Employees who reside in Northern CA and in Southern CA - Medical Plan Comparison 2027

	Aetna PPO[1]		Aetna HDHP with HSA[1]		Aetna EPO	Kaiser N CA HMO Kaiser S CA HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Plan Features						
Employer HSA Contribution	N/A	N/A	Employee Only: $750; Employee Plus One/Family $1,500		N/A	N/A
Member Coinsurance	20%	40%	10%	40%	0%	See plan provisions below
Deductibles (per calendar year)	$1,000 per person $2,000 per employee plus one/ family	$3,000 per person $6,000 per employee plus one/ family	$1,850 per person $3,700 per employee plus one/ family	$4,750 per person $9,500 per employee plus one/ family	$100 per person $200 per employee plus one/family	None
Out-of-Pocket Maximum – Medical and Prescription combined	$8,700 per person $17,400 per employee plus one/ family	$9,500 per person $19,000 per employee plus one/ family	$4,750 per person $9,500 per employee plus one/ family	$8,750 per person $17,500 per employee plus one/ family	$2,000 Individual $4,000 per employee plus one/ family	$1,500 Individual $3,000 Employee plus one/family
Physician Services Office Visit	20% after deductible	40% after deductible	10% after deductible	40% after deductible	$25 copay	$25 copay
Specialist Office Visit	20% after deductible	40% after deductible	10% after deductible	40% after deductible	$40 copay	$40 copay
Emergency Room	20% after deductible (no coverage for non-emergency use of the emergency room)	Same as In-network	10% after deductible	10% after deductible	$100 copay (waived if admitted within 24 hours)	$100 copay (waived if immediately admitted) $100 copay per ambulance service/ trip
Dependent Age Limit	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)

	Aetna PPO[1]		Aetna HDHP with HSA[1]		Aetna EPO	Kaiser N CA HMO Kaiser S CA HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Physician Office Visits						
Preventive Care	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible	No copay	Covered 100%
Diagnostic Lab & X-Ray at Physician Office	20% after deductible	40% after deductible	10% after deductible	40% after deductible	$50 copay/visit	$10 copay per lab test/X-ray
Well Child Care/ Immunizations—Age 19 and under	Covered at 100% (no deductible) (exam limits)	40% after deductible (exam limits)	Covered 100% (no deductible) (exam limits)	40% after deductible (exam limits)	No copay	Covered 100%
Well Woman Care (includes routine mammograms)	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible	No copay; 2 exams per year	Covered 100%
Routine Physical Examinations (1 in 12 months)	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible	No copay; 1 per calendar year	Covered 100%
Outpatient Services						
Outpatient Hospital Expenses (including surgery)	20% after deductible	40% after deductible	10% after deductible	40% after deductible	Covered 100% after deductible	$100 copay per procedure
Hospital Care						
Hospital Per-Admission	$250 copay/day for 1st five days, thereafter covered at 100%; after deductible	$500 copay/day for 1st 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible	$500 copay, after deductible	$500 copay per admission

	Aetna PPO[1]		Aetna HDHP with HSA[1]		Aetna EPO	Kaiser N CA HMO Kaiser S CA HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Prescription Drug Services						
Retail – Up to 30 Days						
Generic	10% ($7.50 minimum/$30 maximum copay)	Not covered	10% ($7.50 minimum/$30 maximum copay)	Not covered	$15 copay	$15 copay (up to 30 days)
Brand (preferred)	20% ($20 minimum/ $100 maximum copay)		20% ($20 minimum/ $100 maximum copay)		$30 copay	$35 copay (up to 30 days)
Brand (non-preferred)	30% ($40 minimum/ $200 maximum copay)		30% ($40 minimum/ $200 maximum copay)		$50 copay	$35 copay (up to 30 days)
Specialty	30% ($80 minimum/ $400 maximum copay)		30% ($80 minimum/ $400 maximum copay)		Applicable cost as noted above for generic or brand drugs	30% coinsurance up to $150 max, per Rx
Mail Order and Retail – Up to 90 Days						
Generic	10% ($15 minimum/$60 maximum copay)	Not covered	10% ($15 minimum/$60 maximum copay)	Not covered	$30 copay	$30 for up to a 100-day supply
Brand (preferred)	20% ($40 minimum/ $200 maximum copay)		20% ($40 minimum/ $200 maximum copay)		$60 copay	$70 for up to a 100-day supply
Brand (non-preferred)	30% ($80 minimum/ $400 maximum copay)		30% ($80 minimum/ $400 maximum copay)		$100 copay	$70 for up to a 100-day supply
Vision Care						
Examinations	Covered at 100% (no deductible); one visit every 24 months	40% after deductible; one visit every 24 months	100%, no deductible; one visit every 24 months	40% after deductible; one visit every 24 months	1 routine exam covered at 100% per covered period	No copay for routine exam
Frames/Lenses	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

This comparison contains highlights of your health care plan option(s). If there is a discrepancy between the wording in this comparison and your insurance certificate or plan description, the insurance certificate or plan description will govern.

[1] Prescription drug services for the Aetna HDHP and Aetna PPO are administered by Optum Rx. For non-preventive drugs, you pay the full price of the drug until you meet the deductible, at which point you pay the applicable copay or coinsurance. If a brand drug is purchased when a generic is available, you pay the copayment plus the difference in cost between the brand and generic medication. Specialty prescriptions are available through Optum Specialty only (not at retail). Retail 90-day prescriptions are available at mail order and from Walgreens-owned retail pharmacies (including Duane Reade).