



KAISER PERMANENTE®



Kaiser Permanente Medical Benefits

Benefit Description	Kaiser EPO 0% O \$25	Kaiser EPO 90% \$300 \$25
Calendar Year Deductible Individual/Family	\$0	\$300/\$600
Out of Pocket Maximum: Individual/Family	\$1500/\$3000	\$7000/\$8000
Hospitalization	\$250 per admission	10%
Outpatient Surgery	\$25.00/procedure	10%
Emergency Room	\$100	10%
Office Visits	\$25.00	\$25.00
Routine Physicals	No Charge	No Charge
X-Ray/Lab	No Charge	\$10.00
Chiropractic	\$25.00	No Coverage
Urgent Care	\$25.00	\$25.00
Prescription Retail Generic/Brand	\$10/30	\$10/30
Prescription Mail Order Generic/Brand up to 90 day supply	\$20/\$60	\$20/\$60



Benefit Description	Anthem EPO 90% \$500 \$25	Out of Network
Calendar Year Deductible Individual/Family	\$500/\$1000	N/A
Out of Pocket Maximum: Individual/Family	\$2500/\$5000	N/A
Hospitalization	10%	No Coverage
Outpatient Surgery	10%	No Coverage
Emergency Room	10%	Covered as In-Network
Office Visits	\$25.00	No Coverage
Routine Physicals	No Charge	No Coverage



Benefit Description	Anthem EPO 90% \$500 \$25	Out of Network
X-Ray/Lab	10%	No Coverage
Chiropractic	24 Visits/benefit period	No Coverage
Urgent Care	\$25.00	No Coverage
Prescription Retail Tier 1-Typically Generic	\$10 retail /\$20 mail order	Retail: not covered except if required result of emergency
Prescription Retail Tier 2-Typically Preferred Brand	30% and 30% mail order	Same as above
Prescription Retail Tier 3- Typically Non Preferred	50% and 50% Mail order	Same as above
Prescription Retail Tier4-Typically Specialty Drugs	30% and 30% Mail order	Same as above

Health Benefit Costs Per Employee 2020-2021

Anthem

Medical Plans Discounted *July through December 2020					January 1, 2021 to June 30, 2021			
Anthem Plan EPO 90% \$500 \$25	Monthly	Semi Monthly	Employer	Total	Monthly	Semi Monthly	Employer	Total
Employee	\$206.00	\$103.00	\$983.00	\$1189.00	\$225.00	\$112.50	\$1075.00	\$1300.00
Employee +spouse	\$788.00	\$394.00	\$1976.00	\$2764.00	\$820.00	\$410.00	\$2055.00	\$2875.00
Employee + children	\$614.00	\$307.00	\$1465.00	\$2079.00	\$646.00	\$323.00	\$1544.00	\$2190.00
Employee + family	\$1208.00	\$604.00	\$2386.00	\$3594.00	\$1246.00	\$623.00	\$2459.00	\$3705.00

Health Benefit Costs Per Employee 2020-2021

Kaiser

Discounted * July through December 2020					January 1, 2021 to June 30, 2021			
Kaiser EPO 100% \$0 \$25	Monthly	Semi Monthly	Employer	Total	Monthly	Semi Monthly	Employer	Total
Employee	\$175.00	\$87.50	\$594.00	\$769.00	\$195.00	\$97.50	\$685.00	\$880.00
Employee + spouse	\$594.00	\$297.00	\$1251.00	\$1845.00	\$624.00	\$312.00	\$1332.00	\$1956.00
Employee + children	\$466.00	\$233.00	\$921.00	\$1387.00	\$498.00	\$249.00	\$1000.00	\$1498.00
Employee + family	\$902.00	\$451.00	\$1523.00	\$2425.00	\$938.00	\$469.00	\$1598.00	\$2536.00
Kaiser Plan EPO 90% \$300 \$25	Monthly	Semi Monthly	Employer	Total	Monthly	Semi Monthly	Employer	Total
Employee	\$128.00	\$64.00	\$594.00	\$722.00	\$147.00	\$73.50	\$685.00	\$832.00
Employee +spouse	\$490.00	\$245.00	\$1251.00	\$1741.00	\$520.00	\$260.00	\$1332.00	\$1852.00
Employee + children	\$388.00	\$194.00	\$921.00	\$1309.00	\$420.00	\$210.00	\$1000.00	\$1420.00
Employee + family	\$768.00	\$384.00	\$1523.00	\$2291.00	\$804.00	\$402.00	\$1598.00	\$2402.00