

North County Christ the King - July 1, 2023 Medical Renewal



	Option #1		Option #2	
	(Current Plan)	(Renewal Plan)	(Current Plan)	(Renewal Plan)
Plan Options	Kaiser AHP - HMO HSA 2500 \$2500/\$0/90%	Kaiser AHP - HMO HSA 2500 \$2500/\$0/90%	Kaiser AHP - PPO HSA 4500 \$4500/\$0/80%/70%/50%	Kaiser AHP - PPO HSA 4500 \$4500/\$0/80%/70%/50%
Insurance Carrier	Kaiser Permanente HMO	Kaiser Permanente HMO	Kaiser Permanente Access PPO	Kaiser Permanente Access PPO
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Provider Network	In-Network	In-Network	Enhanced Standard Out-of-Net.	Enhanced Standard Out-of-Net.
Annual Deductible	\$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	\$6,750 Individual \$8,500 Family (Aggregate Family Deductible)	\$6,750 Individual \$7,900 Family (Aggregate Family Deductible)	\$6,750 Individual \$8,500 Family (Aggregate Family Deductible)	\$6,750 Individual \$7,900 Family (Aggregate Family Deductible)
Coinsurance Level	90%	90%	80% 70% 50%	80% 70% 50%
ER Copay	\$0	\$0	\$0	\$0
Physician Office Visit	90%	90%	80% 70% 50%	80% 70% 50%
Preventive Care	Deductible Waived 100%	Deductible Waived 100%	In-network - Ded. Waived 100% 100% 50%	In-network - Ded. Waived 100% 100% 50%
Preventive Diagnostics & Mammograms	Deductible Waived 100%	Deductible Waived 100%	In-network - Ded. Waived 100% 100% 50%	In-network - Ded. Waived 100% 100% 50%
Lab and X-ray	90%	90%	70% 70% 50%	70% 70% 50%
Hospital Services	90%	90%	70% 70% 50%	70% 70% 50%
Prescription Drugs	10% (3X copay per 90-day - Mail order)	10% (3X copay per 90-day - Mail order)	20% 30% Not covered (2X copay per 90-day - Mail order)	20% 30% Not covered (2X copay per 90-day - Mail order)
Alternative Care				
Spinal Manipulations	90% 10 manipulations per year	90% 10 manipulations per year	80% 70% 50% 15 manipulations per year	80% 70% 50% 15 manipulations per year
Acupuncture	90% 12 visits per year	90% 12 visits per year	80% 70% 50% 12 visits per year	80% 70% 50% 12 visits per year
Rehabilitation				
Inpatient	90% 30 days per year	90% 30 days per year	70% 70% 50% 30 days per year	70% 70% 50% 30 days per year
Outpatient	90% 45 visits per year	90% 45 visits per year	80% 70% 50% 45 visits per year	80% 70% 50% 45 visits per year
Mental & Nervous				
Inpatient	90%	90%	70% 70% 50%	70% 70% 50%
Outpatient	90%	90%	80% 70% 50%	80% 70% 50%
Pediatric Vision & Dental	Not Included	Not Included	Not Included	Not Included
Vision	One Exam / 12 months, covered in full	One Exam / 12 months, covered in full	One Exam / 12 months, covered in full	One Exam / 12 months, covered in full
Life AD&D	\$15,000	\$15,000	\$15,000	\$15,000

(Current Rates)

(Renewal Rates)

(Current Rates)

(Renewal Rates)

	Kaiser AHP - HMO HSA 2500	Kaiser AHP - HMO HSA 2500	Kaiser AHP - PPO HSA 4500	Kaiser AHP - PPO HSA 4500
HSA Contribution	320.00 / mo.	320.00 / mo.	320.00 / mo.	320.00 / mo.
Employee	0.00	0.00	29.07	53.57
Spouse	623.83	648.17	660.18	715.12
Child(ren)	499.07	518.54	528.14	572.10