

## GSPANN Technologies - Kaiser side by side Grandfather comparison

Medical	Kaiser	Kaiser	Kaiser	Kaiser
	<u>GRANDFATHER - Copayment HMO 15</u>	<u>GRANDFATHER - Copayment HMO 20</u>	<u>GRANDFATHER - Copayment HMO 30</u>	<u>GRANDFATHER - Copayment HMO 50</u>
	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020
<b>DEDUCTIBLE</b>				
Individual	HMO: None	HMO: None	HMO: None	HMO: None
Family	HMO: None	HMO: None	HMO: None	HMO: None
<b>OUT-OF-POCKET MAX</b>				
Individual	HMO: \$2,500	HMO: \$2,500	HMO: \$3,000	HMO: \$3,500
Family	HMO: \$5,000	HMO: \$5,000	HMO: \$6,000	HMO: \$7,000
<b>PHYSICIAN SERVICES</b>				
Office Visits	HMO: \$15	HMO: \$20	HMO: \$30	HMO: \$50
Telemedicine	HMO: \$0 (ded waived)	HMO: \$0 (ded waived)	HMO: \$0 (ded waived)	HMO: \$0 (ded waived)
Preventive Care	HMO: No Charge	HMO: No Charge	HMO: No Charge	HMO: No Charge
Diagnostic Lab/X-Ray	HMO: \$10	HMO: \$10	HMO: \$10	HMO: \$10
Imaging (CT/PET scans, MRIs)	HMO: \$50	HMO: \$50	HMO: \$50	HMO: \$50
Rehabilitation/Habilitation (PT/OT/ST)	HMO: See Brochure	HMO: See Brochure	HMO: See Brochure	HMO: See Brochure
Chiropractic Care	HMO: Optional Rider Available: \$15 copay (20 visits combined chiro/acu, \$50 allowance for Chiro appliances annually)	HMO: Optional Rider Available: \$15 copay (20 visits combined chiro/acu, \$50 allowance for Chiro appliances annually)	HMO: Optional Rider Available: \$15 copay (20 visits combined chiro/acu, \$50 allowance for Chiro appliances annually)	HMO: Optional Rider Available: \$15 copay (20 visits combined chiro/acu, \$50 allowance for Chiro appliances annually)
<b>PRESCRIPTION DRUGS</b>				
Pharmacy Deductible	HMO: None	HMO: None	HMO: \$250/cal. yr. (Subject to Tiers 2-4)	HMO: \$250/cal. yr. (Subject to Tiers 2-4)
Tier 1 (Generic Formulary)	HMO: \$10 (up to a 30-day supply)	HMO: \$10 (up to a 30-day supply)	HMO: \$10 (up to a 100-day supply)	HMO: \$10 (up to a 100-day supply)
Tier 2 (Preferred Brand Formulary)	HMO: \$25 (up to 30-day supply)	HMO: \$30 (up to 30-day supply)	HMO: \$35 (up to 100-day supply)	HMO: \$35 (up to 100-day supply)
Tier 3 (Non-Preferred Brand Formulary)	HMO: Certain non-formulary drugs may be covered if deemed medically necessary and prior auth. is received.	HMO: Certain non-formulary drugs may be covered if deemed medically necessary and prior auth. is received.	HMO: Certain non-formulary drugs may be covered if deemed medically necessary and prior auth. is received.	HMO: Certain non-formulary drugs may be covered if deemed medically necessary and prior auth. is received.
Tier 4 (Specialty Drugs)	HMO: Generic: \$10; Brand: \$25 (up to 30-day supply)	HMO: Generic: \$10; Brand: \$30 (up to 30-day supply)	HMO: Generic: \$10; Brand: \$35 (up to 100-day supply)	HMO: Generic: \$10; Brand: \$35 (up to 100-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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	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020	Effective Date: 12/1/2020
Mail Order	HMO: 2x retail (31- to 100-day supply)	HMO: 2x retail (31- to 100-day supply)	HMO: Same as retail benefit	HMO: Same as retail benefit
<b>HOSPITAL FACILITY SERVICES</b>				
Inpatient Hospital Services	HMO: \$200 per day	HMO: \$300 per day	HMO: \$400 per day	HMO: \$500 per day
Outpatient Surgery in a Hospital	HMO: \$100 per procedure	HMO: \$150 per procedure	HMO: \$200 per procedure	HMO: \$250 per procedure
Ambulatory Surgical Center	HMO: \$100 per procedure	HMO: \$150 per procedure	HMO: \$200 per procedure	HMO: \$250 per procedure
<b>EMERGENCY SERVICES</b>				
Emergency Room	HMO: \$100 copay (waived if admitted directly to hospital)	HMO: \$100 copay (waived if admitted directly to hospital)	HMO: \$100 copay (waived if admitted directly to hospital)	HMO: \$150 copay (waived if admitted directly to hospital)
Emergency Transport/Ambulance	HMO: \$75 per trip	HMO: \$75 per trip	HMO: \$75 per trip	HMO: \$300 per trip
Urgent Care	HMO: \$15 per visit	HMO: \$20 per visit	HMO: \$30 per visit	HMO: \$50 per visit
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>				
Outpatient Services	HMO: Ind. - \$15/Group - \$7	HMO: Individual - \$20/Group - \$10	HMO: Individual - \$30/Group - \$15	HMO: Individual - \$50/Group - \$25
Inpatient Services	HMO: \$200 per day	HMO: \$300 per day	HMO: \$400 per day	HMO: \$500 per day
<b>MATERNITY</b>				
Prenatal and Postnatal Care	HMO: See Brochure	HMO: See Brochure	HMO: See Brochure	HMO: See Brochure
Delivery and All Inpatient Services	HMO: See Brochure	HMO: See Brochure	HMO: See Brochure	HMO: See Brochure
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>				
Eye Exam	HMO: Not Covered	HMO: Not Covered	HMO: Not Covered	HMO: Not Covered
Glasses	HMO: Not Covered	HMO: Not Covered	HMO: Not Covered	HMO: Not Covered
Dental Check-up	HMO: Not Covered	HMO: Not Covered	HMO: Not Covered	HMO: Not Covered

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Presented By: Filice Insurance License# 0E87113