

GSPANN Technologies - Kaiser side by side ACA comparison

Medical	Kaiser <u>Bronze 60 HDHP HMO 6900/0 + Child Dental</u>	Kaiser <u>Silver 70 HMO 1650/55 + Child Dental Alt</u>	Kaiser <u>Gold 80 HMO 500/30 + Child Dental Alt</u>	Kaiser <u>Silver 70 PPO 2250/50 + Child Dental</u>	Kaiser <u>Gold 80 PPO 250/25 + Child Dental</u>
	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020
DEDUCTIBLE					
Individual	HMO: \$6,900	HMO: \$1,650	HMO: \$500	PPO: \$2,250	PPO: \$250
Family	HMO: \$13,800 (embedded)	HMO: \$3,300 (embedded)	HMO: \$1,000 (embedded)	PPO: \$4,500 (embedded)	PPO: \$500 (embedded)
OUT-OF-POCKET MAX					
Individual	HMO: \$6,900 (includes ded)	HMO: \$7,800 (includes ded)	HMO: \$7,000 (includes ded)	PPO: \$7,800 (includes ded)	PPO: \$7,800 (includes ded)
Family	HMO: \$13,800 (embedded; includes ded)	HMO: \$15,600 (embedded; includes ded)	HMO: \$14,000 (embedded; includes ded)	PPO: \$15,600 (embedded; includes ded)	PPO: \$15,600 (embedded; includes ded)
PHYSICIAN SERVICES					
Office Visits	HMO: 0% after ded	HMO: \$55/\$80 (ded waived)	HMO: \$30/\$35 (ded waived)	PPO: \$50/\$85 (ded waived)	PPO: \$25/\$50 (ded waived)
Telemedicine	HMO: \$0 after ded	HMO: \$0 (ded waived)	HMO: \$0 (ded waived)	PPO: \$0 (ded waived)	PPO: \$0 (ded waived)
Preventive Care	HMO: 0% (ded waived)	HMO: 0% (ded waived)	HMO: 0% (ded waived)	PPO: 0% (ded waived)	PPO: 0% (ded waived)
Diagnostic Lab/X-Ray	HMO: 0% after ded	HMO: \$25 (ded waived)/ \$75 after ded	HMO: \$20/\$40 (ded waived)	PPO: \$40/\$85 (ded waived)	PPO: \$25/\$65 (ded waived)
Imaging (CT/PET scans, MRIs)	HMO: 0% after ded	HMO: \$350 after ded	HMO: \$300 after ded	PPO: \$300 (ded waived)	PPO: 20% (ded waived)
Rehabilitation/Habilitation (PT/OT/ST)	HMO: 0% after ded	HMO: \$65 (ded waived)	HMO: \$30 (ded waived)	PPO: \$50 (ded waived)	PPO: \$25 (ded waived)
Chiropractic Care	HMO: Not Covered	HMO: \$15 (ded waived; 20 visits per year)	HMO: \$15 (ded waived; 20 visits per year)	PPO: Not Covered	PPO: Not Covered
PRESCRIPTION DRUGS					
Pharmacy Deductible	HMO: Combined w/Medical (Subject to all Tiers)	HMO: \$350/\$700 (Subject to Tiers 2-4)	HMO: None	PPO: \$300/\$600 (Subject to all Tiers)	PPO: None
Tier 1 (Generic Formulary)	HMO: 0% (up to 30-day supply)	HMO: \$20 (up to 30-day supply)	HMO: \$15 (up to 30-day supply)	PPO: \$17 (up to 30-day supply)	PPO: \$15 (up to 30-day supply)
Tier 2 (Preferred Brand Formulary)	HMO: 0% (up to 30-day supply)	HMO: \$75 (up to 30-day supply)	HMO: \$50 (up to 30-day supply)	PPO: \$65 (up to 30-day supply)	PPO: \$50 (up to 30-day supply)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 1/15/2021

Sorted By: Carrier,PlanType,Premium(Ascending)

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Tier 3 (Non-Preferred Brand Formulary)	HMO: Same as preferred brand drugs when approved through exception process.	HMO: Same as preferred brand drugs when approved through exception process.	HMO: Same as preferred brand drugs when approved through exception process.	PPO: Same as preferred brand drugs	PPO: Same as preferred brand drugs
Tier 4 (Specialty Drugs)	HMO: 0% (up to 30-day supply)	HMO: 20% up to \$250 (up to 30-day supply)	HMO: 20% up to \$250 (up to 30-day supply)	PPO: 20% up to \$250 (up to 30-day supply)	PPO: 20% up to \$250 (up to 30-day supply)
Mail Order	HMO: 2x Retail (up to 100-day supply)	HMO: 2x Retail (up to 100-day supply)	HMO: 2x Retail (up to 100-day supply)	PPO: 2x Retail (up to 100-day supply)	PPO: 2x Retail (up to 100-day supply)
HOSPITAL FACILITY SERVICES					
Inpatient Hospital Services	HMO: 0% after ded	HMO: 40% after ded	HMO: \$600/day after ded, 5 days max	PPO: 20% after ded	PPO: 20% after ded
Outpatient Surgery in a Hospital	HMO: 0% after ded	HMO: 40% after ded	HMO: \$600 after ded	PPO: 20% (ded waived)	PPO: 20% (ded waived)
Ambulatory Surgical Center	HMO: 0% after ded	HMO: 40% after ded	HMO: \$600 after ded	PPO: 20% (ded waived)	PPO: 20% (ded waived)
EMERGENCY SERVICES					
Emergency Room	HMO: 0% after ded (waived if admitted)	HMO: 40% after ded (waived if admitted)	HMO: \$250 after ded (waived if admitted)	PPO: \$400 after ded (waived if admitted)	PPO: \$250 after ded (waived if admitted)
Emergency Transport/Ambulance	HMO: 0% after ded	HMO: 40% after ded	HMO: \$250 after ded	PPO: \$250 after ded	PPO: \$250 after ded
Urgent Care	HMO: 0% after ded	HMO: \$55 (ded waived)	HMO: \$30 (ded waived)	PPO: \$50 (ded waived)	PPO: \$25 (ded waived)
MENTAL HEALTH/SUBSTANCE USE DISORDER					
Outpatient Services	HMO: 0% after ded	HMO: \$55 (ded waived)	HMO: \$30 (ded waived)	PPO: \$50 (ded waived)	PPO: \$25 (ded waived)
Inpatient Services	HMO: 0% after ded	HMO: 40% after ded	HMO: \$600/day after ded, 5 days max	PPO: 20% after ded	PPO: 20% after ded
MATERNITY					
Prenatal and Postnatal Care	HMO: 0% (ded waived)	HMO: 0% (ded waived)	HMO: 0% (ded waived)	PPO: 0% (ded waived)	PPO: 0% (ded waived)
Delivery and All Inpatient Services	HMO: 0% after ded	HMO: 40% after ded	HMO: \$600/day after ded, 5 days max	PPO: 20% after ded	PPO: 20% after ded
PEDIATRIC SERVICES (UP TO AGE 19)					
Eye Exam	HMO: 0% (ded waived; one exam/year)	HMO: 0% (ded waived; one exam/year)	HMO: 0% (ded waived; one exam/year)	PPO: 0% (ded waived; one exam/year)	PPO: 0% (ded waived; one exam/year)

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Presented By: Filice Insurance License# 0E87113

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Glasses	HMO: 0% (ded waived; one pair/year)	HMO: 0% (ded waived; one pair/year)	HMO: 0% (ded waived; one pair/year)	PPO: 0% (ded waived; one pair/year)	PPO: 0% (ded waived; one pair/year)
Dental Check-up	HMO: DeltaCare HMO: 0% (ded waived)	HMO: DeltaCare HMO: 0% (ded waived)	HMO: DeltaCare HMO: 0% (ded waived)	PPO: Delta Dental PPO: 0% (ded waived)	PPO: Delta Dental PPO: 0% (ded waived)

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