

Medical Plan Comparison	Health Savings Plan		Preventive PPO		Kaiser HMO**
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	Kaiser Network
Individual Annual Deductible	\$1,300	\$10,000	\$500	\$1,500	\$500
Family Annual Deductible	\$2,600	\$20,000	\$1,000	\$3,000	\$1,000
Individual Out-Of-Pocket Maximum^	\$6,350	\$18,750	\$2,500	\$16,500	\$1,500
Family Out-Of-Pocket Maximum^	\$12,700	\$37,500	\$5,000	\$33,000	\$3,000
Total Out-of-Pocket Maximum* (Individual/Family)	\$6,350 /\$12,700	\$18,750 /\$37,500	\$6,600 /\$13,200	\$16,500 /\$33,000	\$1,500 /\$3,000
Individual Annual Inpatient Hospital Deductible/Copay (Individual/Family)	\$0	\$0	\$350 /\$1,050	\$1,500 /\$4,500	\$0
^Includes Annual Deductible (Individual or Family)					
Typical Coinsurance (Plan pays)	70%	50%	80%	50%	Varies

**The In-Network Preventive PPO Total Out-of-Pocket Maximum (OOP max) is a combination of a \$2,500 medical plan OOP max, a \$2,000 medical plan copay OOP max, and a \$2,100 Prescription Drug OOP max. Family OOP Max is 2x individual.*

***Because of the limited size of the Kaiser network, only employees who reside or work in certain zip codes are eligible to enroll in the Kaiser HMO plan.*