

HMO BENEFIT COMPARISON

Benefit Summary	PROPOSED	CURRENT
	VEBA Kaiser HMO \$10 / 100%, Rx: \$10 / 100day What You Pay	Kaiser HMO \$10 / 100%, Rx: \$10 100day What You Pay
Medical Deductible	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3000	\$1,500 / \$3000
Health Account	None	None
PCP Office Visit	\$10 copay	\$10 copay
Specialist Office Visit	\$10 copay	\$10 copay
Preventive Care	No charge	No charge
Inpatient Hospital Care	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge
Outpatient Surgery	\$10 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay
Urgent Care (Office Visit only)	\$10 copay	\$10 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$75 copay
Hearing Aid (every 36 months)	\$5,000 allowance	Not covered
Rx Deductible (individual/family)	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with Medical	Combined with Medical
Rx Formulary List	Kaiser	Kaiser
Rx Pharmacy Network	Kaiser	Kaiser
Short-Term Prescription Drugs (up to 30-day supply)	\$10 Generic \$10 Brand \$10 Specialty up to a 100-day supply	\$10 Generic \$10 Brand \$10 Specialty up to a 100-day supply
Long-Term Prescription Drugs (up to 90-day supply)	\$10 Generic \$10 Brand up to a 100-day supply	\$10 Generic \$10 Brand up to a 100-day supply