

Stanislaus County
HMO Options for 2010
Comparison of HMO Plans

HMO Comparison

Effective Date	01/01/2010	01/01/2010
Carrier Name	Kaiser Permanente	Anthem Blue Cross
Plan Name	HMO	HMO
	Schedule of Benefits	Schedule of Benefits
General Plan Information		
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Coinsurance	100%	100%
Office Visit/Exam	\$20 copay	\$20 copay
Outpatient Specialist Visit	\$20 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$500
Annual Out-of-Pocket Limit/Family	\$3,000	\$1,000 two-party; \$1,500 family
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes
Outpatient Services		
Preventive Services		
Well-Child Care	\$15 copay; through 23 months	\$20 copay
Immunizations	100%	\$20 copay
Well Woman Exams	\$20 copay	\$20 copay
Mammograms	100%	100%
Adult Periodic Exams with Preventive Tests	\$20 copay	\$20 copay
Diagnostic X-Ray and Lab Tests	100%	100% covered for standard x-rays/ lab tests; \$100 copay for CT, CAT, MRI, PET or Nuclear Cardiac scans
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	\$15 copay	\$20 copay
Inpatient Hospital Services		
Inpatient Hospitalization	100%	100%
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	100%
Surgical Services		
Outpatient Facility Charge	\$20 copay	100%
Emergency Services		
Emergency Room	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Ambulance		
Air	100%	100%
Ground	100%	100%
Urgent Care		
Urgent Care Facility	\$20 copay	\$20 copay
Mental Health Benefits		
Inpatient Care	100%	100%
Outpatient Care	\$20 copay individual visits; \$10 copay group visits	\$20 copay
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	100%	100%
Inpatient Detoxification Services	100%	100%
Outpatient Care		
Outpatient Services	\$20 copay individual visits; \$5 copay group visits	\$20 copay

Prescription Drug Benefits		
Generic	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$20 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay
Number of Days Supply for Mail Order	100 days	90 days
Other Services and Supplies		
Durable Medical Equipment & Prosthetic Devices	100%	100% covered up to \$5,000 benefit max per cal yr
Home Health Care	100% covered; up to 100 two-hour visits per cal yr	\$20 copay; up to 100 visits per cal yr
Skilled Nursing or Extended Care Facility	100%; up to 100 days per benefit period	100%; up to 100 days per cal yr
Hospice Care	100%	100%
Chiropractic Services	\$15 copay; up to 20 visits per cal yr	\$15 copay; up to 20 visits per cal yr
Vision		
Copay		
Examination	\$20 copay	\$20 copay
Hearing		
Screening	\$20 copay	\$20 copay
Infertility		
Diagnosis	Not Covered	Not Covered
Treatment	Not Covered	Not Covered
Outpatient Rehabilitative Therapy Services		
Physical	\$20 copay	\$20 copay; limited to 60 day period of care after illness or injury
Occupational	\$20 copay	\$20 copay; limited to 60 day period of care after illness or injury
Speech	\$20 copay	\$20 copay; limited to 60 day period of care after illness or injury
Semi-monthly Rates:		
*Employee Only	\$263.56	\$313.79
*Employee +1	\$527.11	\$627.59
*Family	\$711.60	\$847.23
CUSTOMER SERVICE #s	800-464-4000	866-207-9878
Internet WEB sites	www.kp.org	www.anthem.com/ca
HMO MEDICAL COVERAGE - 100% COUNTY PAID AT LOWEST COST HMO PLAN		
HMO CREDIT = BASE COVERAGE AT LOWEST COST HMO OPTION (KAISER HMO) PER SEMI MONTHLY		
*Employee Only	\$263.56	
*Employee +1	\$527.11	
*Family	\$711.60	
*Disclaimer: The information described on this page is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the Summary Plan Description (SPD), the contract provisions of the appropriate policy or plan document (available with your employer) will prevail.		