

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

<b>SERVICE</b>	<b>Kaiser Permanente</b> (California Only)	<b>Blue Shield HMO</b> (California Only)	<b>Blue Shield POS</b> (California Only)	<b>Blue Shield PPO</b> (California and Out-of-State)
<b>PROVIDER CONTACT INFORMATION</b>	<p><b>1-800-464-4000</b>  <b>Group #887</b>  <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a></p>	<p><b>1-800-837-4481</b>  <b>Group: #H11756</b>  <a href="http://www.blueshieldca.com">www.blueshieldca.com</a></p>	<p><b>1-800-837-4481</b>  <b>Group #MH0161</b>  <a href="http://www.blueshieldca.com">www.blueshieldca.com</a></p>	<p><b>1-800-837-4481</b>  <b>Group #975567</b>  <a href="http://www.blueshieldca.com">www.blueshieldca.com</a></p>
<b>GENERAL PLAN INFORMATION</b>	<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><b>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 <a href="http://www.sjretirement.com">www.sjretirement.com</a> for details.</b></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: <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>.</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><b>Tier 1:</b> 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><b>Tier 2:</b> 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><b>Tier 3:</b> 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 &amp; 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><b>Preferred Provider Network:</b> Provides medically necessary services at discounted rates from physicians and facilities within Blue Shield's Preferred Provider network. Services <b>MUST</b> 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><b>Non-Preferred Provider Option:</b> 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 &amp; Non-Preferred without a referral from the PCP. Blue Shield pre-authorization is required for some specialist services.</p>

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<b>WHO IS ELIGIBLE?</b>	<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 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) who reside in the Blue Shield HMO Service Area, and eligible dependents.</p> <p>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 who reside outside the Blue Shield HMO Service Area.</p>
<b>TOOLS FOR HEALTHY LIVING</b>	<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><a href="http://www.kp.org/healthylifestyles">www.kp.org/healthylifestyles</a></p>	<p>Programs and information available include:</p> <ul style="list-style-type: none"> <li>◆ NurseHelp 24/7<sup>sm</sup> – 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 &amp; Wellness section of <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>.</li> <li>◆ 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.</li> <li>◆ 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.</li> <li>◆ 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.</li> <li>◆ On-line tools at <a href="http://www.blueshieldca.com">www.blueshieldca.com</a> – 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.</li> <li>◆ 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 <a href="http://drugstore.com">drugstore.com</a>.</li> </ul> <p><a href="http://www.blueshieldca.com/hw/">www.blueshieldca.com/hw/</a></p>	<p>Programs and information available include:</p> <ul style="list-style-type: none"> <li>◆ NurseHelp 24/7<sup>sm</sup> – Members can talk to a registered nurse, day or night for information and support on issues affecting their health. 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<b>ANNUAL DEDUCTIBLE</b>	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 \$10 co-pay
<b>LIFETIME MAXIMUM</b>	None	None	\$2,000,000 for Tier 2 & 3	\$6,000,000

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<b>CALENDAR YEAR CO-PAY MAX</b>				
Single	\$1,500/yr.	\$1,000/yr	Tier.2 \$1,500	\$2,000/yr
Family	\$3,000/yr.	\$2,000/yr	Tier.3 \$4,500 \$9,000	\$4,000/yr.
<b>OUT-OF-AREA COVERAGE</b>	Full coverage for emergency and urgent care for Medically necessary services. Prior authorization for services required before member's medical condition permits travel or transfer to nearest Kaiser Permanente facility for care.	<b>\$50</b> co-pay for urgent care facility visits when outside of Blue Shield's HMO service area.  Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.	Covers non-preventive care received anywhere in the world under out-of-network (Tier 3) provisions. Pays 100% for essential emergency treatment, after <b>\$35</b> co-pay, if Tier 1 procedures are followed. Plan pays 90% in Tier 2, 70% of allowable amount in Tier 3.	Blue Shield will pay 90% if the member accesses health care through Blue Shield's nation-wide PPO network (Preferred providers). Otherwise, Blue Shield will pay 70% of their allowable amount for services accessed through a non-participating physician or facility. Eligibility must be verified prior to payment.
<b>PHYSICIAN VISITS:</b>				
• <b>OFFICE</b>	<b>\$10</b> co-pay	<b>\$10</b> co-pay	<b>\$5</b> co-pay in Tier 1; and <b>\$10</b> co-pay in Tier 2. Plan pays 70% of Blue Shield's allowable amount in Tier 3. Preventive services are NOT covered in Tiers 2 and 3.	<b>\$10</b> co-pay per visit to Preferred providers (\$0 co-pay for preventive office visits). Plan pays 70% of Blue Shield's allowable amount for Non-Preferred provider visits when covered. Preventive services are not covered for Non-Preferred providers.
• <b>IN HOSPITAL</b>	No charge	No charge	No charge (in-network)	10% co-pay (in-network)
<b>PRESCRIPTIONS</b>	<b>\$5</b> Generic <b>\$10</b> Brand  Prescriptions at Kaiser pharmacy as prescribed (subject to formulary). Mail order available (100-day supply for the same co-pay).	<b>\$5</b> co-pay for generic/ <b>\$10</b> co-pay for brand name/ <b>\$15</b> co-pay for non-formulary drugs or supplies at Blue Shield participating pharmacies.  \$0 co-pay for selected generics** \$5 co-pay for selected brand-names** (subject to formulary)  Mail order available (90-day supply): <b>\$10</b> co-pay for generic/ <b>\$20</b> co-pay for brand name/ <b>\$30</b> co-pay for non-formulary. Contact PrimeMail @ 1-877-579-7627 or <a href="http://www.MyPrimeMail.com">www.MyPrimeMail.com</a> .	<b>\$5</b> co-pay for generic/ <b>\$10</b> co-pay for brand name at Blue Shield participating pharmacies (subject to formulary).  \$0 co-pay for selected generics** \$5 co-pay for selected brand-names** (subject to formulary)  Mail order available (90-day supply): <b>\$10</b> co-pay for generic and <b>\$20</b> co-pay for brand name drugs (subject to formulary). Contact PrimeMail @ 1-877-579-7627 or <a href="http://www.MYPrimeMail.com">www.MYPrimeMail.com</a> .	<b>\$5</b> co-pay for generic / <b>\$10</b> co-pay for brand name drugs (subject to Blue Shield's formulary); <b>\$25</b> co-pay for non-formulary drugs.  \$0 co-pay for selected generics** \$5 co-pay for selected brand-names** (subject to formulary)  Mail order available (90-day supply): <b>\$10</b> co-pay for generic and <b>\$20</b> co-pay for brand name drugs (subject to formulary); <b>\$50</b> co-pay for non-formulary drugs. Contact PrimeMail @ 1-877-579-7627 or <a href="http://www.MyPrimeMail.com">www.MyPrimeMail.com</a> .

\*\*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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<b>HOSPITAL ROOM &amp; EXTRAS</b>	No charge. Special care units when determined medically necessary by physician.	No charge when prior authorized by Blue Shield.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount 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 <b>\$250</b> deductible.	Plan pays 90% of Blue Shield's allowable amount for Preferred hospitals; and 70% of allowable amount if non-emergency at a Non-Preferred facility (not to exceed <b>\$600</b> per day).
<b>SURGEONS, ASSISTANTS, ANESTHETISTS</b>	No charge.	No charge for inpatient and outpatient surgical services, including anesthesia. Referrals are required.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All surgical procedures outside Tier 1 require pre-authorization by Blue Shield.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; 70% of allowable amount for Non-Preferred providers. Surgical procedures from Non-Preferred physicians or facilities must be pre-authorized by Blue Shield.
<b>OUTPATIENT X-RAY AND LABORATORY</b>	No charge; no limit to number of visits with physician referral.	No charge.	Plan pays 100% in Tier 1; member pays \$10 co-pay in Tier 2; plan pays 70% of Blue Shield's allowable amount in Tier 3.	Plan pays 90% of Blue Shield's allowable amount for Preferred Providers; 70% of Blue Shield's allowable amount for Non-Preferred Providers.
<b>ALLERGY TESTS AND TREATMENT</b>	No charge per co-pay per office visit; no limit to visits.	<b>\$10</b> co-pay per office visit. <b>\$10</b> co-pay for allergy serum.	<b>\$5</b> co-pay for office visit & <b>\$5</b> for serum in Tier 1; <b>\$10</b> co-pay for office visit & <b>\$10</b> co-pay for serum in Tier 2; and 30% of Blue Shield's allowable amount for the office visit and serum in Tier 3.	<b>\$10</b> co-pay per office visit to Preferred providers; plan pays 70% of Blue Shield's allowable amount for Non-Preferred provider services.
<b>AMBULANCE</b>	No charge when authorized by Kaiser.	<b>\$50</b> Co-pay.	Plan pays 100% in Tier 1; 90% of billed charges in Tier 2 or Tier 3. Emergency services covered worldwide with \$35 co-pay under Tier 1 and \$50 co-pay under Tiers 2 & 3.	Plan pays 90% of billed charges. Emergency services covered worldwide with a <b>\$50</b> deductible.
<b>EMERGENCY ROOM</b>	<b>\$50</b> co-pay worldwide coverage Co-pays are waived if admitted directly to the hospital as an inpatient. Emergency room visits must be coordinated through Kaiser if not at a Kaiser facility as soon as reasonably possible.	Emergency services covered worldwide with <b>\$50</b> co-pay Co-pays are waived if admitted directly to the hospital as an inpatient.	Co-pays are waived if admitted directly to the hospital as an inpatient. 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 (90% coverage) or Tier 3 (70% of the Blue Shield's allowable amount) based on the point of service and subject to the applicable deductibles and co-payments.	Co-pays are waived if admitted to a hospital as an inpatient.

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<b>PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY</b>	<p><b>\$10</b> 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> <b>\$10</b> co-pay</p>	<p><u>Inpatient:</u> Plan pays 100% in Tier 1; 90% of negotiated amount in Tier 2; or 70% of billed charges in Tier 3</p> <p><u>Outpatient:</u> Member pays <b>\$5</b> co-pay in Tier 1; <b>\$10</b> 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>Plan pays 90% for Preferred; and 70% 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>
<b>ROUTINE PHYSICAL EXAMS</b> <small>(According to schedule)</small>	<p><b>\$10</b> co-pay per visit</p>	<p>No charge for scheduled routine physical exams.</p>	<p>Tier 1: No charge for office visit. \$5 co-pay for immunizations</p> <p>Tier 2: Only immunizations are covered without co-pay.</p> <p>Tier 3: Only immunizations are covered at 70% of Blue Shield's allowable amount.</p>	<p>No co-pay per office visit to Preferred providers (includes: vision/hearing screenings and immunizations). Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services;</p> <p><b>Routine Physical Exams are not covered for Non-Preferred providers.</b></p>
<b>WELL BABY CARE AND IMMUNIZATIONS</b>	<p><b>\$10</b> co-pay</p>	<p>No charge in accordance with age schedules.</p> <p>No additional charge for immunizations.</p>	<p>Tier 1: No charge for office visit. \$5 co-pay for immunizations</p> <p>Tier 2: Only immunizations are covered without co-pay.</p> <p>Tier 3: Only immunizations are covered at 70% of Blue Shield's allowable amount.</p>	<p>No co-pay per office visit to Preferred providers (includes: vision/hearing screenings and immunizations). Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services;</p> <p>Non-Preferred provider services not covered.</p>
<b>WOMEN'S HEALTH AND MATERNITY</b>	<p><b>\$10</b> co-pay for complete care to member for office visits.</p> <p>No charge to member for physician and hospital services.</p> <p>No charge for prenatal or postnatal office visits.</p> <p>For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.</p>	<p><b>\$10</b> co-pay per visit for OB/GYN physician services.</p> <p>Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.</p> <p>No charge for prenatal or postnatal office visits.</p> <p>For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.</p>	<p>Complete care, including exams, tests and other procedures, are provided for a <b>\$5</b> co-pay in Tier 1 and a \$10 co-pay in Tier 2. Blue Shield pays 70% of their allowable amount in Tier 3.</p> <p>In-hospital maternity care: Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3.</p> <p>Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.</p> <p>For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.</p>	<p><b>\$10</b> co-pay for OB/GYN visits and exams when accessed through a Preferred provider.</p> <p>Plan pays 70% of Blue Shield's allowable amount if services are accessed through Non-Preferred providers (Family Planning services are not covered through Non-Preferred providers).</p> <p>In-Hospital Maternity: Plan pays 90% for Preferred providers; and 70% of allowable amounts for Non-Preferred providers.</p>

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<b>HEARING AIDS</b>	Covered up to <b>\$500</b> per device every 36 months when medically necessary. Members who live outside of Kaiser Permanente's Service Area may obtain Hearing Aids from a contracted vendor inside the Service Area.	Covered up to <b>\$1,000</b> every 36 months when medically necessary.	Covered up to <b>\$1,000</b> every 36 months when medically necessary.	Not covered.
<b>VISION</b>	<b>\$10</b> co-pay Routine preventive refraction exam.	Not Covered.	Not Covered.	Not Covered.
<b>DURABLE MEDICAL EQUIPMENT</b>	Covered 100% according to formulary guideline. 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.	Covered at 100% of allowed charges.	Plan pays 100% in Tier 1 with no max; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3.	90% of the Blue shield allowable amount for Preferred; 70% of the allowable amount for Non-Preferred.
<b>PROSTHETICS/ ORTHOTICS</b>	Covered under Durable Medical Equipment	<b>\$10</b> co-pay	Plan pays 100% in Tier 1 with a <b>\$5</b> office visit co-pay; 90% in Tier 2 with a <b>\$10</b> office visit co-pay; and 70% of Blue Shield's allowable amount in Tier 3.	90% of the Blue Shield's allowable amount for Preferred with a <b>\$10</b> office visit co-pay; 70% of the allowable amount for Non-Preferred.
<b>CHIROPRACTIC AND ACCUPUNCTURE</b>	Not covered.	<b>\$10</b> co-pay per visit when accessed through American Specialty Health Plans' (ASHP's) network (Benefit Max: 30 combined visits per calendar year; <b>\$50</b> appliance benefit max per calendar year).	<u>Chiropractic Only</u> : Services available through a participating provider only. <b>\$5</b> co-pay per visit, to a maximum of 30 visits per calendar year. PCP referral is not required. (Appliances are covered up to <b>\$50</b> per member per calendar year).	<u>Chiropractic</u> : Plan pays 90% for Preferred; 70% of the allowable amount for Non-Preferred. (Benefit Max: 20 visits per calendar year each) <u>Acupuncture</u> : Plan pays 90% for Preferred, to a maximum of 20 visits per calendar year for treatment by M.D. or certified acupuncturist.

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<b>ALCOHOLISM AND DRUG ADDICTION</b>	<p><u>Inpatient:</u> No charge for detoxification in Kaiser-approved facility only.</p> <p><u>Transitional Residential Recovery Services (TRRS):</u> <b>\$100</b> 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> <b>\$10</b> co-pay per visit; no limit to visits.</p>	<p><u>Inpatient:</u> No charge 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> <b>\$25</b> 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. Plan pays 100% in Tier 1; and 70% of Blue Shield's allowable amount in Tiers 2 and 3 (subject to pre-authorization).</p> <p><u>Outpatient:</u> <b>\$35</b> 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. Plan pays 90% for Preferred Providers, and 70% of Blue Shield's allowable amount for non-preferred providers (subject to pre-authorization).</p> <p><u>Outpatient:</u> <b>\$25</b> co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).</p>
<b>MENTAL HEALTH SERVICES AND PSYCHOTHERAPY</b>	<p><u>Inpatient:</u> Up to 45 days per calendar year at no charge.</p> <p><u>Outpatient:</u> <b>\$10</b> co-pay per visits, up to 20 visits per calendar year. <b>\$5</b> co-pay per group visits, up to 20 visits per calendar year.</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> No charge. Services are accessed through Mental Health Services Administrator's (MHSA's) facilities.</p> <p><u>Outpatient:</u> <b>\$10</b> co-pay per visit for severe mental health conditions; <b>\$25</b> 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> Standard hospital and physician benefits (see above). All stays are subject to advance review.</p> <p><u>Outpatient:</u> Crisis intervention only. <b>\$35</b> co-pay for 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> Plan pays 90% for services rendered by Mental Health Services Administrator's (MHSA's) facilities; 70% of allowable amount if services are accessed through non-MHSA facilities (Blue Shield payment not to exceed <b>\$600</b>/person/day).</p> <p><u>Outpatient:</u> For Severe Mental Illness or Serious Emotional Disturbance of a Child, <b>\$10</b> co-pay in Tier 2, 30% of Blue Shield's allowable amount in Tier 3.</p> <p><b>\$25</b> 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>

*This is a summary for comparison purposes only. Please consult your individual Plan document or the Plan insurer for more specific information.*

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

<b>SERVICE</b>	<b>Kaiser Permanente (California Only)</b>	<b>Blue Shield HMO (California Only)</b>	<b>Blue Shield POS (California Only)</b>	<b>Blue Shield PPO (California and Out-of-State)</b>
<b>CONTINUING CARE</b>	<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. <b>All continuing care coverage requires prior authorization.</b></p>	<p><u>Home Health:</u> \$10 co-pay per visit (up to 100 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> 100% coverage in Tier 1; member pays \$10 co-pay in Tier 2; and 20% of Blue Shield's allowable amount in Tier 3. A combined Hospice and Home Health care max of 100 visits per year applies to all tiers.</p> <p><u>Skilled Nursing Facility:</u> 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined maximum of 100 consecutive days from first treatment per disability applies to all tiers.</p> <p><u>Hospice:</u> 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. 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> Plan pays 90% when services are pre-authorized. A combined Hospice and Home Health care maximum of 100 visits per year applies to Preferred and Non-Preferred providers.</p> <p><u>Skilled Nursing Facility:</u> Plan pays 90% when services are pre-authorized. 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>
<b>NON-NETWORK &amp; OUT-OF-AREA COVERAGE</b>	<p>Covers Emergency and Urgent Care for Medically Necessary Services.</p> <p>Prior Authorization for Emergency and Urgent Care Services is required before member's medical condition permits travel or transfer to nearest Kaiser facility for care.</p>	<p><b>\$50</b> 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 care received anywhere in the world under out-of-network (Tier 3) provisions. Pays 100% for essential emergency treatment, after \$35 co-pay, if Tier 1 procedures are followed.</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>The plan will pay 90% of the allowable amount if the member accesses health care through Blue Shield's nationwide Preferred Provider network. Otherwise, Blue Shield will pay 70% of their allowable amount for services accessed through a Non-Preferred physician or facility. Eligibility must be verified before payment.</p>
<b>COORDINATION OF BENEFITS</b>	Contact Kaiser for details.	Yes.	Yes.	Yes.
<b>ELIGIBLE FAMILY MEMBERS</b>	<p><b>For all plans:</b></p> <ul style="list-style-type: none"> <li>• Spouse.</li> <li>• Domestic Partner (Registered with the State).</li> <li>• 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 19<sup>th</sup> birthday.</li> <li>• 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.</li> </ul>			
<b>CONTINUATION OF BENEFITS</b>	<p><b>For all four plans:</b>  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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