## MEDICAL PLANS AT A GLANCE

|                         | Valley Health Plan (VHP) HMO                                                                 | Kaiser Permanente HMO                                                                 | Health Net POS                                                                 |
|-------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------
| **Type of Plan**        | HMO—Members can choose providers in the VHP network, including, but not limited to Verity/San Jose Medical Group, California IPA, PAMF, SCVMC | HMO—Services provided through Kaiser providers and facilities                         | Members may use Health Net HMO or PPO network providers, or seek care out of network |
| **Service Area**        | Live/work in Santa Clara County                                                               | Live/work within 30-mile radius of a Kaiser Hospital                                   | To receive HMO-level benefits, live/work within a 30-mile radius of the doctor selected |
| **Bi-weekly Premium**   | Employee – $0 to $89.18*  
Employee & Spouse – $0 to $187.28*  
Employee & Children – $0 to $160.51*  
Employee & Family – $0 to $258.63*  
*$0 Premiums for all bargaining units other than VPG, CIR, Park Rangers and Executive Management | Employee – $0 to $24.21  
Employee & Spouse – $0 to $44.38  
Employee & Children – $0 to $38.17  
Employee & Family – $0 to $61.49 | Employee – $0 to $239.18  
Employee & Spouse – not offered  
Employee & Children – not offered  
Employee & Family – $19.55 to $376.39 |
| **Deductible**          | None                                                                                         | None                                                                                 | Tier 1—None  
Tier 2—None  
Tier 3—$200 per member/$600 per family per year |
| **Annual Out-of-Pocket Maximum (Individual/Family)** | $1,000/$2,000                                                                              | $1,500/$3,000                                                                         | Medical:  
Tier 1—$1,500/$4,500  
Tier 2—$2,000/$6,000  
Tier 3—$3,000/$9,000  
Prescription Drug:  
In- and Out-of-Network—$2,000/$4,000  
Medical and Prescription Drug Annual Out-of-Pocket Maximums are separate |
| **Office Visits**       | $0 copay                                                                                     | $10 copay                                                                            | Tier 1—$15 copay  
Tier 2—$20 copay  
Tier 3—Plan pays 70% of the maximum allowable amount |
| **Annual Routine Preventive Exam** | $0 copay                                                                                   | $0 copay                                                                             | Tier 1 & 2—No copay  
Tier 3—Covered only to age 18 |
| **Hospital Services**   | $0 copay with prior authorization                                                            | $100 copay per admission at Kaiser Permanente hospitals                              | Tier 1—No copay if referred by PCP  
Tier 2—Plan pays 90% with prior authorization  
Tier 3—Plan pays 70% of maximum allowable amount |
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| Emergency Services            | $0 copay. Services at out-of-network hospitals are covered if deemed medically necessary. Must notify VHP within 24-48 hours if you receive services out of network. | $35 copay at a Kaiser facility; waived if admitted. Services at non-Kaiser facility are covered if deemed medically necessary. Must notify plan with 24-48 hours if you receive services from a non-Kaiser facility. | Tier 1—$50 copay at in-network hospital  
Tier 2*—$75 copay  
Tier 3*—Plan pays 70% of maximum allowable amount  
Cost sharing is waived if admitted. |
| Urgent Care                   | $0 copay                                                                                                         | $10 copay at Kaiser facility                                                        | Tier 1—$35 copay  
Tier 2*—$50 copay  
Tier 3*—Plan pays 70% of max. allowable amount |
| Prescriptions (Retail)        | $0 copay                                                                                                         | Copay based on the type of drug and the supply you need: 30-day, 31- to 60-day, or 61- to 100-day supply  
Generic—$5/$10/$15 copay  
Brand—$10/$20/$30 copay | Generic—$5 copay for 30-day supply  
Brand—$15 copay for 30-day supply  
Non-Formulary—$30 copay for 30-day supply  
(Maintenance medications can be obtained through mail order service or at a contracted CVS pharmacy) |
| Prescriptions (Mail Order)    | $0 copay; 61- to 90-day supply; Mail order through Costco Pharmacy for Maintenance medications (Costco membership is not required) | $10 copay for 30-day supply; $10 copay for 31- to 100-day supply; $20 copay for 31- to 100-day supply | Tier 1—$10 copay for 90-day supply  
Brand—$30 for 90-day supply  
Non-Formulary—$60 for 90-day supply  
(Maintenance medications can be obtained through mail order service or at a contracted CVS pharmacy) |
| Chiropractic Care             | $10 copay/visit, up to 20 visits per calendar year when referred by PCP                                           | Not covered                                                                          | Tier 1—$5 copay; 20 visits per calendar year; plan providers contracted through American Specialty Health Plan (ASHP)  
Tier 2—Not covered  
Tier 3—Not covered |
| Acupuncture                   | $10 copay/visit, up to 20 visits per calendar year when referred by PCP                                           | Not covered                                                                          | Covered with prior referral. Co-pay will apply. |
| Mental Health (Outpatient)    | $0 copay                                                                                                         | $10 copay                                                                            | Tier 1—$15 copay  
Tier 2—$20 copay  
Tier 3—Plan pays 70% of max. allowable amount |
| Well Woman Care               | $0 copay                                                                                                         | $0 copay                                                                            | Tier 1—$0 copay per annual visit  
Tier 2—$0 copay per annual visit  
Tier 3—Not covered |
| Well Baby Care                | $0 copay                                                                                                         | $0 copay                                                                            | Tier 1—$0 copay per office visit  
Tier 2—$0 copay per office visit  
Tier 3—Plan pays 70% of max. allowable amount |