

### HSA BENEFIT COMPARISON

	NHP Choice Saver Plus \$2,400 Ded (HSA)	NHP Choice Saver Plus \$2,400 Ded (HSA)	Shield Spectrum PPO Savings \$2,400 Ded (HSA)	Shield Spectrum PPO Savings \$2,400 Ded (HSA)	Health Net SmartChoice HSA \$2,500 Ded (HSA)	Health Net SmartChoice HSA \$2,500 Ded (HSA)	Blue Cross Individual PPO \$3,500 Ded (HSA)	Blue Cross Individual PPO \$3,500 Ded (HSA)
BENEFITS	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	\$5,000,000		\$6,000,000		\$6,000,000		\$5,000,000	
Maximum Annual Out-of-Pocket (Deductible not Included)	Not Applicable	\$5,200 Individual/\$10,400 Family	\$800 Individual/\$1,000 Family		\$1,500 Individual/\$5,000 Family Combined In and Out of Network		\$5,000 Individual/\$10,000 Family Combined In and Out-of-Network	
Calendar Year Deductible	\$2,400 Individual/\$4,800 Family		\$2,400 Individual/\$4,800 Family		\$2,500 Individual/\$5,000 Family		\$3,500 Individual/ \$7,000 Family	
Ambulance Transportation	0%	0%	30%	30%	30%	50%	0%	50%, plus 100% of excess charges
Emergency Hospital	0%	0%	30%	30%	30%	30%	\$100 copay, then 0% (Waived if admitted)	All charges in excess of 100% of C & R for the first 48 hrs. After 48 hrs., all charges except \$650 per day
Emergency Room Use	0%	50%	\$75 copay then 30% (copay waived if admitted)	\$75 copay then 30% (copay waived if admitted)	\$70 copay then 30% (Copay waived if admitted)	\$70 copay then 30% (Copay waived if admitted)	\$100 copay, then 0% (Waived if admitted)	All charges in excess of 100% of C & R for the first 48 hrs. After 48 hrs., all charges except \$650 per day
Maternity	Same as any Other Illness	Same as any Other Illness	30%	50% (\$300 max per day for delivery and all inpatient hospital services)	No Benefit	No Benefit	No Benefit	No Benefit
Durable Medical Equipment	0% (\$5,000 maximum per calendar year)	50% (\$5,000 maximum per calendar year)	30% (\$2,000 maximum per member per year)	50% (\$2,000 maximum per member per year)	50% (\$2,000 annual maximum)	No Benefit	0%	50%, plus 100% of excess charges
Doctor Visits	0%	All Charges Over \$25 per Visit	30%	50%	30%	50%	0%	50%, plus 100% of excess charges
Adult Preventive Care * Annual Office Visits	0% Deductible Waived (\$200 max payable annual benefit combined for all Adult Preventive Care Services)	No Benefit	\$35 copay, then 0% Deductible Waived	No Benefit	\$70 copay then 0% Deductible Waived	No Benefit	Healthy Check Center co-pay: \$25 or \$75 (Deductible Waived) Non-healthy check center: 0% after deductible	50%, plus 100% of excess charges
* Annual Physical Lab & Diagnostics	0% Deductible Waived (\$200 max payable annual benefit combined for all Adult Preventive Care Services)	No Benefit	0% (if all preventative services in one visit) 30% (if annual physical in separate visit) Deductible Waived	No Benefit	\$35 copay then 0% Deductible Waived	No Benefit	0%	50%, plus 100% of excess charges
* Routine Mammography & Pap Test	0% Deductible Waived (\$200 max payable annual benefit combined for all Adult Preventive Care Services)	No Benefit	0% (if all preventative services in one visit) 30% (if annual physical in separate visit) Deductible Waived	No Benefit	\$35 copay then 0% Deductible Waived	No Benefit	0%	50%, plus 100% of excess charges
Child Preventive Care	0% Deductible Waived	No Benefit	No Benefit	No Benefit	\$35 copay then 0% Deductible Waived	No Benefit	0%	50%, plus 100% of excess charges
Physical Therapy	0% 12 visits per calendar year, combined with Chiro Services (\$500 max payable annual benefit)	50% 12 visits per calendar year, combined with Chiro Services (\$300 max payable annual benefit)	30%	50%	30% 20 visits per calendar year	50% (members responsible for all charges over \$25 per visit) 20 visits per calendar year	0% 12 visits per calendar year combined with chiropractic	All charges except \$25 per visit 12 visits per calendar year combined with chiropractic
Chiropractic Services	0% 12 visits per calendar year, combined with Chiro Services (\$500 max payable annual benefit)	50% 12 visits per calendar year, combined with Chiro Services (\$300 max payable annual benefit)	50% (member responsible for all charges over \$25 per visit) 12 visits per calendar year	No Benefit	50% (members responsible for all charges over \$20 per visit) 12 visits per calendar year	No Benefit	0% 12 visits per calendar year combined with physical therapy	All charges except \$25 per visit 12 visits per calendar year combined with physical therapy
Optional 3-Tier Copay Program	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
Prescription Drugs	0% at a participating Pharmacy Using Your Medco Rx Card (Oral Contraceptives Included)	No Benefit	30% (Oral Contraceptives Included)	30% (Oral Contraceptives Included)	30%	No Benefit	Blue Cross Formulary Drugs: \$10 copay generic copay; \$30 copay brand-name copay after annual deductible; 50% coinsurance for non-formulary drugs	50% of the Drug Limited Fee Schedule within CA