

2010 HMO COMPARISON

Bi-Weekly Flexible Benefit \$356.00

	KAISER	BLUE CROSS CALIFORNIACARE	BLUE CROSS EPO PLAN (Blythe Only)
BI-WEEKLY RATES	1/1/10	1/1/10	1/1/10
EMPLOYEE ONLY	\$215.00	\$245.50	\$245.50
EMPLOYEE + SPOUSE	\$372.50	\$383.50	\$383.50
EMPLOYEE + CHILD(REN)	\$361.00	\$372.00	\$372.00
EMPLOYEE +FAMILY	\$481.50	\$492.50	\$492.50
DEDUCTIBLE	None	None	None
PHYSICIAN SERVICES			
Office Visits	\$10 per visit	\$10 per visit	\$10 per visit
Allergy testing	\$10 per procedure	\$10 per visit	\$10 per visit
Allergy injection visits	No charge	\$10 per visit	\$10 per visit
Well baby & child care birth through age six	\$10 per visit	\$10 per visit	\$10 per visit
Immunizations	\$10 per visit	\$10 per visit	\$10 per visit
Physical Exam persons age seven and older	\$10 per visit	\$10 per visit	\$10 per visit
Adult Preventive Services (FDA approved screenings for cervical cancer, mammography testing, breast cancer & prostate cancer)	No charge	No charge	\$10 per visit
Vision & Hearing Screening	\$10 per visit	\$10 per visit	\$10 per visit
Diagnostic lab & x-ray in physician office	No charge	No charge	No charge
Specialist Consultation	\$10 per visit	\$10 per visit	\$10 per visit
INPATIENT HOSPITAL SERVICES			
Preauthorized semi-private room	No charge	No charge	No charge
Intensive/coronary care unit	No charge	No charge	No charge
Operating room and anesthesia	No charge	No charge	No charge
X-ray, laboratory testing-diagnostic studies	No charge	No charge	No charge
MATERNITY CARE SERVICES			
Pre/Post-natal maternity visits	\$10 per visit	\$10 per visit	\$10 per visit
Delivery/Newborn care	No charge	No charge	No charge
FAMILY PLANNING SERVICES			
Vasectomy	\$10 per visit	\$100	\$100
Tubal ligation	\$10 per visit	\$150	\$150
Elective termination of pregnancy	\$10 per visit	\$150	\$150
Infertility testing	50% charge	50% of costs	Not covered
MENTAL HEALTH *			
Outpatient	\$10 per visit; \$5.00/group	\$10 per visit; Utilization review required after 12 visits	\$10 per visit; Utilization review required after 12 visits
Inpatient	No charge Pre-authorization Required	No charge Pre-authorization Required	No Charge Pre-authorization Required
SUBSTANCE ABUSE; ALCOHOL AND CHEMICAL DEPENDENCY			
Outpatient	\$10/individual \$5.00/group	\$10 per visit; Utilization review required after 12 visits	\$10 per visit; Utilization review required after 12 visits
Inpatient; as medically necessary	No charge	No charge Pre-authorization Required	No Charge Pre-authorization Required
EMERGENCY ROOM	\$35; waived if admitted	\$50; waived if admitted	\$50; waived if admitted
AMBULANCE	No charge, as medically necessary	No charge, as medically necessary	No charge, as medically necessary
DURABLE MEDICAL EQUIPMENT	No charge in accordance with formulary	\$5000 calendar year max No charge	\$10,000 calendar year max No charge
HOME HEALTH CARE BENEFIT	No Charge	100 visits per cal year	
PROSTHETIC DEVICES	No charge	No charge	\$0 copay, \$1000 cal year
ANNUAL OUT OF POCKET MAXIMUM Individual/Family	\$1500/\$3000	\$1000/\$2000/\$3000	Not applicable
PRESCRIPTION DRUGS			
Generic/Brand Name/Non-formulary	\$5 / \$10 100 day supply	\$5 / \$10 / \$40 30 day supply	\$5 /\$10 / \$40 30 day supply
Mail Order Pharmacy	\$5 / \$10 100 day supply	\$10 / \$20 / \$80 90 day supply	\$10 / \$20 / \$80 90 day supply
CHIROPRACTIC	N/A See benefit listed below	\$10 / (combined with physical therapy) Limited to a 60-day period of care after an illness or injury	No charge, 24 visits per cal year combined physical & occupational therapy
CHIROPRACTIC RIDER	\$5 / 20 visits per calendar year Must use ASH providers	\$5 / 20 visits per calendar year Must use ASH providers	None

The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

BLUE CROSS-AND KAISER-MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Mental Health Parity and Addiction Act of 2008 requires group health plans that offer mental health or substance abuse benefits to provide those benefits on par with medical and surgical benefits. The Act prohibits plans from imposing financial requirements (e.g. co-pays) or treatment limits (e.g. outpatient visit limit) on mental health or substance abuse benefits that are more restrictive than the predominant financial requirements or treatment limits that apply to substantially all medical and surgical benefits, and it bars separate cost sharing and treatment limits for mental health and substance benefits. The Act also makes permanent the prohibition on lower annual and lifetime dollar limits on covered Mental Health benefits from the 1996 Mental Health Parity Act and expands this prohibition to include covered substance abuse benefits.