

## PLAN COMPARISON

VISIT [WWW.RETATRUST.ORG](http://WWW.RETATRUST.ORG) FOR DETAILED PLAN SUMMARY

Kaiser Permanente				
Plan Designs	Kaiser EPO Legacy		Kaiser DEPO-500	
	In-network	Out of network	In-network	Out of network
<b>Annual Out-of-pocket maximum (Includes deductible, copays, and coinsurance)</b>				
For any one Member in the same Family Unit	\$1,500	No coverage	\$3,000	No coverage
For an entire Family Unit of two or more Members	\$3,000	No coverage	\$6,000	No coverage
Calendar Year Deductible	None	No coverage	\$500 individual / \$1,000 family	No coverage
<b>Professional Services</b>				
Office Visit Co-payments	\$15 copay	No coverage	\$20 copay	No coverage
Well Child Care (birth to age 7)	No charge	No coverage	No charge	No coverage
Adult routine exams and preventive services (mammograms, pap smears, & prostate cancer screenings)	No charge	No coverage	No charge	No coverage
<b>Alternative Care</b>				
Chiropractic Services (Medically referred)	\$15 copay Unlimited per calendar year	No coverage	\$15 copay Unlimited per calendar year	No coverage
<b>Outpatient Services</b>				
Outpatient surgery	\$15 copay	No coverage	10% after deductible	No coverage
X-rays and lab tests	No charge	No coverage	\$10 copay	No coverage
MRI, CT, and PET	No charge	No coverage	\$10 copay	No coverage
<b>Inpatient Services</b>				
Room and board, surgery, anesthesia, x-rays, lab tests, and drugs	\$250 per admission	No coverage	10% after deductible	No coverage
<b>Emergency Health Coverage</b>				
Emergency Room visits (copay waived if admitted)	\$100 copay Copay waived if admitted		10% after deductible	
<b>Prescription Drug (RX provided through Kaiser)</b>				
	Generic/Formulary		Generic/Formulary	
Retail (up to 30-day supply)	\$10/\$20		\$10/\$30	
Mail order (up to 90-day supply)	\$20/\$40		\$20/\$60	