

Active Employees and Retirees/Dependents Not Eligible for Medicare  
Plan Changes in **Yellow**

Benefits	2019	2020
Annual Deductible	\$0	\$0
Annual Out-of- Pocket Maximum (Individual / Family)	\$3,500 / \$9,400	\$3,500 / \$9,400
Primary Care Physician Visits (Family Care, Internal Medicine)	\$20 copayment	\$20 copayment
Specialist Visits	\$40 copayment	\$40 copayment
Routine Physical Exams	\$0 copayment	\$0 copayment
Diagnostic Imaging	\$0 for lab and x-ray	\$0 for lab and x-ray
Specialty Imaging (PET Scans, MRI etc.)	\$75 copayment	\$75 copayment
Urgent Care	\$20 copayment	\$20 copayment
Inpatient Hospitalization	\$150 copayment	\$150 copayment
Outpatient Surgery at surgery center	\$75 copayment	\$75 copayment
Emergency Visits	\$150 copayment	\$150 copayment
Ambulance	\$75 copayment	\$75 copayment
Inpatient mental health	\$150 copayment	\$150 copayment
Outpatient mental health (individual visit / group visit)	\$20 / \$10 copayment	\$20 / \$10 copayment
Inpatient chemical dependency	\$150 copayment	\$150 copayment
Outpatient chemical dependency (individual visit / group visit)	\$20 / \$10 copayment	\$20 / \$10 copayment
Physical, occupational and speech therapy	\$40 copayment, limited to 60 visits per injury, incident, or condition for each therapy	\$40 copayment, limited to 60 visits per injury, incident, or condition for each therapy
Home health, Hospice	\$0 copayment	\$0 copayment
Durable Medical equipment	10% coinsurance	10% coinsurance
Vision allowance - prescription glasses or contact lenses	\$150 / year	\$150 / year
Vision discount for frames and lenses (prescription only)	25% discount	25% discount
Vision discount for prescription contact lenses and initial fitting	15% discount	15% discount
Autism Spectrum Disorder (ASD) (services for medically necessary treatment and diagnosis)	Benefits available for dependent children from age 2 through age 10.	Benefits available for an individual of any age.
Hearing Aids	Not Covered	10% coinsurance, 1 hearing aid/ear/36 months, \$1,500 benefit maximum
Prescription Coverage	2019	2020
<b>Filled through Mail Order:</b> Up to a 90-day supply, 1 copay	\$15 copay Generic \$25 copay Brand formulary \$40 copay Brand non-formulary	\$15 copay Generic \$25 copay Brand formulary \$40 copay Brand non-formulary
<b>Filled at Kaiser Permanente Medical Center:</b> Up to 60-day supply, 1 copay Up to a 90-day supply, 1.5 copays	\$15 copay Generic \$25 copay Brand formulary \$40 copay Brand non-formulary	\$15 copay Generic \$25 copay Brand formulary \$40 copay Brand non-formulary
<b>Filled at Participating Community Network Pharmacy:</b> Up to a 60-day supply, 1 copay Up to a 90-day supply, 1.5 copays	\$20 copay Generic \$45 copay Brand formulary \$60 copay Brand non-formulary	\$20 copay Generic \$45 copay Brand formulary \$60 copay Brand non-formulary