

Medical Benefits

Contoso 2019-2020

Summary of Medical and Perscription Benefits 2019-20 Plan Year

| | Med Plan 1 HMO er Permanente Network | KAISER Med Plan 2 HMO PER VIANENTE Kalser Permanente Network | | Med Plan 3 HMO Kalser 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 NA | \$3,200 ² | NA |
| | NA | \$4,000 | NA NA | \$6,550 ² | NA |
| _ | NA NA | \$12,000 | NA NA | \$13,100 ² | NA. |
| | NA NA | NA NA | NA NA | NA | NA NA |
| - 1 | NA NA | NA NA | NA NA | NA NA | NA NA |
| - (6 | | } | it is | | |
| | NA | \$0 ¹ | NA | \$0 ¹ | NA |
| | Not Covered | \$0 ¹ | Not Covered | \$0 ¹ | Not Covered |
| | !· | | | | 1. |
| 7 | NA I | NA NA | NA NA | NA NA | NA. |
| | NA NA | NA | NA NA | NA NA | NA. |
| | NO. | | T IND | | 130 |
| | 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 |
| | - Coo I la l'I la l'about | 440 | - Social Fall Control | 1000 | Occ / El / Handbook |
| | Not Covered | \$25 ¹ | Not Covered | 20% | Not Covered |
| ber | 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 |
| - (1 | 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 |
| | | \$20 po. 10. | A | | ¥1. |
| | Not Covered | \$25 ¹ per service | Not Covered | 20% | Not Covered |
| | Not Covered | \$0 ¹ | Not Covered | \$0 ¹ | Not Covered |
| per | Not Covered | 20% | Not Covered | 20% | Not Covered |
| - 6 | | V. | 1 | | C. |