

# Plan Comparison<sup>1</sup>

2019-2020

**2019**
**2020**

	<b>Bronze 60 HDHP HMO 6000/40%* + Child Dental</b>	<b>Bronze 60 HDHP HMO 6900/0* + Child Dental</b>
FEATURES	HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)	HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)
<b>PLAN DEDUCTIBLE</b>		
Individual/Family	\$6,000/\$12,000 (embedded)	\$6,900/\$13,800 (embedded)
<b>OUT-OF-POCKET MAXIMUM</b>		
Individual/Family	\$6,650/\$13,300 (embedded)	\$6,900/\$13,800 (embedded)
<b>IN THE MEDICAL OFFICE</b>		
Primary care visits	40% (after plan deductible)	\$0 (after plan deductible)
Urgent care visits	40% (after plan deductible)	\$0 (after plan deductible)
Specialty office visits	40% (after plan deductible)	\$0 (after plan deductible)
Preventive exams, vaccines (immunizations)	\$0	\$0
Prenatal care	\$0	\$0
Postpartum care	\$0 (after plan deductible)	\$0 (after plan deductible)
Well-child preventive care visits	\$0	\$0
Allergy injections	40% (after plan deductible)	\$0 (after plan deductible)
Infertility services	Not covered	Not covered
Physical, occupational, and speech therapy	40% (after plan deductible)	\$0 (after plan deductible)
Most laboratory tests	40% (after plan deductible)	\$0 (after plan deductible)
Most X-rays and diagnostic testing	40% (after plan deductible)	\$0 (after plan deductible)
Most MRI/CT/PET scans	40% (after plan deductible)	\$0 (after plan deductible)
Outpatient surgery (per procedure)	40% (after plan deductible)	\$0 (after plan deductible)
<b>EMERGENCY SERVICES</b>		
Emergency Department visits (waived if admitted directly to hospital)	40% (after plan deductible)	\$0 (after plan deductible)
Ambulance	40% (after plan deductible)	\$0 (after plan deductible)
<b>PRESCRIPTIONS</b>		
Generic drugs	40% per prescription up to \$500 maximum (after plan deductible) (up to a 30-day supply)	\$0 (after plan deductible) (up to a 30-day supply)
Brand-name drugs	40% per prescription up to \$500 maximum (after plan deductible) (up to a 30-day supply)	\$0 (after plan deductible) (up to a 30-day supply)
Specialty drugs	40% per prescription up to \$500 maximum (after plan deductible) (up to a 30-day supply)	\$0 (after plan deductible) (up to a 30-day supply)
<b>HOSPITAL CARE</b>		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	40% (after plan deductible)	\$0 (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	40% (after plan deductible)	\$0 (after plan deductible)
<b>MENTAL HEALTH SERVICES</b>		
In the medical office	40% (after plan deductible)	\$0 (after plan deductible)
In the hospital	40% (after plan deductible)	\$0 (after plan deductible)
<b>CHEMICAL DEPENDENCY SERVICES</b>		
In the medical office	40% (after plan deductible)	\$0 (after plan deductible)
In the hospital (detoxification only)	40% (after plan deductible)	\$0 (after plan deductible)
<b>OTHER</b>		
Televisits	\$0 (after plan deductible)	\$0 (after plan deductible)
Chiropractic and acupuncture	40% per visit (after plan deductible) for physician-referred acupuncture; chiropractic not covered	\$0 per visit (after plan deductible) for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME)	40% (after plan deductible) (base only)	\$0 (after plan deductible) (supplemental and base)
Certain prosthetic and orthotic devices	\$0 (after plan deductible)	\$0 (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year	1 pair of eyeglasses or contact lenses per year
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	40% (after plan deductible)	\$0 (after plan deductible)
Hospice care	\$0 (after plan deductible)	\$0 (after plan deductible)

<sup>1</sup>This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your EOC.