

Diocese of California - HMO Plan Comparison - Open Enrollment - for 2008

Benefit Provisions	Kaiser	Blue Shield
Type of Plan	HMO	HMO
Primary Care Physician	Encouraged, not required. Services are provided by Kaiser Facilities only.	Required
Out of Network Services	Not Covered, unless out of area life-threatening emergency	Not Covered, unless out of area life-threatening emergency
Annual Deductible	None	None
Out-Of-Pocket Maximum		
Individual	\$1,500	\$1,500
Two-Party	\$3,000	\$3,000
Family	\$3,000	\$3,000
Lifetime Plan Maximum	Unlimited	Unlimited
Hospital Services		
Semi-Private Room & Board	Paid in full	\$250 per admission
Surgery	Inpatient - Paid in full Outpatient - \$20 copay	Inpatient - Paid in full Outpatient in Hospital - \$150 per surgery Outpatient in Surgery Center - \$100 per surgery
Emergency Room Visits	\$75 copay - Waived if admitted	\$100 copay - Waived if admitted
Physician Services		
Office Visits	\$20 copay	\$20 copay \$30 ACCESS+ copay for self referral to specialist within the IPA
Routine Physicals	\$20 copay	Paid in full
Vision/hearing exams	\$20 copay	Paid in full
Well Child Care -- Under Age 2	\$5 copay	Paid in full
Age 2 and up	\$20 copay	Paid in full
Outpatient X-ray, Lab	Paid in full	Paid in full
Mental Health Benefits		
Inpatient	Paid in Full Severe Mental Illnesses covered as any other medical condition 45 days per calendar year	\$250 per admission Severe Mental Illnesses covered as any other medical condition 20 visits per calendar year combined with outpatient chemical dependency visits
Outpatient	\$20 individual copay/\$10 group copay Severe Mental Illnesses covered as any other medical condition 20 visits per calendar year	\$20 copay --severe mental illness \$25 copay -- non-severe mental illness Severe Mental Illnesses covered as any other medical condition 20 visits per calendar year
Substance Abuse Benefits		
Inpatient	Only detoxification covered Paid in full	\$250 per admission Up to 20 visits per calendar year combined with outpatient non-severe mental health visits
Outpatient	\$20 individual copay/\$5 group copay for treatment provided in doctor's office	\$25 copay up to 20 visits combined with mental health benefits
Prescription Drugs (includes oral contraceptives)	\$10 copay - generic \$20 copay - brand Up to 30 day supply	\$10 copay - generic \$20 copay - formulary brand \$35 copay - non-formulary brand Up to 30 day supply
Mail Order Prescription Drugs (for refills only)	\$20 copay - generic \$40 copay - brand Up to 100 day supply	\$20 copay - generic \$40 copay - formulary brand \$70 copay - non-formulary brand Up to 90 day supply
100 day supply	\$20 copay - generic \$40 copay - brand	n/a
Dependent Students	Covered to age 24	Covered to age 24

This is a summary of coverage. The plan's Evidence of Coverage and plan documents are the final word on the benefits available under the plan.