

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

| <b>Benefit Provisions</b>                            | <b>Kaiser</b>   | <b>Blue Shield</b>   |
|--|---|--|
| 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<br>Outpatient - \$20 copay  | Inpatient - Paid in full<br>Outpatient in Hospital - \$150 per surgery<br>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<br>\$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<br>Severe Mental Illnesses covered as any other medical condition<br>45 days per calendar year                             | \$250 per admission<br>Severe Mental Illnesses covered as any other medical condition<br>20 visits per calendar year combined with outpatient chemical dependency visits       |
| Outpatient   | \$20 individual copay/\$10 group copay<br>Severe Mental Illnesses covered as any other medical condition<br>20 visits per calendar year | \$20 copay --severe mental illness<br>\$25 copay -- non-severe mental illness<br>Severe Mental Illnesses covered as any other medical condition<br>20 visits per calendar year |
| Substance Abuse Benefits                             |   |  |
| Inpatient  | Only detoxification covered<br>Paid in full   | \$250 per admission<br>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<br>(includes oral contraceptives) | \$10 copay - generic<br>\$20 copay - brand<br>Up to 30 day supply   | \$10 copay - generic<br>\$20 copay - formulary brand<br>\$35 copay - non-formulary brand<br>Up to 30 day supply  |
| Mail Order Prescription Drugs<br>(for refills only)  | \$20 copay - generic<br>\$40 copay - brand<br>Up to 100 day supply  | \$20 copay - generic<br>\$40 copay - formulary brand<br>\$70 copay - non-formulary brand<br>Up to 90 day supply  |
| 100 day supply                                       | \$20 copay - generic<br>\$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.