# PERS Health Insurance Program
## 2020 Non-Medicare Qualified High Deductible Health Plan (HDHP) Benefit/Rate Comparison

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Member Pays:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Medical/Pharmacy Deductible</td>
<td>$3,000 per individual</td>
<td>$3,000 per individual</td>
</tr>
<tr>
<td></td>
<td>If enrolled as a family, a total of $6,000 for all members combined</td>
<td>If enrolled as a family, a total of $6,000 for all members combined</td>
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<tr>
<td>Calendar Year Medical/Pharmacy Out-of-Pocket Maximum</td>
<td>$6,650 per individual</td>
<td>$6,650 per individual</td>
</tr>
<tr>
<td></td>
<td>$13,300 per family (2 or more)</td>
<td>$13,300 per family (2 or more)</td>
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</tbody>
</table>

### Inpatient Care
- Inpatient Hospital Care: 20% after deductible
- Skilled Nursing Facility: 20% after deductible

### Outpatient Care
- Physician Office Visits: 20% after deductible
- Specialist Office Visits: 20% after deductible
- Outpatient Surgery: 20% after deductible
- Ambulance (air-ground): 20% after deductible
- Emergency Services: 20% after deductible
- Urgent Care: 20% after deductible
- DME: 20% after deductible
- Lab Tests: 20% after deductible
- X-ray: 20% after deductible
- Diagnostic Procedures (CT/MRI/PET): 20% after deductible
- Physical Therapy: 20% after deductible
- OT/ST Therapy: 20% after deductible

### Preventive Care
- Covered in full

### Alternative Care
- 20% after deductible

### Prescription Drugs
- Brand / Generic / Specialty: 20% after deductible

### Rates (Per Member, Per Month)

<table>
<thead>
<tr>
<th></th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$550.25</td>
<td>$168.58</td>
</tr>
<tr>
<td></td>
<td>$832.86</td>
<td>$253.36</td>
</tr>
</tbody>
</table>

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This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this outline and the health plan document, the information in the health plan document shall prevail.

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1 A family has to meet the entire family deductible before covered expenses are paid at the plan coinsurance level for any of the family members.
2 Outpatient Rehab: OT = Occupational Therapy, ST = Speech Therapy
3 Limited to 20 visits per calendar year.
4 Spinal manipulations and acupuncture are limited to 20 visits per calendar year. Naturopathy included. No massage therapy coverage.
5 Spinal manipulations and acupuncture are limited to 12 combined visits per calendar year. No massage therapy coverage.
6 Apply the adult rate to the PERS Retiree; Spouse; and Dependent Domestic Partner. Apply the Child Rate to a dependent child regardless of age. (No additional premium (cost) for more than two children.)