

# Medical Coverage

Medical coverage is administered by Anthem or Kaiser Permanente.

For several years, our medical plan features have remained the same or improved. For the 2023/2024 plan year, there are no plan changes. Please review the benefits available for each of the plan options below.

Benefit Overview	Blue Open Access POS		Blue Open Access HMO	Blue Open Access HSA		Kaiser HMO	Kaiser HSA
	In-Network	Out-of-Network	In-Network <sup>2</sup>	In-Network	Out-of-Network	In-Network	In-Network
Medical/Rx Deductible Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000	\$500 / \$1,500	\$1,500 / \$3,000	\$3,000 / \$6,000	\$350 / \$1,050	\$1,800 / \$5,400
Plan Year Out-of-Pocket Maximum Individual / Family	\$5,500 / \$11,000	\$9,200 / \$18,400	\$7,900 / \$15,800	\$6,750 / \$13,500	\$13,500 / \$27,000	\$7,900 / \$15,800	\$6,000 / \$12,000
Lifetime Maximum	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited
Coinsurance	20% <sup>1</sup>	40% <sup>1</sup>	10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	10% <sup>1</sup>	30%
Preventive Care							
Primary Care Physician	No Charge	40% <sup>1</sup>	No Charge	No Charge	40% <sup>1</sup>	No Charge	No Charge
Specialist	No Charge	40% <sup>1</sup>	No Charge	No Charge	40% <sup>1</sup>	No Charge	No Charge
Physician Services							
Primary Care Physician	\$25 copay	40% <sup>1</sup>	\$25 copay	20% <sup>1</sup>	40% <sup>1</sup>	\$25 copay	30% <sup>1</sup>
Specialist	\$40 copay	40% <sup>1</sup>	\$40 copay	20% <sup>1</sup>	40% <sup>1</sup>	\$40 copay	30% <sup>1</sup>
Emergency Services							
Hospital Copay	\$300 copay, then 20% <sup>1</sup>	\$300 copay, then 40% <sup>1</sup>	\$250 copay + deductible, then 10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	\$250 copay + deductible, then 10% <sup>1</sup>	30% <sup>1</sup>
ER Copay	\$300 copay + deductible, then 20% <sup>1</sup>	In-network levels if emergency. If not emergency, coinsurance after deductible.	\$300 copay + deductible, then 10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	\$300 copay	30% <sup>1</sup>
Urgent Care	\$75 copay + deductible, then 20% <sup>1</sup>		\$75 copay + deductible, then 10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	\$50 copay	30% <sup>1</sup>
Ambulance	20% <sup>1</sup>		10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	\$150 copay	30% <sup>1</sup>
Lab, X-Ray, and Hospital Services							
Diagnostic X-Ray & Lab	\$25 or \$40 copay	40% <sup>1</sup>	\$25 or \$40 copay <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	100% covered	30% <sup>1</sup>
Maternity	20% <sup>1</sup>	40% <sup>1</sup>	\$25 first visit, then 100% covered	20% <sup>1</sup>	40% <sup>1</sup>	\$40 copay first visit, then 100% covered	30% <sup>1</sup>
Inpatient Hospital	\$300 per admission, then 20% <sup>1</sup>	\$300 per admission, then 40% <sup>1</sup>	Deductible + 10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	Deductible + 10% <sup>1</sup>	30% <sup>1</sup>
Physician In-Hospital Services	20% <sup>1</sup>	40% <sup>1</sup>	Deductible + 10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	Deductible + 10% <sup>1</sup>	30% <sup>1</sup>
Outpatient Hospital	20% <sup>1</sup>	40% <sup>1</sup>	Deductible + 10% <sup>1</sup>	20% <sup>1</sup>	40% <sup>1</sup>	Deductible + 10% <sup>1</sup>	30% <sup>1</sup>

<sup>1</sup> After the deductible has been met.

<sup>2</sup> Prior approval for out-of-network services is required.