

HEALTH PLAN COMPARISON CHART 2011-2012

	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
Employee Payroll Contributions ¹ • Full-time Faculty/Staff	Single \$105.66 / month Family \$274.62 / month		Single \$47.02 / month Family \$122.38 / month		Single \$22.46 / month Family \$60.04 / month
• Part-time Staff 30-39 Hours	Single \$132.08 / month Family \$343.28 / month		Single \$117.60 / month Family \$305.96 / month		Single \$112.30 / month Family \$300.22 / month
¹ Note: IRS rules require that the value of any benefits provided to same sex domestic partner is taxable to the employee.					
Benefit Period	←————— Calendar Year —————→				
Annual Deductible (Calendar Year)	\$150 single / \$300 per family (covered preventive care services NOT subject to deductible)	\$300 per single / \$600 per family	\$250 single / \$500 per family (covered preventive care services NOT subject to deductible)	\$500 per single / \$1,000 per family	No Annual Deductible
Maximum Annual Co-Insurance Limit	N/A	\$1,200 per single / \$2,400 per family (Does not include co-pays or deductibles)	\$500 per single / \$1,000 per family (Does not include co-pays or deductibles)	\$2,000 per single / \$4,000 per family (Does not include co-pays or deductibles)	N/A
Physician Office Visit Co-payment	100% after \$15 co-payment	80% After Deductible	100% after \$25 co-payment	70% After Deductible	100% after \$15 co-payment
Preventative Services	100%	80% After Deductible	80%	70% ² After Deductible	100%
Inpatient Hospital Admission Co-payment	\$200 per admission (Not subject to annual deductible)	N/A	N/A	N/A	\$200 per admission
Inpatient Medical & Surgical Hospital Services	100% After per admission co-payment May require pre-authorization	80% ² After Deductible and <u>within plan limits</u> May require pre-authorization	80% After Deductible and <u>within plan limits</u> May require pre-authorization	70% ² After Deductible and <u>within plan limits</u> May require pre-authorization	100% after \$15 co-payment
Outpatient Hospital Medical & Surgical Services / Laboratory & Diagnostic Tests	100% After Deductible and <u>within plan limits</u> May require pre-authorization	80% ² After Deductible and <u>within plan limits</u> May require pre-authorization	80% After Deductible and <u>within plan limits</u> May require pre-authorization	70% ² After Deductible and <u>within plan limits</u> May require pre-authorization	100%
Urgent Care Services	100% after \$35 co-pay	80% ² after deductible <u>within plan limits</u>	100% after \$50 co-pay	70% ² after deductible <u>within plan limits</u>	100% after \$35 co-pay
Emergency Room Use Co-payment /Coinsurance for Emergency Services	100% after \$75 co-pay Waived if admitted	100% \$75 co-pay Waived if admitted	80% after \$150 co-pay Waived if admitted	80% after \$150 co-pay Waived if admitted	\$75 co-pay Including non-plan facilities Waived if admitted
Emergency Room Use Copayment/Coinsurance for Non-Emergency Services	100% after \$75 copayment Waived if admitted	80% after deductible	80% after \$150 co-pay Waived if admitted	70% after deductible	Not Covered
² MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE. PRE-AUTHORIZATION (BY MMO) MAY BE REQUIRED FOR SOME SERVICES (E.G. SURGICAL PROCEDURES, DIAGNOSTIC TESTS, MRIS, AND SCANS) FOR WHICH YOU ARE FINANCIALLY RESPONSIBLE. REFER TO YOUR PLAN CERTIFICATE. INFORMATION CONTAINED IN THIS CHART IS IN SUMMARY FORMAT. IF DISCREPANCIES OCCUR, PLAN DOCUMENTS AND CERTIFICATES PREVAIL.					