Business Health Trust

North County Christ the King - July 1, 2025 Medical Renewal

	Option #1				Option #2		Option #3	
	(Current Plan)		(Renewal Plan)		(Current Plan)	(Renewal Plan)	(Current Plan)	(Renewal Plan)
Plan Options	**Kaiser AHP - PPO HSA 4500 $4500/$0/80%/70%/50%**		**Kaiser AHP - PPO HSA 4500 $4500/$0/80%/70%/50%**		**Kaiser AHP - HMO HSA 2500 $2500/$0/90%**	**Kaiser AHP - HMO HSA 2500 $2500/$0/90%**	**Kaiser AHP - HMO HSA 4500 $4500/$0/70%**	**Kaiser AHP - HMO HSA 4500 $4500/$0/70%**
Insurance Carrier	Kaiser Permanente Access PPO		Kaiser Permanente Access PPO		Kaiser Permanente HMO	Kaiser Permanente HMO	Kaiser Permanente HMO	Kaiser Permanente HMO
Lifetime Maximum	Unlimited		Unlimited		Unlimited	Unlimited	Unlimited	Unlimited
	In-Network	***Out of Network***	***In-Network***	***Out of Network***	***In-Network***	***In-Network***	***In-Network***	***In-Network***
Annual Deductible	$4,500 Individual $7,350 Family ***(Aggregate Family Deductible)***	$9,000 Individual $14,700 Family	$4,500 Individual $7,350 Family ***(Aggregate Family Deductible)***	$9,000 Individual $14,700 Family	$2,500 Individual $5,000 Family ***(Aggregate Family Deductible)***	$2,500 Individual $5,000 Family ***(Aggregate Family Deductible)***	$4,500 Individual $7,350 Family ***(Aggregate Family Deductible)***	$4,500 Individual $7,350 Family ***(Aggregate Family Deductible)***
Out-of-Pocket Maximum (includes ded, copays, coins)	$6,750 Individual $7,900 Family ***(Aggregate Family OOP Max)***	Unlimited	$6,750 Individual $7,900 Family ***(Aggregate Family OOP Max)***	Unlimited	$6,750 Individual $7,900 Family ***(Aggregate Family OOP Max)***	$6,750 Individual $7,900 Family ***(Aggregate Family OOP Max)***	$6,750 Individual $7,900 Family ***(Aggregate Family OOP Max)***	$6,750 Individual $7,900 Family ***(Aggregate Family OOP Max)***
Provider Network	**After Deductible is met, you pay:**		**After Deductible is met, you pay:**		**After Deductible is met, you pay:**	**After Deductible is met, you pay:**	**After Deductible is met, you pay:**	**After Deductible is met, you pay:**
	Preferred	***Out of Network***	***Preferred***	***Out of Network***	***In-Network***	***In-Network***	***In-Network***	***In-Network***
Coinsurance Level (Non-Part - balance billing allowed)	70%	50%	70%	50%	90%	90%	70%	70%
ER Copay	$0		$0		$0	$0	$0	$0
Professional Services								
Primary care office visits	70%	50%	70%	50%	90%	90%	70%	70%
Specialty care office visits	70%	50%	70%	50%	90%	90%	70%	70%
Outpatient Lab & X-ray	70%	50%	70%	50%	90%	90%	70%	70%
Preventive Care	**Ded. Waived** 100%	50%	**Ded. Waived** 100%	50%	**Deductible Waived** 100%	**Deductible Waived** 100%	**Deductible Waived** 100%	**Deductible Waived** 100%
Hospital Services	70%	50%	70%	50%	90%	90%	70%	70%
Prescription Drugs	20%/30% (2X copay per 90-day - Mail order)	Not Covered	20%/30% (2X copay per 90-day - Mail order)	Not Covered	10% | 20% | Not covered (2X copay per 90-day - Mail order)	10% | 20% | Not covered (2X copay per 90-day - Mail order)	10% | 20% | Not covered (2X copay per 90-day - Mail order)	10% | 20% | Not covered (2X copay per 90-day - Mail order)
Alternative Care & Outpatient Visits								
Spinal Manipulations	70% 15 manipulations per year		70% 15 manipulations per year		90% 15 manipulations per year	90% 15 manipulations per year	70% 15 manipulations per year	70% 15 manipulations per year
Acupuncture	70% 12 visits per year	50%	70% 12 visits per year	50%	90% 12 visits per year	90% 12 visits per year	70% 12 visits per year	70% 12 visits per year
Primary Outpatient Rehab.	70%	50%	70%	50%	90%	90%	70%	70%
Specialty Outpatient Rehab.	70% 45 visits per year	50%	70% 45 visits per year	50%	90% 45 visits per year	90% 45 visits per year	70% 45 visits per year	70% 45 visits per year
Outpatient Mental Health	70% unlimited visits	50%	70% unlimited visits	50%	90% unlimited visits	90% unlimited visits	70% unlimited visits	70% unlimited visits
Inpatient Visits	70%	50%	70%	50%	90%	90%	70%	70%
Inpatient Rehabilitation	30 days per year		30 days per year		30 days per year	30 days per year	30 days per year	30 days per year
Inpatient Mental Health	unlimited visits		unlimited visits		unlimited visits	unlimited visits	unlimited visits	unlimited visits
Vision Exam with Kaiser	One Exam / 12 months **covered in full**		One Exam / 12 months **covered in full**		One Exam / 12 months **subject to deductible & coins.**	One Exam / 12 months **subject to deductible & coins.**	One Exam / 12 months **subject to deductible & coins.**	One Exam / 12 months **subject to deductible & coins.**
Voluntary Vision with VSP	One Exam / 12 months, $20 copay Hardware - 100% to $200 / 24 mos.		One Exam / 12 months, $20 copay Hardware - 100% to $200 / 24 mos.		One Exam / 12 months, $20 copay Hardware - 100% to $200 / 24 mos.	One Exam / 12 months, $20 copay Hardware - 100% to $200 / 24 mos.	One Exam / 12 months, $20 copay Hardware - 100% to $200 / 24 mos.	One Exam / 12 months, $20 copay Hardware - 100% to $200 / 24 mos.
Life AD&D (LifeMap)	$15,000 Benefit		$15,000 Benefit		$15,000 Benefit	$15,000 Benefit	$15,000 Benefit	$15,000 Benefit

		(Current Rates)		(Renewal Rates)		(Current Rates)		(Renewal Rates)		(Renewal Rates)		(Renewal Rates)	
	Vol Vision	**Kaiser AHP - PPO HSA 4500**		**Kaiser AHP - PPO HSA 4500**		**Kaiser AHP - HMO HSA 2500**		**Kaiser AHP - HMO HSA 2500**		**Kaiser AHP - HMO HSA 4500**		**Kaiser AHP - HMO HSA 4500**	
		Premium	**EE Pays**	**Premium**	**EE Pays**	**Premium**	**EE Pays**	**Premium**	**EE Pays**	**Premium**	**EE Pays**	**Premium**	**EE Pays**
Employee	4.59	676.97	134.12	905.07	179.77	614.22	71.37	820.95	95.65	542.85	0.00	725.30	0.00
Employee & Spouse	7.31	1,514.88	972.03	2,028.08	1,302.78	1,373.67	830.82	1,838.84	1,113.54	1,213.10	670.25	1,623.61	898.31
Employee & Child(ren)	7.51	1,347.30	804.45	1,803.47	1,078.17	1,221.78	678.93	1,635.26	909.96	1,079.05	536.20	1,443.93	718.63
Employee & Family	10.25	2,185.20	1,642.35	2,926.50	2,201.20	1,981.24	1,438.39	2,653.13	1,927.83	1,749.28	1,206.43	2,342.24	1,616.94

NOTE: This is a very limited summary for illustrative purposes only. Actual contract language takes priorty over any of the above statements. Please see all contract details for specifics. Any errors or omissions are purely unintentional.