

City of San José – Retirement Services
\$25 NON-MEDICARE HEALTH PLAN COMPARISON
(FOR MEMBERS NOT ELIGIBLE FOR MEDICARE)

SERVICE	Kaiser Permanente (California Only)	Blue Shield HMO (California Only)	Blue Shield POS (California Only)	Blue Shield PPO (California and Out-of-State)
PROVIDER CONTACT INFORMATION	1-800-464-4000 Group #887-26 www.kaiserpermanente.org	1-800-837-4481 Group: #H12020 www.blueshieldca.com	1-800-837-4481 Group #MH0241 www.blueshieldca.com	1-800-837-4481 Group #975993 www.blueshieldca.com
GENERAL PLAN INFORMATION	<p>Kaiser is a prepaid group practice Health Maintenance Organization, which provides direct services through Kaiser Foundation hospitals, medical offices and physicians ONLY. Kaiser members are encouraged to choose a personal physician from the staff for themselves and for each eligible family member.</p> <p>Kaiser offers coverage in the Hawaii and Northwest regions. The rates and coverage levels are different to those of the California region. Call Retirement Services at (408) 794-1000 (press #3) or visit our website www.sjretirement.com for details.</p>	<p>Blue Shield HMO is a Health Maintenance Organization that contracts with medical groups and facilities to provide medical services to its members. Blue Shield members must choose a Primary Care Physician (PCP) from Blue Shield's network of physicians. Members must obtain a referral from their PCP's for specialty services.</p> <p>A complete listing of available Blue Shield PCPs is available on Blue Shield's website: www.blueshieldca.com.</p>	<p>Blue Shield's Point-of-Service (POS) plan is a 3-tiered health care plan. Each Blue Shield member must select a Primary Care Physician (PCP) from the Blue Shield HMO* network. Coverage Tiers include:</p> <p>Tier 1: Maximum coverage at minimum cost. All services are coordinated through the member's PCP (in the Blue Shield HMO network). For covered services, members will only be responsible for the Tier 1 co-payments.</p> <p>Tier 2: Provides medically necessary services at discounted rates from designated preferred providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for Tier 2 covered services.</p> <p>Tier 3: Allows the freedom to choose any physician or hospital (outside the Blue Shield HMO and PPO networks). Members are responsible for the Tier 3 deductibles and co-payments for covered services (may be significantly higher than those realized under Tiers 1 and 2).</p> <p>Medically necessary covered services may be obtained in Tier 2 & Tier 3 without a referral from the PCP (Blue Shield pre-authorization is required for some specialists as described below). Some services are covered only under Tier 1.</p>	<p>Blue Shield's Preferred Provider Organization (PPO) is a 2-tiered health care plan that offers coverage through Preferred and Non-Preferred physicians and facilities. Members may select a provider from the Preferred Provider list (Preferred), or may use a provider that is not on the list (Non-Preferred).</p> <p>Preferred Provider Network: Provides medically necessary services at discounted rates from physicians and facilities within Blue Shield's Preferred Provider network. Services MUST be accessed through the Blue Shield PPO network to obtain coverage. Members are responsible for the deductibles and co-payments for covered services</p> <p>Non-Preferred Provider Option: Allows the freedom to choose any physician or hospital outside the PPO network. Members are responsible for the Non-Preferred deductibles and co-payments for covered services (these may be significantly higher than those realized under Preferred).</p> <p>Medically necessary covered services may be obtained in Preferred & Non-Preferred without a referral from the PCP. Blue Shield pre-authorization is required for some specialist services.</p>

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WHO IS ELIGIBLE?	<p>Employees and retirees (who are not Medicare-eligible, and for whom retirement pays some portion of the health care premium) who reside in the Kaiser Service Area, and eligible dependents.</p> <p>*The following services are limited for members who live outside of the Kaiser Service Area: Home Health Care, Skilled Nursing Facility, Hospice care, Durable Medical Equipment, and Hearing Aids.</p>	<p>Employees and retirees (under age 65) who reside in the Blue Shield HMO Service Area and eligible dependents.</p>	<p>Employees and retirees (under age 65) who reside in the Blue Shield HMO Service Area and eligible dependents. Employees and retirees under age 65 who reside outside the Blue Shield HMO Service Area may enroll in the separate Blue Shield Out-of-Area Plan. If you live outside of the Blue Shield HMO Service Area, contact the Department of Retirement Services to request information regarding the Blue Shield Out-of-Area (Indemnity) Plan.</p>	<p>Employees and retirees (under age 65) and eligible dependents.</p>
ELIGIBLE FAMILY MEMBERS	<p>For all plans:</p> <ul style="list-style-type: none"> • Spouse. • Domestic Partner (Registered with the State). • Dependent children, including children of domestic partners, step-children, foster children or children under the employee's legal guardianship, up to age 26. • Unmarried children incapable of self-sustaining employment because of mental or physical disability who were enrolled at the time they became disabled; or at age 19 if disability occurred prior to age 19. Kaiser and Blue Shield require certification of disability for coverage. Ongoing certification is required. • Unmarried children under age 19, or to age 24 if FULL-TIME student and qualified as dependent under IRS Codes. Proof of student status must be provided to Retirement Services every semester beginning the year of the dependent's 19th birthday to be enrolled in dental and vision coverage. 			
TOOLS FOR HEALTHY LIVING	<p>Programs and information available on-line for total health assessment, weight management and physical fitness, stress reduction, good nutrition, smoking cessation, diabetes, depression, and insomnia.</p> <p>Kaiser members (non-Medicare) may participate in HealthMedia Healthy Lifestyle Program Rewards. This is an interactive on-line program which provides health and fitness tools and gives cash rewards for participation.</p> <p>www.kp.org/healthy/lifestyles</p>	<p>Programs and information available include:</p> <ul style="list-style-type: none"> ◆ NurseHelp 24/7sm – Members can talk to a registered nurse, day or night for information and support on issues affecting their health. Members can also chat on-line with a registered nurse anytime through the Health & Wellness section of www.blueshieldca.com. ◆ Health Advocates – Member support for overall health and well-being from registered nurses who provide support with questions about treatment options, dealing with chronic illness, and identification of health care needs. ◆ Health Management Programs – condition-focused assistance in managing asthma, diabetes, coronary artery disease and heart failure. A prenatal education is also available for expectant members. ◆ Healthy Lifestyle Rewards – An interactive on-line program that provides health and fitness tools and gives up to \$175 in cash rewards for participation in programs to get in shape, eat right, reduce stress, or quit smoking. ◆ On-line tools at www.blueshieldca.com – The Web site gives members easy access to tools to help improve their health such as Ask a Pharmacist, Treatment Options Tool, Hospital Comparison Tool, Drug Interaction Checker, and a library of information on various topics including information on preventive health and specific conditions. ◆ Wellness discounts – Members have access to discounts on chiropractic care, acupuncture, massage therapy, vision services, 24-Hour Fitness gym membership, Weight Watchers membership, and products on drugstore.com. <p>www.blueshieldca.com/nw/</p>		
LIFETIME MAXIMUM	None	None	None	None

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ANNUAL DEDUCTIBLE	None	None	\$100 per eligible person for covered medical services outside the Blue Shield HMO network (i.e., medical services accessed under Tier 2 or Tier 3). Limited to 2 deductibles per family.	\$100 per eligible person for covered medical services. Limited to 2 deductibles per family. Deductibles may be waived in for services requiring a \$25 co-pay
CALENDAR YEAR CO-PAY MAX Single Family	\$1,500/yr. \$3,000/yr.	\$1,000/yr \$2,000/yr	Tier 2 \$1,500 \$3,000 Tier 3 \$4,500 \$9,000	\$2,000/yr \$4,000/yr.
PHYSICIAN VISITS:				
• OFFICE	\$25 co-pay	\$25 co-pay	\$25 co-pay in Tier 1; and \$35 co-pay in Tier 2. 30% of Blue Shield's allowable amount in Tier 3. Preventive services are NOT covered in Tiers 2 and 3.	\$25 co-pay per visit to Preferred providers \$0 co-pay for preventive office visits). 30% of allowable amount for Non-Preferred provider visits when covered. Preventive services are not covered for Non-Preferred providers.
• IN HOSPITAL	\$100 co-pay Physician services, room & board, tests, medications, supplies, therapies.	\$100 co-pay Physician services, room & board, tests, medications, supplies, therapies.		
PRESCRIPTIONS	\$10 Generic \$25 Brand Prescriptions at Kaiser pharmacy as prescribed (subject to formulary). Mail order available (30-day supply for the same co-pay). Mail order for the same co-pay amounts is available.	\$10 co-pay for generic/ \$25 co-pay for brand name/ \$40 co-pay for non-formulary drugs or supplies at Blue Shield participating pharmacies. \$0 co-pay for selected generics** \$10 co-pay for selected brand-names** (subject to formulary) Mail order available (90-day supply) for 2x the retail co-pay. Contact Prime Mail at 1-877-579-7627 or www.MyPrimeMail.com	\$10 co-pay for generic/ \$25 co-pay for brand name at Blue Shield participating pharmacies (subject to formulary). Non-formulary drugs are not covered. \$0 co-pay for selected generics** \$10 co-pay for selected brand-names** (subject to formulary) Mail order available (90-day supply) for 2x the retail co-pay. Contact Prime Mail at 1-877-579-7627 or www.MyPrimeMail.com	\$10 co-pay for generic / \$25 co-pay for brand name drugs (subject to Blue Shield's formulary)/ \$40 co-pay for non-formulary drugs. \$0 co-pay for selected generics** \$10 co-pay for selected brand-names** (subject to formulary) Mail order available (90-day supply) for 2x the retail co-pay. Contact Prime Mail at 1-877-579-7627 or www.MyPrimeMail.com

**Selected drugs for treatment of asthma and diabetes. For additional details, please refer to the printed formulary under (Respiratory: asthma inhalants, Respiratory: asthma orals, Endocrine: diabetes) and the EOC booklet. This benefit does not apply to those Medicare members enrolled in the Part D drug plan.

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ALCOHOLISM AND DRUG ADDICTION	<p><u>Inpatient:</u> \$100 for detoxification in Kaiser-approved facility only.</p> <p><u>Transitional Residential Recovery Services (TRRS):</u> \$100 per admission for up to 60 days per calendar year, not to exceed 120 days in any 5 consecutive years at an approved facility.</p> <p><u>Outpatient:</u> \$25 co-pay per visit; no limit to visits.</p>	<p><u>Inpatient:</u> \$100 for inpatient services for medical acute detoxification. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield HMO providers.</p> <p><u>Outpatient:</u> \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).</p>	<p><u>Inpatient:</u> Detoxification only: \$100 Tier 1; \$100 + 10% in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. Tiers 2 and 3 subject to pre-authorization.</p> <p><u>Outpatient:</u> \$35 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits). In Tier 1; N/A for Tier 2; and 30% of Blue Shield's allowable amount for Non-Preferred providers.</p>	<p><u>Inpatient:</u> Detoxification only. \$100 + 10% for Preferred Providers and 30% of Blue Shield's allowable amount for Non-Preferred providers (subject to pre-authorization).</p> <p><u>Outpatient:</u> \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).</p>
ALLERGY TESTS AND TREATMENT	<p>\$25 co-pay per office visit.</p> <p>\$5 co-pay for allergy injections</p>	<p>\$25 co-pay per office visit.</p>	<p>\$25 co-pay for office visit in Tier 1; \$35 co-pay for office visit in Tier 2; and 30% of Blue Shield's allowable amount for the office visit in Tier 3.</p>	<p>\$25 co-pay per office visit to Preferred providers; 30% of Blue Shield's allowable amount for Non-Preferred provider services.</p>
AMBULANCE	No charge when authorized by Kaiser.	\$50 Co-pay.	No charge in Tier 1; 10% of billed charges in Tier 2 or Tier 3.	10% of billed charges.
CHIROPRACTIC AND ACUPUNCTURE	Not covered.	<p>\$10 co-pay per visit when accessed through American Specialty Health Plans' (ASHP's) network (Benefit Max: 30 combined visits per calendar year; \$50 appliance benefit max per calendar year).</p>	<p><u>Chiropractic Only:</u> Services available through American Specialty Health Plans' (ASHP's) network. \$5 co-pay per visit, to a maximum of 30 visits per calendar year. PCP referral is not required. (Appliances are covered up to \$50 per member per calendar year).</p>	<p><u>Chiropractic:</u> 10% for Preferred; 30% of the allowable amount for Non-Preferred. (Benefit Max: 20 visits/calendar yr. each)</p> <p><u>Acupuncture:</u> 10% for Preferred, to a maximum of 20 visits per calendar year for treatment by M.D. or certified acupuncturist.</p>
DURABLE MEDICAL EQUIPMENT	<p>Covered 100% according to formulary guideline.</p> <p>Retirees who live outside of Kaiser Permanente's Service Area may pick up items such as canes, crutches, and diabetic supplies within the Service Area. Most DME items must be delivered and maintained within the Service Area. This may be at a friend or family member's home within the Service Area, but the item must remain within the Service Area.</p>	Covered at 100% of allowed charges.	No charge in Tier 1 with no max; 10% in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3.	10% of the Blue shield allowable amount for Preferred; 30% of the allowable amount for Non-Preferred.

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EMERGENCY ROOM	<p>\$100 co-pay worldwide coverage</p> <p>Co-pays are waived if admitted directly to the hospital as an inpatient.</p> <p>Emergency room visits must be coordinated through Kaiser if not at a Kaiser facility as soon as reasonably possible.</p>	<p>\$100 co-pay worldwide coverage</p> <p>Co-pays are waived if admitted directly to the hospital as an inpatient.</p>	<p>\$100 co-pay worldwide coverage</p> <p>Co-pays are waived if admitted directly to the hospital as an inpatient.</p> <p>If Tier 1 HMO procedures are not followed, and/or services are not considered to be true emergency services (but are medically necessary), the coverage level will be determined under either Tier 2 (10% of billed charges) or Tier 3 (30% of the Blue Shield's allowable amount) based on the point of service and subject to the applicable deductibles and co-payments.</p>	<p>\$100 co-pay worldwide coverage</p> <p>Co-pays are waived if admitted to a hospital as an inpatient.</p>
HEARING AIDS	<p>Covered up to \$500 per device every 36 months when medically necessary.</p> <p>Members who live outside of Kaiser Permanente's Service Area may obtain Hearing Aids from a contracted vendor inside the Service Area.</p>	<p>Covered up to \$1,000 every 36 months when medically necessary.</p>	<p>Covered up to \$1,000 every 36 months when medically necessary.</p>	<p>Not covered.</p>
HOSPITAL ROOM & EXTRAS	<p>No charge. Special care units when determined medically necessary by physician.</p>	<p>No charge when prior authorized by Blue Shield.</p>	<p>\$100 admittance charge in Tier 1; \$100 + 10% in Tier 2; and 30% of Blue Shield's allowable amount up to \$600 per day maximum charge if non-emergency at a non-preferred hospital in Tier 3. All hospital services outside Tier 1 require pre-authorization by Blue Shield. Failure to obtain pre-authorization may result in an additional \$250 deductible.</p>	<p>\$100 + 10% of Blue Shield's allowable amount for Preferred hospitals; and 30% of allowable amount if non-emergency at a Non-Preferred facility (not to exceed \$600 per day). Failure to obtain pre-authorization may result in an additional \$250 deductible.</p>

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MENTAL HEALTH SERVICES AND PSYCHOTHERAPY	<p><u>Inpatient:</u> \$25 co-pay.</p> <p><u>Outpatient:</u> \$100 co-pay per admittance.</p> <p>Additional visits at non-member rates are available. No office visit limits for mental health treatment covered under the Mental Health Treatment Parity Law (AB88).</p>	<p><u>Inpatient:</u> \$100 per office visit. Services are accessed through Mental Health Services Administrator's (MHSA's) facilities.</p> <p><u>Outpatient:</u> \$25 co-pay per visit for severe mental health conditions; \$25 per visit for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chemical dependency visits).</p>	<p><u>Inpatient:</u> \$100 per office visit in Tier 1; \$100 + 10% in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. Tiers 2 and 3 subject to pre-authorization.</p> <p><u>Outpatient:</u> \$25 co-pay for sever mental health conditions and \$35 co-pay for non-severe mental health conditions up to 20 visits per year in Tier 1. Member pays 30% of Blue Shield's allowable amount in Tiers 2 and 3.</p>	<p><u>Inpatient:</u> \$100 + 10% for services rendered by Mental Health Services Administrator's (MHSA's) facilities; 30% of allowable amount if services are accessed through non-MHSA facilities (Blue Shield payment not to exceed \$600/person/day).</p> <p><u>Outpatient:</u> For Severe Mental Illness or Serious Emotional Disturbance of a Child, \$25 co-pay and 30% of Blue Shield's allowable amount for Non-Preferred providers.</p> <p>\$25 per visit for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chem. dependency visits). Non-preferred provider visits are not covered.</p>
OUTPATIENT X-RAY AND LABORATORY	<p>No charge; no limit to number of visits with physician referral.</p> <p>\$25 co-pay for MRI/CT/PET Scans</p>	No charge.	No charge in Tier 1; member pays \$35 co-pay in Tier 2; 30% of Blue Shield's allowable amount in Tier 3.	10% of Blue Shield's allowable amount for Preferred Providers; 30% of Blue Shield's allowable amount for Non-Preferred Providers.
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY	<p>\$25 co-pay.</p> <p>Short term physical therapy for acute conditions only.</p>	<p><u>Inpatient:</u> No charge (limited to 100 days during any calendar-year)</p> <p><u>Outpatient:</u> \$25 co-pay</p>	<p><u>Inpatient:</u> No charge in Tier 1; 10% of negotiated amount in Tier 2; or 30% of billed charges in Tier 3</p> <p><u>Outpatient:</u> Member pays \$25 co-pay in Tier 1; \$35 co-pay in Tier 2; or 30% of Blue Shield's allowable amount in Tier 3. Limit 12 visits in Tier 2. Limit of 60 consecutive days from 1st treatment per condition in Tiers 2 and 3.</p>	<p>10% for Preferred; and 30% of Blue Shield's allowable amount for Non-Preferred services.</p> <p>Additional benefits may be authorized upon medical review of the treatment plan.</p>
PROSTHETICS/ ORTHOTICS	\$25 co-pay office visit	\$25 co-pay office visit	No charge with \$25 office visit co-pay in Tier 1; 10% with \$35 office visit co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3.	10% of the Blue Shield's allowable amount for Preferred with a \$25 office visit co-pay; and 30% of the allowable amount for Non-Preferred.

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ROUTINE PHYSICAL EXAMS (According to schedule)	No charge for Preventive routine physical exam.	No charge for Preventive routine physical exams.	Tier 1: No charge for office visit. Tier 2: Not covered. Tier 3: Not covered.	No charge for office visit to Preferred providers (includes: vision/hearing screenings and immunizations). 10% for routine laboratory services from Preferred provider. Routine Physical Exams are not covered for Non-Preferred providers.
VISION	\$25 co-pay Routine preventive refraction exam.	Not Covered.	Not Covered.	Not Covered.
WELL BABY CARE AND IMMUNIZATIONS	No charge.	No charge.	Tier 1: No charge for office visit (includes: eyes, ear screenings, immunizations, & vaccinations). Tier 2: Not covered. Tier 3: Not covered.	No charge for office visit to Preferred providers (includes: vision/hearing screenings and immunizations). 10% for routine laboratory services from Preferred provider. Non-Preferred provider services not covered.
WOMEN'S HEALTH AND MATERNITY	No charge for complete care to member for office visits. \$100 co-pay per admittance for physician and hospital services.	No charge for OB/GYN office visit (annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year). Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams. <u>Maternity</u> No charge for prenatal or postnatal office visits. For Inpatient Hospital Services see "Hospital Rooms & Extras". For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.	No charge for OB/GYN office visit (annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year). Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams. \$35 co-pay in Tier 2. 30% of allowable amount in Tier 3. Routine exams and Preventive Care are NOT covered for Tier 2 & 3. <u>Maternity</u> No charge for prenatal and postnatal office visits for Tier 1; \$35 in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. For Inpatient Hospital Services see "Hospital Rooms & Extras". For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.	No charge for OB/GYN office visit (annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year) when accessed through a Preferred provider. 30% of allowable amount if services are accessed through non-Preferred providers. Routine exams and Preventive Care are NOT covered through non-Preferred providers. <u>Maternity</u> For Inpatient Hospital Services see "Hospital Rooms & Extras".

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CONTINUING CARE	<p><u>Home Health:</u> No charge when prescribed by a Kaiser physician. Members living outside of the Kaiser service area may receive services at a friend or family member's home within the service area.</p> <p><u>Skilled Nursing Facility:</u> No charge, up to 100 days per calendar year. Members living outside of the service area may receive services from a contracted vendor inside the service area.</p> <p><u>Hospice:</u> No charge when selected as an alternative to traditional in-hospital services. . Members living outside of the service area may receive services from a contracted vendor inside the service area. All continuing care coverage requires prior authorization.</p>	<p><u>Home Health:</u> \$25 co-pay per visit (up to 100 two-hour visits per calendar year).</p> <p><u>Skilled Nursing Facility:</u> No charge (up to 100 days per calendar year)</p> <p><u>Hospice:</u> No charge. Subject to pre-authorization.</p>	<p><u>Home Health:</u> \$25 co-pay coverage in Tier 1; 10% in Tier 2; and 10% of Blue Shield's allowable amount in Tier 3 if services are prior authorized. A combined Hospice and Home Health care max of 100 visits per year applies to all tiers. All Tiers must be pre-authorized.</p> <p><u>Skilled Nursing Facility:</u> No charge in Tier 1; 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined maximum of 100 days applies to all tiers.</p> <p><u>Hospice:</u> No charge in Tier 1; 10% in Tier 2; and 10% of Blue Shield's allowable amount in Tier 3 if services are prior authorized. A combined Hospice and Home Health care max of 100 visits per year applies to all tiers.</p>	<p><u>Home Health/Hospice*/Infusion Care:</u> 10% when services are pre-authorized. A combined Hospice and Home Health care maximum of 100 visits per year.</p> <p><u>Skilled Nursing Facility:</u> 10% when services are pre-authorized at a free-standing facility. In a hospital: 10% for Preferred provider, and 30% of the allowable amount for Non-Preferred. A combined maximum of 100 consecutive days from first treatment applies.</p> <p>*Hospice Providers are paid at 80% of the lesser of billed charges or the amount that Blue Shield determines was charged by the majority of providers of like covered services and supplies at the time and in the area where the services or supplies were provided.</p>
NON-NETWORK & OUT-OF-AREA COVERAGE	<p>Full coverage for emergency and urgent care for Medically necessary services.</p> <p>Prior authorization for services required before member's medical condition permits travel or transfer to nearest Kaiser Permanente facility for care.</p>	<p>\$50 co-pay for urgent care facility visits when outside of Blue Shield's HMO service area.</p> <p>Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.</p> <p>Call <i>BlueCard Access</i>® at 1 (800) 810-BLUE (2583)</p>	<p>Covers non-preventive care received anywhere in the world under out-of-network (Tier 3) provisions. Pays 100% for essential emergency treatment, after \$50 co-pay, if Tier 1 procedures are followed. 10% in Tier 2; 30% of allowable amount in Tier 3.</p> <p>Call <i>BlueCard Access</i>® at 1 (800) 810-BLUE (2583)</p>	<p>The coverage under the Preferred/Non-Preferred Provider Plan is available to retirees who live outside of the Blue Shield HMO service areas.</p> <p>10% if the member accesses health care through Blue Shield's nation-wide PPO network (Preferred providers). Otherwise, 30% of their allowable amount for services accessed through a non-participating physician or facility. Eligibility must be verified prior to payment.</p>
COORDINATION OF BENEFITS	Contact Kaiser for details.	Yes.	Yes.	Yes.
CONTINUATION OF BENEFITS	<p>For all four plans: Participants who lose coverage under the subscribing member have the right to continue coverage under COBRA legislation. Eligible COBRA participants are required to pay the entire premium each month, plus a two percent (2%) administration fee. COBRA eligible participants must apply to continue coverage within 60 days of loss of coverage.</p>			

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