



STATE OF COLORADO

Benefit	Current HMO	Current High Deductible Plan with HSA Option
Annual Deductible		
<i>Individual</i>	No deductible	\$1,250
<i>Family</i>	No deductible	\$2,500
Out-of-Pocket Max		
<i>Individual</i>	\$1,000	\$2,500
<i>Family</i>	\$3,000	\$5,000
Lifetime Max	Unlimited	Unlimited
Office Visit Copayment		All benefits subject to deductible & all coinsurance applies to OPM
<i>Primary Care</i>	\$30 copayment	10% coinsurance
<i>Specialty Care</i>	\$50 copayment	10% coinsurance
Preventive Care	No charge (100% covered)	No charge (100% covered)
Maternity		
<i>Prenatal Care</i>	No charge (100% covered)	No charge (100% covered) at time of service
<i>Inpatient/Delivery</i>	\$750 copayment	10% coinsurance
Prescription Drugs		
<i>Generic</i>	\$10 copayment	\$10 copayment. (after deductible, applies to OPM)
<i>Brand</i>	\$30 copayment	\$40 copayment. (after deductible, applies to OPM)
<i>Self-Injectibles</i>	up to a 30-day supply 20% coinsurance up to a \$75 max per script	up to a 30-day supply 20% coinsurance up to a \$100 max per script
<i>Mail order</i>	Up to a 90 day supply available for two copayments	Up to a 90 day supply available for two copayments
Inpatient Hospital	\$750 copayment	10% coinsurance
Outpatient / Ambulatory Care	\$150 copayment	10% coinsurance
Diagnostics		
<i>Diagnostic Lab and X ray</i>	100% covered	10% coinsurance
<i>Therapeutic X-Ray</i>	\$50 copayment per visit	10% coinsurance
<i>MRI / CAT / PET</i>	\$100 copayment per procedure	10% coinsurance
Emergency Care	\$100 copayment	10% coinsurance
Ambulance	20% coinsurance to max of \$500 / trip	10% coinsurance
After-Hours Care	\$50 copayment	10% coinsurance
Mental Health		
<i>Inpatient Hospital</i>	\$750 copayment	10% coinsurance
<i>Outpatient Care</i>	\$30 copayment	10% coinsurance
Chemical Dependency		
<i>Inpatient</i>	\$750 copayment	10% coinsurance
<i>Outpatient Care</i>	\$30 copayment	10% coinsurance
Physical, Occupational & Speech Therapy		
<i>Inpatient Hospital</i>	\$750 copayment per admit	10% coinsurance
<i>Outpatient Care</i>	\$30 copayment up to 20 visits per condition	10% coinsurance up to 20 visits per treatment per year
DME	Kaiser Permanente pays 100% up to \$5,000	10% coinsurance up to \$5000 per year
Oxygen	20% coinsurance	10% coinsurance
Organ Transplant	\$750 copayment per admit	10% coinsurance
Home Health Care	100% covered	10% coinsurance
Hospice Care	100% covered	10% coinsurance
Skilled Nursing Facility	100% covered up to 100 days	10% coinsurance up to 100 days per year
Vision Care	\$30 copay for exam-optometrist; \$50 copay-ophthomologist	10% coinsurance for exam
Vision Care Hardware	\$150 hardware credit every 2 years	\$150 hardware credit every 2 years-credit not subject to deductible
Chiropractic Care	\$30 copayment / 20 visits per year	N/A

Traditional HMO plan benefits that apply to the out-of-pocket maximum are inpatient hospital care, outpatient surgery and coinsurance benefits, such as ambulance.

This summary is not a contract. It is for illustrative purposes ONLY. The contents of this form are subject to the provisions of the policy (EOC) which contains all terms, covenants and conditions of coverage.