

Health Plans At-a-Glance

Special Plan for Retirees With Medicare A and B or B Only

Kaiser Health Plan offers a health plan specifically designed for retirees who are covered under Medicare Parts A and B (or Part B only) and live in the approved Southern California service area.

This health plan is especially designed with enhanced benefits for seniors. In addition to basic coverage, the plan may offer limited: • Dental care • Hearing exams • Hospice care • Podiatry

Kaiser Senior Advantage**		Kaiser Senior Advantage**	
Benefit	You or Your Dependents Pay:	Benefit	You or Your Dependents Pay:
Medicare	Requires Medicare Parts A and B, or B only	Chiropractic	\$15 Charge Up to 30 Visits Per Year
Maximum Lifetime Coverage	No Dollar Limit	Eye Refractions	\$150 Frame and Lens Allowance Every 24 Months, Exam \$15 Charge
Calendar Year Deductible	No Deductible	Family Planning	
Hospital Services		• Contraceptives	\$10 Generic \$15 Brand
• Inpatient	\$100 Per Admission	• Vasectomy	\$15 Charge
• Outpatient	\$15 Charge	• Tubal Ligation	\$15 Charge
• No Precertification Review	N/A	• Infertility Services	Limited, \$15 Per Visit
Physician Care		Mental Health*	
• Office Visits	\$15 Per Visit	• Inpatient	\$100 Per Admission, Up to 45 Days
• Second Opinion	\$15 Per Visit	• Outpatient	\$15 Per Visit
• w/o Second Opinion	N/A	• Lifetime Maximum	190 Days
• Well-Baby Care	No Charge to 23 Months	Alcohol & Drug Abuse	
• Diagnostic X-rays/Lab	No Charge	• Inpatient	\$100 Per Admission, Detox Only
• Immunizations	No Charge	• Outpatient	\$15 Per Visit
Durable Medical Equipment	No Charge	• Maximum Yearly Outpatient	Unlimited
Routine Exams — Adults		• Lifetime Maximum	N/A
• Annual Physical	\$15 Charge	Home Health Care	No Charge
• Prostate Screening	\$15 Charge	Skilled Nursing Facility	No Charge Up to 100 Days
• Well-Woman Exams	\$15 Charge Note: For well-woman exams, may self-refer to a Kaiser provider.	Emergency Services	\$50 Charge — Waived If Admitted No Charge
Maternity Care	\$100 Per Admission	Ambulance	
Prescription Drugs	\$10 Generic Prescription \$15 Brand Prescription Up to 100-Day Supply Dental Prescriptions Included		
• Medicare Part D is assigned to Kaiser			

This is a general description and overview of Kaiser Senior Advantage Plan.

*Note: The number-of-days maximum does not apply to certain conditions that are covered same as any other illness in accordance with California Mental Health Parity Act.

**HMO plans: Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either their own doctors or health care centers or by providing services through contractual arrangements with community health care providers.

The following chart provides an overview of your health plan options through the County of Orange. This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organization (HMO) Plans**	
	Premier Wellwise		Premier Sharewell		CIGNA	Kaiser
BENEFIT	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Maximum Lifetime Coverage	\$1,000,000		\$1,000,000		No dollar limit	No dollar limit
	Covered Person Pays:		Covered Person Pays:		Covered Person Pays:	Covered Person Pays:
Calendar Year Deductible	\$300 per individual \$600 per family		\$5,000 per family		No deductible	No deductible
Hospital Services						
• Inpatient	10%	20%	10%	20%	\$100 per admission	\$100 per admission
• Outpatient	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• No Precertification Review	40%	40%	40%	40%	N/A	N/A
Physician Care						
• Office Visits	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• Second Opinion	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• W/o Second Opinion	40%	40%	40%	40%	N/A	N/A
• Well Baby Care	No charge	Not covered	No charge	Not covered	No charge	No charge to 23 months
• Diagnostic X-rays/Lab	10%	20%	10%	20%	No charge	No charge
• Immunizations	No charge (limited)	Not covered	No charge (limited)	Not covered	No charge	No charge
Routine Exams – Adults						
• Annual Physical	No charge, up to a maximum annual benefit of \$250 in-network only (\$250 annual limit does not apply to specific procedures listed under "Wellness Benefit" in the plan document)	Limited to specific procedures listed under "Wellness Benefit" in the plan Document	No charge, up to a maximum annual benefit amount of \$250 In-network only (\$250 annual limit does not apply to specific procedures listed under "Wellness Benefit" in the plan document)	Limited to specific procedures listed under "Wellness Benefit" in the plan document	\$15 charge	\$15 charge
• Prostate Screening					\$15 charge	\$15 charge
• Well Woman Exams					\$15 charge	\$15 charge
					Note: Well woman exams are for breast and pelvic only; not complete physicals. May self-refer within designated plan medical group	
					Note: For well woman exam, may self-refer to a Kaiser provider	
Prescription Drugs	20%	20%	20%	20%	\$10 generic prescription \$15 brand prescription 30-day supply	\$10 generic prescription \$15 brand prescription Up to 100-day supply Dental prescriptions included
	Drug card program					
Maternity Care	10%	20%	10%	20%	\$100 per admission	\$100 per admission
Emergency Services	10%	20%	10%	20%	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted
Ambulance	20%	20%	20%	20%	No charge	No charge
Family Planning						
• Contraceptives	Not covered	Not covered	Not covered	Not covered	\$10 generic prescription \$15 brand prescription	\$10 generic prescription \$15 brand prescription
• Vasectomy	10%	20%	10%	20%	\$15 charge	\$15 charge (out patient)
• Tubal Ligation	10%	20%	10%	20%	\$15 charge	\$15 charge (out patient)
• Infertility Services	Not covered	Not covered	Not covered	Not covered	Limited, \$15 per visit	Limited, \$15 per visit

	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organization (HMO) Plans**	
	Premier Wellwise		Premier Sharewell		CIGNA Health Plan	Kaiser Health Plan
BENEFIT	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
	Covered Person Pays:		Covered Person Pays:		Covered Person Pays:	Covered Person Pays:
Mental Health						
• Inpatient	10%	20%	10%	20%	\$100 per admission, up to 30 days	\$100 per admission, up to 45 days
• Outpatient	50%	50%	50%	50%	\$20 per visit	\$15 per visit
• Maximum Yearly Outpatient	up to \$50 per visit 50 visits		up to \$50 per visit 50 visits		N/A	20 visits
• Lifetime Maximum	\$30,000, combined with Alcohol and Substance Abuse below. Note: The lifetime and visit maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act				N/A Note: Lifetime, visit, and day maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act	N/A Note: Lifetime, visit, and day maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act
Alcohol and Drug Abuse						
• Inpatient	10%	20%	10%	20%	\$100 per admission	\$100 per admission, detox only
• Outpatient	50%	50%	50%	50%	\$15 per visit	\$15 per visit
• Maximum Yearly Outpatient	Up to \$50 per visit 50 visits		Up to \$50 per visit 50 visits		Detox only	Unlimited
• Lifetime Maximum	\$30,000 maximum benefit combined with Mental Health above					N/A
Home Health Care	10%	20%	10%	20%	No charge	No charge (100 visits/year)
Skilled Nursing Facility	Limited (Limited to 60 days)		Limited (Limited to 60 days)		No charge (Up to 100 days)	No charge (Up to 100 days)
Eye Refractions	Not covered		Not covered		\$5 charge Glasses \$10	\$15 charge
Chiropractic						
• Frequency Limitations	50 visits per year		50 visits per year		\$15 per visit 30 visits per year	\$15 per visit 30 visits per year
• Yearly Maximum	\$1,000		\$1,000			
Durable Medical Equipment	Covered	Covered	Covered	Covered	Covered at 100% when prescribed by your Primary Care Physician	Not covered
	Contact health plans for further details					

***PPO Plans:** Designed to provide freedom to select physicians, specialists, hospitals and other service providers of your personal choice. The PPO plans pay 100% of eligible health care expenses that are in excess of \$10,000 per individual per calendar year.

PPO Provider: County PPO Plans use UnitedHealthcare Choice Plus as its Preferred Provider Organization Network. The network consists of individual physicians, laboratories and Provider Organization Network. The network consists of individual physicians, laboratories and hospitals. As part of this network these “preferred providers” have agreed to provide services at rates which are lower than their regular charges. This helps reduce the cost of health care for you, your dependent(s) and the County. You and your dependent(s) pay a lower copayment percentage for PPO network providers. Using a PPO network provider is voluntary. You or your dependent(s) decide whether to use a PPO network provider for health care.

Non-PPO Provider: when you or your dependent choose a health care provider who does not participate in the UnitedHealthcare Choice Plus (PPO) Provider Network, you or your dependent pays a higher coinsurance percentage for non-PPO network providers.

****HMO Plans:** Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.