

## BENEFITS COMPARISON

|  | KAISER HMO                               | CIGNA SELECT HMO                         | CIGNA NETWORK HMO                        | CIGNA OAP PPO   |
|--|--|--|--|---|
| Coverage available   | Network Only                             | Network Only                             | Network Only                             | In-Network & Out-of-Network<br><small>*only In-Ntwk shown below</small> |
| Deductible   | None                                     | None                                     | None                                     | \$2,000 / Individual<br>\$6,000 / Family                                |
| Out-of-Pocket Max  | \$1,500 / Individual<br>\$3,000 / Family | \$1,000 / Individual<br>\$2,000 / Family | \$1,500 / Individual<br>\$3,000 / Family | \$6,000 / Individual<br>\$18,000 / Family                               |
| Primary / Specialist Office Visit  | \$5 / \$10<br>Co-Pay                     | \$5 / \$10<br>Co-Pay                     | \$25 / \$30<br>Co-Pay                    | \$60 / \$70<br>Co-Pay   |
| Urgent Care  | \$5                                      | \$25                                     | \$25                                     | \$55  |
| Emergency Room   | \$150 Co-Pay                             | \$150 Co-Pay                             | \$150 Co-Pay                             | \$250 Co-Pay  |
| Hospital Inpatient or Outpatient Services  | \$250 admit<br>\$5-\$10                  | \$250 admit<br>\$5-\$25                  | \$250 admit<br>\$25-\$30                 | \$250 admit + 20%<br>\$70-20%   |
| Pharmacy Co-Pays   | \$5, \$35, \$60                          | \$5, \$35, \$50                          | \$5, \$35, \$50                          | \$20, \$50, \$80  |
| <small>*30 day supply retail; additional member savings if home delivery</small> |  |  |  |   |

## KEY DIFFERENCES

|  | KAISER HMO  | CIGNA SELECT HMO  | CIGNA NETWORK HMO   | CIGNA OAP PPO  |
|--|---|---|---|--|
|  | Managed Healthcare  | Managed Healthcare  | Managed Healthcare  | More freedom of Choice   |
| Coverage available<br><small>*True medical emergency conditions covered anywhere on all plans</small>                    | Network Only<br><br>Kaiser only Network: "California - Southern"<br><br>CA Only             | Network Only<br><br>Narrower Cigna Network: "Southern California SELECT"<br><br>CA Only     | Network Only<br><br>Larger Cigna Network: "Southern California"<br><br>CA Only              | In-Network & Out-of-Network<br>Larger Cigna Network: "Open Access Plus, OAP Tiered"<br><br>Nationwide              |
| Deductible<br><small>*What you pay before insurance pays; applies for most services, except Office Visit Co-Pays</small> | None  | None  | None  | Has Deductible   |
| Out-of-Pocket Max<br><small>*Max member pays per calendar year</small>   | Middle OOP Max  | Lowest OOP Max  | Middle OOP Max  | Highest OOP Max  |
| Primary / Specialist Office Visit  | Lowest Office Visit Co-Pays<br><br><small>*PCP Referral Needed for most Specialists</small> | Lowest Office Visit Co-Pays<br><br><small>*PCP Referral Needed for most Specialists</small> | Middle Office Visit Co-Pays<br><br><small>*PCP Referral Needed for most Specialists</small> | Highest Office Visit Co-Pays<br><br><small>*Referral-free access; some services still require pre-approval</small> |
| Other Co-Pays / Co-insurance<br><small>*Cost sharing between plan/member</small>   | Lowest Co-Pays  | Lowest-Middle Co-Pays   | Middle Co-Pays  | Highest Co-Pays and has Co-insurance: 80% / 20%  |