

City of San José – Retirement Services
Non-Medicare Health Plans
2012 Quick Reference Sheet
(PLANS FOR MEMBERS NOT ELIGIBLE FOR MEDICARE)

SERVICE	Kaiser Permanente (California Only) \$25 co-pay Plan	Blue Shield HMO (California Only) \$25 co-pay Plan	Blue Shield POS (California Only) \$25 co-pay Plan	Blue Shield PPO (California and Out-of-State) \$25 co-pay Plan
Phone:	1-800-464-4000	1-800-837-4481	1-800-837-4481	1-800-837-4481
Group Number:	Group #887 (NCal)/230179 (SCal)	Group # H12020	Group #MH0241	Group #975993
Website:	www.kaiserpermanente.org	www.blueshieldca.com	www.blueshieldca.com	www.blueshieldca.com
Annual Deductible (calendar year)	None	None	Tier 1: None Tier 2 & 3: \$100/eligible person & 2 deductibles per family. Deductibles may be waived for services requiring a \$25 co-pay	\$100 per eligible person/2 deductibles per family. Deductibles may be waived in for services requiring a \$25 co-pay
Out-of-Pocket Maximum			<u>Tier 2</u> <u>Tier 3</u>	
Single	\$1,500/yr.	\$1,000/yr	\$1,500 \$4,500	\$2,000/yr
Family	\$3,000/yr.	\$2,000/yr	\$3,000 \$9,000	\$4,000/yr.
Physician Visits:				
Office	\$25 co-pay per visit	\$25 co-pay per visit	\$25 co-pay in Tier 1 \$35 co-pay in Tier 2 30% Tier 3	\$25 co-pay 10% (in hospital) 30% Non-Preferred Provider visits when covered.
In Hospital	\$100/admittance	No charge		
Hospital Care:	\$100/admittance	\$100/admittance	\$100/admittance in Tier 1 \$100/admittance + 10% Tier 2 30% Tier 3	\$100 + 10% coinsurance 30% Non-Preferred Provider visits when covered.
Prescriptions:				
Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Brand	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Non-Formulary	Not covered	\$40 co-pay	Not covered	\$40 co-pay
	For up to a 30-day supply	Mail order \$20/\$50/\$80	Mail order \$20/\$50	Mail order \$20/\$50/\$80
Emergency Room	\$100 co-pay (waived if admitted)	\$100 co-pay (waived if admitted)	\$100 co-pay (waived if admitted)	\$100 co-pay (waived if admitted)
Coordination of Benefits?	Contact Kaiser for details.	Yes	Yes	Yes
Monthly Premium				
Single	\$ 0.00/Month	\$ 43.24/Month	\$ 205.20/Month	\$ 205.20/Month
Family	\$ 0.00/Month	\$ 152.94/Month	\$ 569.82/Month	\$ 569.82/Month
Primary Care Physician Required?	Yes	Yes	Yes	No
Self Referrals Available?	Yes	Access+ Specialist Yes, \$40 co-pay	Tier 1: OB/GYN only Tier 2 & 3: Yes	Yes

This worksheet is intended to be used to help you compare coverage benefits and is a summary ONLY.
The Evidence of Coverage (EOC) and plan contract should be consulted for a detailed description of coverage benefits and limitations.