

Medical Plan Comparison Chart
 Blue Shield Access+ HMO, Blue Shield Trio HMO
 Kaiser Traditional HMO and Kaiser Deductible

<i>Benefits</i>	<i>2021 Blue Shield Access + HMO 2021 Blue Shield Trio HMO</i>	<i>2021 Kaiser Traditional HMO</i>	<i>2021 Kaiser Deductible HMO</i>
Deductible			Deductible only applies where noted: "After deductible"
Member	NONE	NONE	\$1,000
Family			\$2,000
Annual Out-of-Pocket Maximum			
Member	\$1,000	\$1,500	\$3,000
Family	\$2,000	\$3,000	\$6,000
Hospital			
All Inpatient Services	No Charge	No Charge	20% After deductible
Outpatient Services	No Charge	\$25 Procedure	20% After deductible
Physician Services¹			
Office Visits	Primary Care: \$20 per visit Access+ or Trio+ Specialist: \$35 per visit Other Specialists: \$20 per visit Physician Home Visit: \$20 per visit Urgent Care Center: \$20 per visit Teledoc Consultation: \$0 per consult	\$25 per visit	\$20 per visit
Preventative Care Annual routine physical including health screenings specific to age and gender. Immunizations are also included.	No Charge	No Charge	No Charge
Allergy – Testing/Treatment	\$20 per visit (Allergy serum 50%)	\$25 per visit / \$5 per visit for serum	No Charge
Vision Exam	Screening covered per ACA guidelines	No Charge (Covers vision evaluation only)	No Charge (Covers vision evaluation only)
Hearing Exam	Screening covered per ACA guidelines Hearing aids are not covered	No Charge Exam \$1,000 device allowance 1 device / ear / 36 months	No Charge Exam Hearing aids are not covered
Diagnostic X-Ray / Lab	No Charge	No Charge	\$10 per encounter
Prescription Drugs	See Footnote ²	Kaiser Plan Pharmacies ³	Kaiser Plan Pharmacies ³
Retail Pharmacy (Up to 30-day supply)	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$45 copay Tier 4 & Specialty: 20% up to \$250 Per prescription Specialty drugs must be dispensed by a Network Specialty Pharmacy	Generic: \$15 copay Brand Name: \$35 (30-day supply) Specialty Drug: 20% with \$100 per script maximum	Generic: \$10 copay Brand Name: \$30 (30-day supply) Specialty Drug: 20% with \$150 per script maximum
Mail Order Pharmacy (Up to 90-day supply)	Tier 1: \$30 copay Tier 2: \$60 copay Tier 3: \$90 copay Tier 4: 20% up to \$500 per prescription Specialty Drugs: 20% up to \$250/prescription only when dispensed by a Network Specialty Pharmacy.	Generic: \$30 copay Brand Name: \$70 (Up to 100-day supply)	Generic: \$20 copay Brand Name: \$60 (Up to 100-day supply)

This is only a summary of your benefits.

For a detailed description of benefits, exclusions, and limitations, please refer to your HMO's Evidence of Coverage

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<i>Benefits</i>	<i>2020 Blue Shield Access + HMO 2020 Blue Shield Trio HMO *See Note Below</i>	<i>2020 Kaiser Traditional HMO</i>	<i>2020 Kaiser Deductible HMO</i>
Durable Medical Equipment	50%	No Charge (Formulary guidelines apply)	20% (Formulary guidelines apply)
Infertility Testing / Treatment	50% of Allowed Charges	50% of Allowed Charges	50% of Allowed Charges
Ambulance	\$100 per transport	No Charge, If medically necessary	\$150 per trip
Emergency Room Services	\$100 per visit / Waived if admitted	\$100 per visit / Waived if admitted	20% After deductible
Mental Health			
Inpatient	No Charge	No Charge	20% After deductible
Outpatient	\$20 per visit	\$25 per visit / \$12 per group	\$20 per visit / \$10 per group
Substance Abuse Treatment			
Inpatient	No Charge	No Charge; Detoxification	20% After deductible Detoxification
Outpatient	\$20 per visit	\$25 per Individual Visit / \$5 per Group Visit	\$20 per Individual Visit / \$5 per Group Visit
Home Health Care	\$20 per visit (Up to 100 visits per member, per calendar year)	No Charge (Up to 100 days per accumulation period)	No Charge (Up to 100 days per accumulation period)
Skilled Nursing Facility Care	No Charge (Up to 100 visits per member, per calendar year)	No Charge (Up to 100 days per benefit period)	No Charge (Up to 100 days per benefit period)
Hospice	No Charge	No Charge	No Charge
Rehabilitative Services Speech / Physical / Occupational Therapy	Outpatient - \$20 per visit Inpatient - No Charge	Outpatient - \$25 per visit Inpatient - No Charge	Outpatient - \$20 per visit Inpatient - 20% After deductible
Acupuncture	\$10 copay (30 visits per calendar year, combined with chiropractic)	Acupuncture Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment) \$25 per visit	Acupuncture Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment) \$25 per visit
Chiropractic	\$10 copay (30 visits per calendar year, combined with acupuncture)	\$10 per visit 20 Visits per calendar year	\$10 per visit 20 Visits per calendar year

*There are two new HMO plan options offered through Blue Shield. While the benefits for both plans are the same, there are differences in the provider options. The Blue Shield Access+ HMO plan offers the full Blue Shield HMO network. You can choose any primary care physician you wish that is in the Blue Shield Access+ HMO network. The Blue Shield Trio HMO offers the same plan benefits, only there is a narrowed provider network. The narrow network allows for reduced plan premiums with the same high level of care you would expect to receive from Blue Shield. The two Trio HMO IPA/Medical Groups in the Ventura area are Seaview and Facey. If you are currently utilizing a provider through one of these networks, you may want to consider the Blue Shield Trio HMO plan.

1. Each time you receive multiple covered services, you might have separate copayments/coinsurance. For example, you may have an office visit copayment when you visit the doctor and have an additional copayment for an allergy shot you receive during the visit.
2. When a participation pharmacy's contracted rate is lower than the plan copayment/coinsurance, the member only pays the contracted rate.
3. Certain affiliated pharmacies will provide first-fill new prescriptions only. (Contact Kaiser for affiliated pharmacy locations.)

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