



**KCCD - Plan Comparison**  
**Certificated Faculty Employees and Retirees**  
**Effective November 1, 2016**

	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
<b>Effective November 1, 2016</b>	<b>100-A \$20</b>	<b>100-C \$20</b>	<b>90-C \$30</b>	<b>90-G \$20</b>	<b>80-G \$30</b>	<b>Trad HMO \$10</b>
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family <b>Deductibles</b>	\$0/\$0	\$200/ \$400	\$200/ \$400	\$500/ \$1,000	\$500/ \$1,000	\$0, no deductible
Individual/Family <b>Out-of-Pocket (OOP) Max</b> <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$4,000	\$1,500/ \$3,000

**PROFESSIONAL SERVICES**

Office Visit (OV), Urgent Care or Specialist/Consultants <b>co-pay</b>	\$20	\$20	\$30	\$20	\$30	\$10
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$20	\$30	\$0, no charge
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	10%	20%	\$0, no charge
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	10%	20%	\$0, no charge
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered	\$10 OV, no charge hospital
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0, no charge

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	\$100
Inpatient Hospital (preauthorization required)	0%	0%	10%	10%	20%	\$0, no charge
Outpatient Hospital	0%	0%	10%	10%	20%	\$10
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	10%	20%	\$10
Surgery, Outpatient (performed in a Hospital)	0%	0%	10%	10%	20%	\$10

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	0%	10%	10%	20%	\$0, no charge
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	0%	10%	10%	20%	\$10

**OTHER SERVICES**

Acupuncture or Chiropractic - Limits apply	0%	0%	10%	10%	20%	\$10/30 visits combined
Ambulance (Ground or Air)	0%	0%	10%	10%	20%	\$50
Durable Medical Equipment (DME)	0%	0%	10%	10%	20%	\$0, no charge
Physical and Occupational Therapy - Limits apply	0%	0%	10%	10%	20%	\$10

**PHARMACY BENEFITS**

<b>Plan</b>	<b>5-20</b>	<b>5-20</b>	<b>7-25</b>	<b>7-25</b>	<b>7-25</b>	<b>Trad HMO \$10</b>
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$5 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$20	\$20	\$25	\$25	\$25	\$10 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$10 up to 100 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$50	\$0-\$60	\$0-\$60	\$0-\$60	\$10-\$10/up to 100 day supply

This is simply a Plan Election Form with a brief overview of benefits. For details, limitations and exclusions please refer to the Benefit Summary or Plan Booklet.

\* You must live or work in a Kaiser service area to be eligible to enroll.