

2008 HMO COMPARISON Bi-Weekly Flexible Benefit \$320.00

	KAISER	BLUE CROSS CALIFORNIACARE	BLUE CROSS EPO PLAN (Blythe Only)
BI-WEEKLY RATES	1/1/08	1/1/08	1/1/08
EMPLOYEE ONLY	\$181.00	\$184.00	\$184.00
EMPLOYEE + SPOUSE	\$328.00	\$332.50	\$332.50
EMPLOYEE + CHILD(REN)	\$317.00	\$321.00	\$321.00
EMPLOYEE +FAMILY	\$432.00	\$439.00	\$439.00
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, \$250 cal year maximum
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; 20 visits/yr	\$20 copay, 20 visits cal yr (combined with substance abuse)	\$20 copay, 20 visits cal yr (combined with substance abuse)
Inpatient	No charge; 30 days/yr	\$0 copay; Max 30 days cal yr (combined with substance abuse)	\$0 copay - hospital, \$20 copay - physician hospital visits; Max 30 days cal yr (combined with substance abuse)
SUBSTANCE ABUSE; ALCOHOL AND CHEMICAL DEPENDENCY			
Outpatient	\$10/individual \$5.00/group	\$20 copay, 20 visits cal yr (combined with mental health)	\$20 copay, 20 visits cal yr (combined with mental health)
Inpatient; as medically necessary	No charge - detox only	\$0 copay; Max 30 days cal yr (combined with mental health)	\$0 copay; Max 30 days cal yr (combined with mental health)
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	\$5; 20 visits/yr	\$10; 20 visits/year	No charge, 24 visits per cal yr – comb. physical & occupational therapy

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.

*All health plans will include coverage under AB88 (Mental Health Parity Law). The law requires coverage for the diagnosis and medically necessary treatment of severe mental illness of a person of any age. For children, serious emotional disturbances are also covered. Coverage must be provided for these mental health services in the same way that other medical conditions are covered (e.g., same copayments and limits). The nine specific diagnoses identified as severe mental illnesses are schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia nervosa, and bulimia nervosa.