

Anthem Medical Renewal 2019			
Benefits	CURRENT	OPTION 1	OPTION 2
	18-19 Small Group Anthem	19-20 Small Group Anthem	19-20 Kaiser Large Group All
Annual Deductible Individual	None	None	None
Family	None	None	None
Out of Pocket Maximum Individual	\$2,000	\$2,000	\$1,500
Family	\$4,000	\$4,000	\$3,000
Office Visit /Specialist	\$10/\$20	\$15/\$30	\$10/\$10
Preventative Care	No charge	No Charge	No Charge
Inpatient Hospital	\$200/day (3 days max)	\$250/day (3 day max/admit)	No Charge
Outpatient (Surgery Services)	\$20/\$40 (\$150 facility)	\$200	\$10
Lab & X-Rays	\$10/\$10	\$15/\$25	No Charge
Emergency Room	\$100 (waived if admitted)	\$200 (waived if admitted)	\$100
Urgent Care	\$10	\$15	\$10
Prescription Drugs (Rx)	\$5/\$15	generic \$5/15 Brand \$35	generic \$10/Brand \$20
Specialty Drugs*	\$35/\$70	\$35/\$70	\$35/70 20% up to 200

Kaiser Medical Renewal 2019			
Benefits	Current	OPTION 1	OPTION 2
	18-19 Small Group Kaiser	18-19 Small Group Kaiser (no change)	19-20 Kaiser Large Group ALL
Annual Deductible Individual	None	None	None
Family	None	None	None
Out of Pocket Maximum Individual	\$3,000	\$3,000	\$1,500
Family	\$6,000	\$6,000	\$3,000
Office Visit /Specialist	\$10/\$20	\$10/\$20	\$10/\$10
Preventative Care	No charge	No charge	No Charge
Inpatient Hospital	\$500/day (3 days max)	\$500/day (3 days max)	No Charge
Outpatient (Surgery Services)	\$20/\$40	\$20/\$40	\$10
Lab & X-Rays	\$20/\$40	\$20/\$40	No Charge
Emergency Room	\$200 (waived if admitted)	\$200 (waived if admitted)	\$100
Urgent Care	\$10	\$10	\$10
Prescription Drugs (Rx)	Generic \$5/ Brand \$15	Generic \$5/ Brand \$15	generic \$10/Brand \$20
Specialty Drugs*	10% (\$250 max/script)	10% (\$250 max/script)	\$35/70 20% up to 200