

# Medical plans comparison chart

The HMSA CompMedPPO plan has contracts with a network of preferred providers from which you can choose. You do not need to select a primary care physician and you do not need referrals to see other providers in-network. Under the Kaiser Platinum HMO, you will select a primary care physician (PCP) who is responsible for managing and coordinating your healthcare. If you need to see a specialist, your PCP will provide a referral. See the Summary of Benefits & Coverage (SBC) on MyPetcoBenefits.com for additional details.

Plan Feature	HMSA CompMed PPO Plan		KP Platinum HMO
<b>Plan Year Deductible</b>			
• Employee	\$0	\$2,000	\$0
• Family	\$0	\$4,000	\$0
<b>Plan Year Out-of-Pocket Max</b>			
• Employee	\$2,500	\$3,600	\$2,500
• Family	\$7,500	\$4,200	\$7,500
	HMSA In-Network YOU PAY	HMSA Out-Network YOU Pay	KP Platinum In-Network YOU PAY
<b>Preventative Care</b>	\$0	\$0	\$0
<b>Office Visit</b>			
• PCP	\$14 copay	\$14 copay	\$15 copay
• Specialist	\$14 copay	\$14 copay	\$15 copay
<b>Urgent Care</b>	\$14 copay	20%	\$15 copay
<b>Emergency Room</b>	20%	20%	\$75 copay
<b>Diagnostic Testing</b>	20%	20%	10%
<b>Outpatient X-Ray and Lab</b>	20%	20%	\$15 copay
<b>Hospitalization</b>			
• Inpatient	20%	20%	\$75/day Included in facility fee
<b>Outpatient Treatment (PT, OT, ST)</b>	20%	20%	\$15 copay
<b>Fertility Benefit</b>	See plan SBC	See plan SBC	See plan SBC
<b>Mental Health/Substance Abuse</b>			
• Inpatient	20%	20%	\$75 copay
• Outpatient	20%	20%	\$15 copay
<b>Pharmacy Retail</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
• Specified Preventative Drugs	100% covered	100% covered	100% covered
• Generic	\$7 copay	\$30 copay and 20%	\$10 copay
• Brand Formulary	\$30 copay	\$30 copay and 20%	\$35 copay
• Brand Non-Formulary	\$30 copay	\$30 copay and 20%	\$35 copay
<b>Pharmacy Mail Service</b>	<b>90-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
• Specified Preventative Drugs	100% covered	N/A	100% covered
• Generic	\$11 copay	N/A	\$20 copay
• Brand Formulary	\$65 copay	N/A	\$70 copay
• Brand Non-Formulary	\$65 copay	N/A	\$70 copay

1)The plan pays benefits on the eligible charge which is what HMSA participating providers have agreed to accept as payment for services. When you received care out-of-network, you are responsible for the difference between HMSA's eligible charge and the provider's actual charge.