

HMO Benefit Summary Comparison

	Pacificare HMO - Plan PQL	Kaiser HMO-Traditional Plan
Annual Deductible (individual/family)	None	None
Co-Insurance	None	20% or 50% for certain benefits
Annual Maximum Copayments (individual/family)	\$2,000 / \$6,000	\$1,500 / \$3,000
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visits	\$20 copay	\$25 copay
Periodic Health Evaluation	\$20 copay	\$25 copay
Specialist Office Visit	\$40 copay	\$25 copay
Room & Board Hospital Inpatient (semi-private)	\$250 copay per admit	\$250 copay per admit
Outpatient Surgery	\$125 copay	\$25 copay per procedure
Emergency Room Services	\$100 copay	\$100 copay
Ambulance Services	\$50 copay	\$50 copay
Home Health Care	\$10 copay per visit up to 100 visits per calendar year	No charge up to 100 visits per calendar year
Skilled Nursing Facility	\$125 copay per admit up to 100 consecutive calendar days from the first treatment per disability	No charge up to 100 days per benefit period
Durable Medical Equipment	\$50 copay up to \$5,000 annual max per calendar year	20% up to \$5,000 annual max per calendar year
Prosthetics/Orthotics	\$50 copay per item	No charge
Prescription Drug Copay (Retail Pharmacy - 30 Day Supply)	\$15 G / \$35 B	\$15 G / \$35 B for up to a 30 day supply; \$30 G / \$70 B for a 31-60 day supply \$45 G / \$105 B for a 61-100 day supply
Prescription Drug Copay (Mail Order - 90 Day Supply)	\$30 G / \$70 B	\$30 G / \$70 B for up to a 100 day supply
Self-Administered Injectables	\$50 copay per 30 days or treatment plan, whichever is shorter	No charge
Inpatient Mental Health		
Severe:	\$250 copay per admit	\$250 copay per admit
Non-severe:	\$250 copay per admit up to 30 days per calendar year	\$250 copay per admit up to 45 days per calendar year
Inpatient Substance Abuse	No charge up to \$25,000 per calendar year, \$35,000 lifetime max combined with outpatient substance abuse	Detox: \$250 copay per admit; Transitional Residential Recovery: \$100 per admit
Outpatient Mental Health		
Severe:	\$40 copay	\$25 copay per individual visit; \$12 copay per group visit
Non-severe:	\$40 copay up to 30 visits per calendar year	\$25 copay per individual visit; \$12 copay per group visit; up to 20 visits per calendar year ²
Outpatient Substance Abuse	No charge up to \$25,000 per calendar year, \$35,000 lifetime max combined with inpatient substance abuse	\$25 copay per individual visit; \$5 copay per group visit

The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

Rates	Single (S) Dependent (D) Family (F)	Single (S) Dependent (D) Family (F)
Current	\$404.11 (S), \$852.71 (D), \$1,220.47 (F)	N/A
Renewal	\$476.65 (S), \$1,005.79 (D), \$1,439.57 (F)	\$417.38 (S), \$880.67 (D), \$1,260.49 (F)