

Stanislaus County HMO Benefit Comparison 2009

	HEALTH PLAN OF SAN JOAQUIN (HPSJ) Network +	KAISER PERMANENTE	PACIFICARE HMO	PACIFICARE POINT OF SERVICE See Brochure For Tier Two & Tier Three
INPATIENT:				Tier One-HMO
*Room/Supplies	No Charge	No Charge	No Charge	No Charge
*Surgery Services	No Charge	No Charge	No Charge	No Charge
*Hospice Care	No Charge	No Charge	No Charge	No Charge
*Skilled Nursing	No Charge x 100 days	No Charge x 100 days	No Charge x 100 days	No Charge x 100 days
*Professional Services	No Charge	No Charge	No Charge	No Charge
OUTPATIENT:				
*Surgery	\$50	\$20	\$50	No Charge
*Second opinion	\$20	\$20	\$20	\$20
*MD ofc or home visit	\$20	\$20/MD office	\$20	\$20 MD office
		N/C Nurse Home Visits		
*Laboratory	No Charge	No Charge	No Charge	No Charge
*X-Ray	No Charge	No Charge	No Charge	No Charge
*Physical/occupational/ speech therapy	\$20/60 days consecutive days	\$20/60 days consecutive days	\$20/60 days consecutive days	\$20
*Home health	No Charge	No Charge	No Charge	No Charge
PREVENTION ADULT:				
*Screening, immunizations and counseling (2)	\$20	\$20 Immunization No Charge	\$20	\$20
*Prenatal	\$20	\$20	\$20	\$20
PREVENTION: CHILD (Newborn-17):				
*Screening, immunizations and counseling (2)	\$20	\$20 Immunization No Charge	\$20	\$20 No Charge
*Well baby care (1)	\$20	\$20	No Charge	\$20
FAMILY PLANNING				
*Infertility	Not Covered	Not Covered	Not Covered	50% (1)
*Contraceptive	\$10Gen/\$20 Brand 28 days	\$10Generic/\$20Brand/28 days	\$10/\$20/28days	\$10Generic/\$20Brand
OTHER				
*Prescriptions	\$10Generic/\$20Brand/30 days(1)	\$10Generic/\$20Brand/30 days (1)	\$10Generic/\$20Brand/30 days (1)	\$10Generic/\$20Brand

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	HEALTH PLAN OF SAN JOAQUIN	KAISER PERMANENTE	PACIFICARE HMO	PACIFICARE POINT OF SERVICE
*Mail service Rx	2x\$10/\$20/90 days(1)	2x\$10/\$20/90 days (1)	2x\$10/ \$20/90 days (1)	\$20/40 90 days
*DME(1)	No Charge	No Charge	No Charge	No Charge
*Ambulance	No Charge	No Charge	No Charge	No Charge
*Emergency room (3)	\$50 (3)	\$50 (3)	\$50 (3)	\$35
*Urgent care	\$20	\$20	\$20	\$35
*Vision (1)	\$20(to 18 years)(1)	\$20(no age limit) (1)	\$20(to 18 years) (1)	\$20 (1)
*Dental Procedures No charge if due to underlying medical condition	No Charge	No Charge	No Charge	See Brochure
*Blood & blood products	No Charge	No Charge	No Charge	See Brochure
*Health Education	Programs vary	Programs vary	Programs vary	No Charge
*Transplants	No Charge	No Charge	No Charge	No Charge
*Chiropractor/alternative healing	\$15/20 visits (1)	\$15/20 visits (1)	\$15/20 visits (1)	\$15/20 visits (1)
MENTAL HEALTH:				
*Inpatient (5)	No Charge x 30 days	No Charge x 30 days	No Charge x 30 days	No Charge
*Outpatient (5)	\$20 x 20 visits	\$20 x 20 visits	\$20 x 20 visits	\$35 x 20 visits annual
*Outpatient SMI Diagnosis(5)	\$20	\$20	\$20	\$20
SUBSTANCE ABUSE:				
*Inpatient (detox) (1)	No Charge	No Charge	No Charge	No Charge
*Outpatient	\$20 x 20 visits	\$20 Ind. Therapy (1)	\$20 x 20 visits	See Brochure
RATES:				
*Employee Only	\$251.67	\$273.78	\$274.91	\$366.30
*Employee +1	\$503.33	\$547.56	\$549.82	\$772.80
*Family	\$679.49	\$739.20	\$742.25	\$1,106.09
CUSTOMER SERVICE #s	888-318-7526	Local 557-1004	1-800-624-8822	1-800-913-9133
Internet WEB sites	www.NetworkPlusHealth.com	www.kaiserpermanente.org	www.phs.com	www.phs.com

Notes:

- (1) See specific benefit language for complete benefits
- (2) Read benefit language for maximums
- (3) Waive if admitted

(5) See language for parity diagnoses

MEDICAL COVERAGE - 100% COUNTY PAID AT BASE LEVEL		
CREDIT - BASE COVERAGE AT LOWEST COST OPTION (HPSJ HMO) PER SEMI MONTHLY		
Employee Only	Employee + One	Employee + Family
\$251.67	\$503.33	679.49

The above information is only a summary of benefits - please refer to the booklet from each carrier for complete descriptions, exclusions and limitations.