

Medical Benefits

Contoso 2019-2020

Summary of Medical and Perscription Benefits 2019-20 Plan Year

Med Plan 1 HMO Kaiser Permanente Network		Med Plan 2 HMO Kaiser Permanente Network		Med Plan 3 HMO Kaiser Permanente Network Optional HSA Allowed	
	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
	NA	\$800	NA	\$1,600 ²	NA
	NA	\$2,400	NA	\$3,200 ²	NA
	NA	\$4,000	NA	\$6,550 ²	NA
	NA	\$12,000	NA	\$13,100 ²	NA
	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA
	NA	\$0 ¹	NA	\$0 ¹	NA
	Not Covered	\$0 ¹	Not Covered	\$0 ¹	Not Covered
	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA
	Not Covered	\$25 ¹	Not Covered	20%	Not Covered
	Not Covered	\$35 ¹	Not Covered	20%	Not Covered
	See Plan Handbook	\$40 ¹	See Plan Handbook	20%	See Plan Handbook
	Not Covered	\$25 ¹	Not Covered	20%	Not Covered
	Not Covered	20%	Not Covered	20%	Not Covered
	Not Covered	\$0 ¹	Not Covered	20%	Not Covered
	Not Covered	20%	Not Covered	20%	Not Covered
	Not Covered	\$35 ¹ per visit	Not Covered	20%	Not Covered
	Not Covered	\$0 ¹	Not Covered	\$0 ¹	Not Covered
	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered
	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered
	Not Covered	\$25 ¹ per visit	Not Covered	20%	Not Covered
	Not Covered	\$25 ¹ per service	Not Covered	20%	Not Covered
	Not Covered	\$0 ¹	Not Covered	\$0 ¹	Not Covered
	Not Covered	20%	Not Covered	20%	Not Covered