

2012 Cal-Pac Benefit Overview	Kaiser Permanente HMO	UnitedHealthcare SignatureValue HMO	UnitedHealthcare CA Choice Plus PPO (In-Area "Buy Up PPO")		Do you have another plan? Use this column to compare...
	In-Network	In-Network	In-Network	Out-of-Network	
Annual Deductible (Individual/ Family)	None	None	\$1500/ \$3500 (Individual/Family)	\$3000/ \$6000 (Individual/Family)	
Coinsurance	Not Applicable	Not Applicable	10%	30%	
Annual Out-of-Pocket Limit (The most you will pay out of pocket in one calendar year.)	\$1500/ \$3000 (Individual/Family)	\$3000/ \$9000 (Individual/Family)	\$3500/ \$7000 (Includes Deductible)	\$7000/ \$14,000 (Includes Deductible)	
Doctor/ Specialist Visit	\$20 copay	\$20/\$40	\$15 copay	Deductible, then 30%	
Inpatient Hospitalization	\$250 per admit	\$250 per admit	Deductible, then 10%	Deductible, then 30%	
Skilled Nursing Facility	No Charge	\$125 per admit	Deductible, then 10%	Deductible, then 30%	
Outpatient Surgery	\$100 copay	\$125 copay	Deductible, then 10%	Deductible, then 30%	
Emergency Room	\$100 copay	\$100 copay	\$100 copay		
Ambulance Services	No Charge	No Charge	Deductible, then 10%		
X-Rays & Lab Tests	No Charge	No Charge	No Charge	Deductible, then 30%	
Outpatient Individual Mental Health	\$20 copay	\$40 copay	\$15 copay	Deductible, then 30%	
Medical Equipment	No Charge	No Charge	Deductible, then 10%	Deductible, then 30%	
Prescription Drugs: -Generic -Brand Name -Non-Formulary -Mail Order (90 or 100 day)	30 day supply: -\$10 copay -\$30 copay -Pre Authorization 100 day supply: \$20/\$60	30 day supply: -\$10 copay -\$30 copay -\$50 copay 90 day supply: \$20/\$60/\$100	30 day supply: -\$10 copay -\$25 copay -\$50 copay 90 day supply: \$25/\$62.50/\$125	30 day supply: -\$10 copay -\$25 copay -\$50 copay 90 day supply: Not Applicable	