

Effective Date	Current	Current	Current	Current	Current
	7/1/2023	7/1/2023	7/1/2023	7/1/2023	7/1/2023
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro	DHMO HSA w/Chiro	DHMO 2500 Virtual Complete	HMO MVP
Benefit Summary	All Employees	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
General Plan Information					
Annual Deductible/Individual	\$0	\$500	\$1,500 medical/prescription combined	\$2,500	\$4,500
Annual Deductible/Family	\$0	\$1,000	\$3,000 (two or more members) medical/prescription combined	\$2,500 for each member in a family of two or more members. \$5,000 for an entire family of two or more members.	\$9,000
Coinsurance	100%	80%	90%	80%	60%
Office Visit/Exam	\$25 copay	\$20 copay	90% after deductible	\$40 copay after Plan Deductible (Plan Deductible doesn't apply to the first three visits combined for primary care, urgent care, mental health and substance use disorder treatment services).	\$50 copay; after deductible
Outpatient Specialist Visit	\$25 copay	\$20 copay	90% after deductible	\$40 copay	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,000	\$5,500	\$6,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,000	\$5,500 for each member in a family of two or more members. \$11,000 for an entire family of two or more members.	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services					
Inpatient Hospitalization	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Emergency Services					
Emergency Room	\$100 copay waived if admitted	80% after deductible	90% after deductible	80% after deductible	\$250 copay; after deductible
Mental Health Benefits					
Inpatient Care	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Outpatient Care	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 per visit for individual and \$20 per visit for group treatment	\$50 copay; after deductible
Alcohol Abuse					
Inpatient Care					
Inpatient Hospitalization	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Inpatient Detoxification Services	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Outpatient Care					
Outpatient Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 copay per visit for individual and \$5 per visit for group treatment	\$50 copay; deductible waived
Outpatient Detoxification Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 copay per visit for individual and \$5 per visit for group treatment	\$50 copay; after deductible
Substance Abuse					
Inpatient Care					
Inpatient Hospitalization	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Inpatient Detoxification Services	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Outpatient Care					
Outpatient Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 copay per visit for individual and \$5 per visit for group treatment	\$50 copay; after deductible
Outpatient Detoxification Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$80 copay after deductible	\$50 copay; after deductible

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Benefit Summary	All Employees	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
Prescription Drug Benefits					
Prescription Drug Deductible	N/A	\$100 per Member/calendar year	\$1,500 ind/\$3,000 fam; medical/prescription combined		\$250 per Member/calendar year
Generic	\$15 copay	\$10 copay; deductible waived	\$10 copay; after deductible	\$15 copay; deductible waived	\$15 copay; deductible waived
Brand (Formulary/Preferred)	\$35 copay	\$30 copay; after \$100 prescription	\$30 copay; after deductible	\$40 copay after deductible	\$35 copay; after prescription
Number of Days Supply	30 days	30 days	30 days		30 days
Mail Order					
Generic	\$30 copay	\$20 copay; deductible waived	\$20 copay; after deductible	\$30 copay; deductible waived	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$70 copay	\$60 copay; after \$100 prescription	\$60 copay; after deductible	\$80 copay after deductible	\$70 copay; after prescription
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days
Other Services and Supplies					
Chiropractic Services	\$10 copay; 30 visits/calendar year; provided through American Specialty Health	\$10 copay; 30 visits/calendar year; provided through American Specialty Health	\$10 copay after deductible; 20 visits/calendar year; provided through American Specialty Health	\$10 copay; 30 visits/calendar year; provided through American Specialty Health	\$10 copay; 30 visits/calendar year; provided through American Specialty Health
*Premiums below are based on an 8 hour / 100% Contract employee and Delta Dental PPO per month					
Medical Premium*	\$1,506.33	\$1,264.28	\$1,180.23	\$1,136.79	
Delta Dental PPO	\$111.79	\$111.79	\$111.79	\$111.79	
Vision	\$16.69	\$16.69	\$16.69	\$16.69	
Group Life	\$7.00	\$7.00	\$7.00	\$7.00	
District Cap	-\$916.67	-\$916.67	-\$916.67	-\$916.67	
Monthly Employee Cost	\$725.14	\$483.09	\$399.04	\$355.60	
MVP Tiered Rates					
Single					
Medical Premium*					\$470.91
Delta Dental					\$111.79
Vision					\$16.69
Group Life					\$7.00
District Cap					-\$916.67
Premium Cost					\$0.00
Employee & Spouse					
Medical Premium*					\$1,034.41
Delta Dental					\$111.79
Vision					\$16.69
Group Life					\$7.00
District Cap					-\$916.67
Premium Cost					\$253.22
Employee & Child(ren)					
Medical Premium*					\$940.51
Delta Dental					\$111.79
Vision					\$16.69
Group Life					\$7.00
District Cap					-\$916.67
Premium Cost					\$159.32
Family					
Medical Premium*					\$1,410.08
Delta Dental					\$111.79
Vision					\$16.69
Group Life					\$7.00
District Cap					-\$916.67
Premium Cost					\$628.89