
Plan comparison guide

.....
Kaiser Permanente for small businesses ■ 2013-2014 ■ California
.....

Use this guide to compare your current plan with the new metal tier plan.

In this guide, you can see how certain benefits and cost sharing have changed from the current 2013 plan to a 2014 metal tier plan.

Although there are different benefits, out-of-pocket expenses, and premiums with the 2013 plans, the new 2014 metal tier plans offer a number of robust features to help your employees get better medical care, such as coverage for preventive care visits, essential health benefits, and more.

If you have any questions, please call **800-790-4661, option 3**, to speak with our Customer Connection Team.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$5 COPAYMENT HMO PLAN

FEATURES	2013	2014
	\$5 Copayment HMO	Platinum 0/20*
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$0	\$0
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$1,500/\$3,000	\$4,000/\$8,000
IN THE MEDICAL OFFICE Primary care visits	\$5	\$20
Specialty office visits	\$5	\$40
Urgent care visits	\$5	\$20
Most laboratory tests	\$10	\$20
Most X-rays and diagnostic	\$10	\$40
Outpatient surgery	\$5 per procedure	\$250 per procedure
PRESCRIPTIONS Generic drugs	\$5 (up to a 100-day supply; does not apply to out-of-pocket maximum)	\$5 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$15 (up to a 100-day supply; does not apply to out-of-pocket maximum)	\$15 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$0	\$250 per day (up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	20% (base coverage plus supplemental coverage up to \$2,000 per year)	10% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base and supplemental coverage)	\$0 (base coverage only ¹)
Infertility	50% (IVF not covered)	Not covered
Adult optical (eyewear)	\$150 allowance (every 24 months)	Not covered
Pediatric optical (eyewear)	\$150 allowance (every 24 months)	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$15 COPAYMENT HMO PLAN

FEATURES	2013	2014
	\$15 Copayment HMO MEMBER PAYS	Platinum 0/20* MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$0	\$0
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$2,500/\$5,000	\$4,000/\$8,000
IN THE MEDICAL OFFICE Primary care visits	\$15	\$20
Specialty office visits	\$15	\$40
Urgent care visits	\$15	\$20
Most laboratory tests	\$10	\$20
Most X-rays and diagnostic	\$10	\$40
Outpatient surgery	\$100 per procedure	\$250 per procedure
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$5 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$25 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$15 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$200 per day (up to overall out-of-pocket maximum)	\$250 per day (up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	20% (base coverage plus supplemental coverage up to \$2,000 per year)	10% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base and supplemental coverage)	\$0 (base coverage only ¹)
Infertility	50% (IVF not covered)	Not covered
Adult optical (eyewear)	\$150 allowance (every 24 months)	Not covered
Pediatric optical (eyewear)	\$150 allowance (every 24 months)	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$20 COPAYMENT HMO PLAN

	2013	2014
	\$20 Copayment HMO	Platinum 0/20*
FEATURES	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$0	\$0
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$2,500/\$5,000	\$4,000/\$8,000
IN THE MEDICAL OFFICE Primary care visits	\$20	\$20
Specialty office visits	\$20	\$40
Urgent care visits	\$20	\$20
Most laboratory tests	\$10	\$20
Most X-rays and diagnostic	\$10	\$40
Outpatient surgery	\$150 per procedure	\$250 per procedure
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$5 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$15 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$300 per day (up to overall out-of-pocket maximum)	\$250 per day (up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	20% (base coverage plus supplemental coverage up to \$2,000 per year)	10% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base and supplemental coverage)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$30 COPAYMENT HMO PLAN

FEATURES	2013	2014
	\$30 Copayment HMO	Gold 0/30*
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$0	\$0
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$250 for brand-name drugs	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,000/\$6,000	\$6,350/\$12,700
IN THE MEDICAL OFFICE Primary care visits	\$30	\$30
Specialty office visits	\$30	\$50
Urgent care visits	\$30	\$30
Most laboratory tests	\$10	\$30
Most X-rays and diagnostic	\$10	\$50
Outpatient surgery	\$200 per procedure	\$600 per procedure
PRESCRIPTIONS Generic drugs	\$10 (up to a 100-day supply; does not apply to out-of-pocket maximum)	\$19 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (after pharmacy deductible; up to a 100-day supply; does not apply to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$400 per day (up to overall out-of-pocket maximum)	\$600 per day (up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	50% (base coverage only ¹)	20% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$50 COPAYMENT HMO PLAN

FEATURES	2013	2014
	\$50 Copayment HMO MEMBER PAYS	Gold 0/30* MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$0	\$0
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$250 for brand-name drugs	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,500/\$7,000	\$6,350/\$12,700
IN THE MEDICAL OFFICE Primary care visits	\$50	\$30
Specialty office visits	\$50	\$50
Urgent care visits	\$50	\$30
Most laboratory tests	\$10	\$30
Most X-rays and diagnostic	\$10	\$50
Outpatient surgery	\$250 per procedure	\$600 per procedure
PRESCRIPTIONS Generic drugs	\$10 (up to a 100-day supply; does not apply to out-of-pocket maximum)	\$19 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (after pharmacy deductible; up to a 100-day supply; does not apply to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$500 per day (up to overall out-of-pocket maximum)	\$600 per day (up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	50% (base coverage only ¹)	20% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$30/\$1,000 DEDUCTIBLE HMO PLAN

FEATURES	2013	2014
	\$30/\$1,000 Deductible HMO MEMBER PAYS	Gold 500/30 MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$1,000/\$2,000 (embedded)	\$500/\$1,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,500/\$7,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$30	\$30
Specialty office visits	\$30	\$30
Urgent care visits	\$50	\$30
Most laboratory tests	\$10 (after deductible)	\$20
Most X-rays and diagnostic	\$10 (after deductible)	\$20
Outpatient surgery	\$250 per procedure (after deductible)	\$600 per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$20 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$500 per day (after deductible; up to overall out-of-pocket maximum)	\$600 per day (after deductible; up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	30% (base coverage only ¹)	20% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$30/\$1,500 DEDUCTIBLE HMO PLAN

FEATURES	2013	2014
	\$30/\$1,500 Deductible HMO	Gold 500/30
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$1,500/\$3,000 (embedded)	\$500/\$1,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,500/\$7,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$30	\$30
Specialty office visits	\$30	\$30
Urgent care visits	\$30	\$30
Most laboratory tests	\$10 (after deductible)	\$20
Most X-rays and diagnostic	\$10 (after deductible)	\$20
Outpatient surgery	\$250 per procedure (after deductible)	\$600 per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$20 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$500 per day (after deductible; up to overall out-of-pocket maximum)	\$600 per day (after deductible; up to 5 days per admission, then no charge)
OTHER Certain durable medical equipment (DME)	30% (base coverage only ¹)	20% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$40/\$2,000 DEDUCTIBLE HMO PLAN

FEATURES	2013	2014
	\$40/\$2,000 Deductible HMO	Silver 1000/40
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$2,000/\$4,000 (embedded)	\$1,000/\$2,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$4,500/\$9,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$40	\$40
Specialty office visits	\$40	\$40
Urgent care visits	\$40	\$40
Most laboratory tests	\$10 (after deductible)	\$30
Most X-rays and diagnostic	\$10 (after deductible)	\$40
Outpatient surgery	30% per procedure (after deductible)	30% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$25 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	30% per admission (after deductible; up to overall out-of-pocket maximum)	30% per admission (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	30% (base coverage only ¹)	30% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$40/\$3,000 DEDUCTIBLE HMO PLAN

FEATURES	2013	2014
	\$40/\$3,000 Deductible HMO	Silver 1000/40
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$3,000/\$6,000 (embedded)	\$1,000/\$2,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$6,000/\$12,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$40	\$40
Specialty office visits	\$40	\$40
Urgent care visits	\$40	\$40
Most laboratory tests	\$10	\$30
Most X-rays and diagnostic	\$10	\$40
Outpatient surgery	30% per procedure (after deductible)	30% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$25 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	30% per admission (after deductible; up to overall out-of-pocket maximum)	30% per admission (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	30% (base coverage only ¹)	30% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$0/\$2,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN

	2013	2014
	\$0/\$2,000 HSA-Qualified Deductible HMO	Silver HSA 1500/20%*
FEATURES	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$2,000/\$4,000 (aggregate)	\$1,500/\$3,000 (aggregate)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,500/\$7,000 (aggregate)	\$6,350/\$12,700 (aggregate)
IN THE MEDICAL OFFICE Primary care visits	\$0 (after deductible)	20% (after deductible)
Specialty office visits	\$0 (after deductible)	20% (after deductible)
Urgent care visits	\$0 (after deductible)	20% (after deductible)
Most laboratory tests	\$0 (after deductible)	20% (after deductible)
Most X-rays and diagnostic	\$0 (after deductible)	20% (after deductible)
Outpatient surgery	\$150 per procedure (after deductible)	20% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	20% (after deductible; up to a 100-day supply; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	20% (after deductible; up to a 100-day supply; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$300 per day (after deductible; up to overall out-of-pocket maximum)	20% (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	\$0 (after deductible; base coverage only ¹)	20% (after deductible; base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (after deductible; base coverage only ¹)	\$0 (after deductible; base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$0/\$2,700 HSA-QUALIFIED DEDUCTIBLE HMO PLAN

FEATURES	2013	2014
	\$0/\$2,700 HSA-Qualified Deductible HMO	Silver HSA 1500/20%*
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$2,700/\$5,450 (embedded)	\$1,500/\$3,000 (aggregate)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$4,500/\$9,000 (embedded)	\$6,350/\$12,700 (aggregate)
IN THE MEDICAL OFFICE Primary care visits	\$0 (after deductible)	20% (after deductible)
Specialty office visits	\$0 (after deductible)	20% (after deductible)
Urgent care visits	\$0 (after deductible)	20% (after deductible)
Most laboratory tests	\$0 (after deductible)	20% (after deductible)
Most X-rays and diagnostic	\$0 (after deductible)	20% (after deductible)
Outpatient surgery	\$250 per procedure (after deductible)	20% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	20% (after deductible; up to a 100-day supply; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out- of-pocket maximum)	20% (after deductible; up to a 100-day supply; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$450 per day (after deductible; up to overall out-of-pocket maximum)	20% (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	\$0 (after deductible; base coverage only ¹)	20% (after deductible; base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (after deductible; base coverage only ¹)	\$0 (after deductible; base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$30/\$3,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN

FEATURES	2013	2014
	\$30/\$3,000 HSA-Qualified Deductible HMO	Bronze HSA 3500/30
	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$3,000/\$6,000 (embedded)	\$3,500/\$7,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$5,950/\$11,900 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$30 (after deductible)	\$30 (after deductible)
Specialty office visits	\$30 (after deductible)	\$30 (after deductible)
Urgent care visits	\$30 (after deductible)	\$30 (after deductible)
Most laboratory tests	\$10 (after deductible)	\$30 (after deductible)
Most X-rays and diagnostic	\$10 (after deductible)	\$30 (after deductible)
Outpatient surgery	30% per procedure (after deductible)	30% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	\$15 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	\$40 (after deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	30% per admission (after deductible; up to overall out-of-pocket maximum)	30% per admission (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	20% (after deductible; base coverage only ¹)	30% (after deductible; base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (after deductible; base coverage only ¹)	\$0 (after deductible; base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$30/\$1,500 DEDUCTIBLE HMO PLAN WITH HRA

	2013	2014
	\$30/\$1,500 Deductible HMO with HRA	Gold HRA 2000/30
FEATURES	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$1,500/\$3,000 (embedded)	\$2,000/\$4,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,500/\$7,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$30 (after deductible)	\$30
Specialty office visits	\$30 (after deductible)	\$30
Urgent care visits	\$30 (after deductible)	\$30
Most laboratory tests	\$10 (after deductible)	20% (after deductible)
Most X-rays and diagnostic	\$10 (after deductible)	20% (after deductible)
Outpatient surgery	20% per procedure (after deductible)	20% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$15 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	20% per admission (after deductible; up to overall out-of-pocket maximum)	20% per admission (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	20% (base coverage only ¹)	50% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$30/\$2,500 DEDUCTIBLE HMO PLAN WITH HRA

	2013	2014
	\$30/\$2,500 Deductible HMO with HRA	Gold HRA 2000/30
FEATURES	MEMBER PAYS	MEMBER PAYS
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$2,500/\$5,000 (embedded)	\$2,000/\$4,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$5,000/\$10,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$30 (after deductible)	\$30
Specialty office visits	\$30 (after deductible)	\$30
Urgent care visits	\$30 (after deductible)	\$30
Most laboratory tests	\$10 (after deductible)	20% (after deductible)
Most X-rays and diagnostic	\$10 (after deductible)	20% (after deductible)
Outpatient surgery	20% per procedure (after deductible)	20% per procedure (after deductible)
PRESCRIPTIONS Generic drugs	\$10 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$15 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; does not apply to out-of-pocket maximum)	\$30 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	20% per admission (after deductible; up to overall out-of-pocket maximum)	20% per admission (after deductible; up to overall out-of-pocket maximum)
OTHER Certain durable medical equipment (DME)	30% (base coverage only ¹)	50% (base coverage only ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	\$0 (base coverage only ¹)
Infertility	Not covered	Not covered
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	\$0 for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Evidence of Coverage* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$35 POS PLAN

	2013	2014
	\$35 POS	Gold PPO 0/30 Pending regulatory approval
FEATURES	MEMBER PAYS in-network	MEMBER PAYS in-network
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$0	\$0
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$0
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$3,000/\$6,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE		
Primary care visits	\$35	\$30
Specialty office visits	\$35 (after deductible)	\$50
Urgent care visits	\$35 (after deductible)	\$60
Most laboratory tests	\$10	\$30
Most X-rays and diagnostic	\$10	\$50
Outpatient surgery	\$100 per procedure	20% per procedure
PRESCRIPTIONS		
Generic drugs	\$10 (up to a 100-day supply; applies to out-of-pocket maximum)	\$19 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (up to a 100-day supply; applies to out-of-pocket maximum)	\$50 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$200 per day (up to overall out-of-pocket maximum)	20% per admission (up to overall out-of-pocket maximum)
OTHER		
Certain durable medical equipment (DME)	\$0 (base coverage only ¹)	20% (base coverage plus supplemental coverage up to \$2,000 per year ¹)
Certain prosthetics, orthotics, and devices	\$0 (base coverage only ¹)	20% (base and supplemental coverage ¹)
Infertility	Not covered	50% (up to \$1,000 per year; IVF not covered)
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	20% for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Certificate of Insurance* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$40/\$1,000 PPO PLAN

	2013	2014
	\$40/\$1,000 PPO	Silver PPO 1500/45 Pending regulatory approval
FEATURES	MEMBER PAYS in-network	MEMBER PAYS in-network
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$1,000/\$2,000 (embedded)	\$1,500/\$3,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$200 for brand-name drugs	\$500 (per individual)
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$5,000/\$10,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE		
Primary care visits	\$40	\$45
Specialty office visits	\$40	\$65
Urgent care visits	30% (after deductible)	\$90
Most laboratory tests	30% (after deductible)	\$45
Most X-rays and diagnostic	30% (after deductible)	\$65
Outpatient surgery	30% per procedure (after deductible)	20% per procedure
PRESCRIPTIONS		
Generic drugs	\$15 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	\$19 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (after brand-name drug deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	\$50 (after brand-name drug deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	30% (after deductible)	20% (after deductible)
OTHER		
Certain durable medical equipment (DME)	30% (after deductible; base coverage plus supplemental coverage up to \$2,000 per year)	20% (base coverage plus supplemental coverage up to \$2,000 per year ¹)
Certain prosthetics, orthotics, and devices	30% (after deductible; base and supplemental coverage)	20% (base and supplemental coverage ¹)
Infertility	30% (up to \$1,000 per year; IVF not covered)	50% (up to \$1,000 per year; IVF not covered)
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	20% for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Certificate of Insurance* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

Refer to the *Plan Highlights* brochure online at kp.org/smallbusinessplans/ca for more information and restrictions.

\$40/\$2,500 PPO WITH HSA PLAN

	2013	2014
	\$40/\$2,500 PPO with HSA	Silver PPO 1500/45 Pending regulatory approval
FEATURES	MEMBER PAYS in-network	MEMBER PAYS in-network
ANNUAL PLAN DEDUCTIBLE Individual/Family	\$2,500/\$5,000 (embedded)	\$1,500/\$3,000 (embedded)
PHARMACY ANNUAL DEDUCTIBLE Brand-name drugs	\$0	\$500 (per individual)
ANNUAL OUT-OF-POCKET MAXIMUM Individual/Family	\$5,000/\$10,000 (embedded)	\$6,350/\$12,700 (embedded)
IN THE MEDICAL OFFICE Primary care visits	\$40 (after deductible)	\$45
Specialty office visits	\$40	\$65
Urgent care visits	30% (after deductible)	\$90
Most laboratory tests	30% (after deductible)	\$45
Most X-rays and diagnostic	30% (after deductible)	\$65
Outpatient surgery	30% (after deductible)	20% per procedure
PRESCRIPTIONS Generic drugs	\$15 (after overall deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	\$19 (up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
Brand-name drugs	\$35 (after overall deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)	\$50 (after brand-name drug deductible; up to a 30-day supply; usually two times the cost share for up to a 100-day supply by mail order; applies to out-of-pocket maximum)
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	30% (after deductible)	20% (after deductible)
OTHER Certain durable medical equipment (DME)	30% (after deductible; base coverage plus supplemental coverage up to \$2,000 per year)	20% (base coverage plus supplemental coverage up to \$2,000 per year ¹)
Certain prosthetics, orthotics, and devices	30% (after deductible; base and supplemental coverage)	20% (base and supplemental coverage ¹)
Infertility	30% (up to \$1,000 per year; IVF not covered)	50% (up to \$1,000 per year; IVF not covered)
Adult optical (eyewear)	Not covered	Not covered
Pediatric optical (eyewear)	Not covered	20% for one pair of frames and lenses or contact lenses per calendar year
Pediatric dental	Not covered	Covered

¹Please refer to your *Certificate of Insurance* for information on what's included in base coverage for DME and prosthetic and orthotic devices.

