER EMP/MO (12thly)		\$234.73
DIFFERENCE PER EMP/YR		\$2,816.80

BENEFIT	HDHP-2
	Deductible: Individual \$2,000 Family**: \$6,000 (no individual limit applies) Coinsurance: 80/20 Out-of-Pocket Max: Individual: \$3,250 + deductible Family: \$4,500 + deductible **Family = Employee with one or more covered dependent(s)
MAJOR MEDICAL*	
LIFETIME MAX PER PERSON	\$5,000,000
DOCTOR VISITS	Major Medical*
ANNUAL PHYSICAL	Up to \$200 per year allowance for employee employee and spouse, balance to Major Medical*
IMMUNIZATIONS	Major Medical*
PREVENTIVE CARE FOR CHILDREN	Major Medical* Covered as long as eligible
WELL WOMAN: PAP SMEAR/MAMMOGRAM	Major Medical*
OUTPATIENT X-RAY & LAB	Major Medical*
PHYSICAL THERAPY	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.
CHIROPRACTIC	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.
ACUPUNCTURE	Major Medical* Maximum of 12 visits per calendar year
HOSPITAL INPATIENT	Major Medical* Unlimited days, semi-private room
HOSPITAL EMERGENCY ROOM	Major Medical*
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Major Medical*
HOME HEALTH CARE	Major Medical* Limited to 100 visits per calendar year
HOSPICE	Major Medical* with a lifetime maximum of \$10,000
DURABLE MEDICAL EQUIPMENT	Major Medical*
AMBULANCE-GROUND/AIR	Major Medical*
MENTAL HEALTH - INPATIENT	After deductible met, facility charges paid at 80% to Contracted Providers to a max of 30 days per calendar year.
MENTAL HEALTH & SUBSTANCE ABUSE	After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)
PROFESSIONAL CHARGES (INPATIENT/OUTPATIENT)	After deductible met, MHN Provider - 100% Non-MHN Provider - 50%
SUBSTANCE ABUSE INPATIENT	Two courses of treatment during lifetime.
PRESCRIPTION DRUGS	Major Medical*

HDHP-2 2000/6000	
HD PPO	\$555.00
RX Included	\$0.00
DD 2000	\$105.17
VSP \$15 Co-Pay	\$20.84
	\$681.01
	\$8,172.12

Dental DPO Option \$114.64

	\$10,520.00
	-\$195.66
	-\$2,347.88

\$2,000/\$6,000 Deductible
\$3,250/\$4,500 Co-Insurance
80%