

FY2022 Health Plan Options Employee Out-of-Pocket Cost Comparison

Effective July 1, 2021 — June 30, 2022

Service	Coplay Plans		Coinsurance Plans		
	Kaiser	Cigna OAP IN In-Network Only	Cigna OAP IN In-Network Only	Cigna Choice + HSA	
				In-Network	Out-of-Network
Annual CY Deductible*	\$0	\$0	\$0	\$1,400 Individual \$2,800 Family	\$2,800 Individual \$5,600 Family
CY Out-of-Pocket Maximum**	\$3,500 Individual \$9,400 Family	\$6,600 Individual \$13,200 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
PCP Office Visit	\$20	\$30	10%	10% Coinsurance after deductible	30% Coinsurance after deductible
Specialist Office Visit	\$40	\$60	10%	10% Coinsurance after deductible	30% Coinsurance after deductible
Physical Therapy	\$40	\$45	10%	10% Coinsurance after deductible	30% Coinsurance after deductible
Preventive Care	No Charge	No Charge	No Charge	No Charge	30% Coinsurance after deductible
Inpatient Hospital	\$200/admission	\$500/admission	10%	10% Coinsurance after deductible	30% Coinsurance after deductible
Outpatient Surgery/ Procedures	\$100/visit	\$250/visit	10%	10% Coinsurance after deductible	30% Coinsurance after deductible
Specialty Imaging (MRI, CT Scan)	\$75/test	\$100/visit	10%	10% Coinsurance after deductible	30% Coinsurance after deductible
Urgent Care	\$50/visit	\$75/visit	10%	10% Coinsurance after deductible	10% Coinsurance after deductible
Emergency Room	\$200/visit	\$200/visit	10%	10% Coinsurance after deductible	10% Coinsurance after deductible
Prescription Drugs 30 Day Retail Supply (generic/preferred/ non-preferred)	\$15 / \$30/ \$55 at KP \$20 / \$45 / \$60	\$10 / \$40 / \$80	Tier 1: Up to \$10 Tier 2: 25% up to \$50 max Tier 3: 40% up to \$90 max	Tier 1: Up to \$10 after deductible Tier 2: 25% up to \$50 max after deductible Tier 3: 40% up to \$90 max after deductible	In-Network coverage only
Prescription Drugs 90 Day Supply from Mail Order or 90 Now Pharmacy	\$30 / \$60 / \$110	\$20 / \$80 / \$160 <i>Certain generics are \$0</i>	Tier 1: Up to \$20 Tier2: 25% up to \$100 max Tier 3: 40% up to \$180 max <i>Certain generics are \$0</i>	Tier 1: Up to \$20 after deductible Tier2: 25% up to \$100 max after deductible Tier 3: 40% up to \$180 max after deductible <i>Certain generics are \$0</i>	In-Network coverage only

NOTE: * Annual Deductible – member must pay this amount out-of-pocket before the plan will cover services; tracked on a calendar year (CY) basis and resets every January 1st regardless of when you enrolled.

** Out-of-Pocket Maximum (OOPM) – the Plan will pay 100% for covered services after a member reaches this limit. Biweekly premiums do not count toward the annual OOPM. The OOPM is tracked on a Calendar Year (CY) basis and resets every January 1st.