Plan Comparison[1]

2022–2023

	2022	2023
	Silver 70 HDHP HMO 2500/20%* + Child Dental	**Silver 70 HDHP HMO 2700/25%* + Child Dental**
FEATURES	**HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)**	**HSA-qualified High Deductible Health Plan (HSA can be administered through Kaiser Permanente)**
PLAN DEDUCTIBLE Embedded	Self-only – $2,500 Individual – $2,800 Family – $5,000	Self-only – $2,700 Individual – $3,000 Family – $5,400
OUT-OF-POCKET MAXIMUM Embedded	$6,850/$13,700	$7,200/$14,400
IN THE MEDICAL OFFICE Primary care visits	20% (after plan deductible)	25% (after plan deductible)
Urgent care visits	20% (after plan deductible)	25% (after plan deductible)
Specialty office visits	20% (after plan deductible)	25% (after plan deductible)
Preventive exams, vaccines (immunizations)	$0	$0
Prenatal care	$0	$0
Postpartum care	$0 (after plan deductible)	$0 (after plan deductible)
Well-child preventive care visits	$0	$0
Allergy injections	20% per visit (after plan deductible)	25% per visit (after plan deductible)
Fertility services	Not covered	Not covered
Physical, occupational, and speech therapy	20% (after plan deductible)	25% (after plan deductible)
Most laboratory tests	20% (after plan deductible)	25% (after plan deductible)
Most X-rays and diagnostic testing	20% (after plan deductible)	25% (after plan deductible)
Most MRI/CT/PET scans	20% (after plan deductible)	25% (after plan deductible)
Outpatient surgery (per procedure)	20% (after plan deductible)	25% (after plan deductible)
EMERGENCY SERVICES Emergency department visits (waived if admitted directly to hospital)	20% (after plan deductible)	25% (after plan deductible)
Ambulance	20% (after plan deductible)	25% (after plan deductible)
PRESCRIPTIONS Generic drugs (up to a 30-day supply)	20% per prescription up to $250 maximum (after plan deductible)	25% per prescription up to $250 maximum (after plan deductible)
Brand-name drugs (up to a 30-day supply)	20% per prescription up to $250 maximum (after plan deductible)	25% per prescription up to $250 maximum (after plan deductible)
Specialty drugs (up to a 30-day supply)	20% per prescription up to $250 maximum (after plan deductible)	25% per prescription up to $250 maximum (after plan deductible)
HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services	20% (after plan deductible)	25% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	20% (after plan deductible)	25% (after plan deductible)
MENTAL HEALTH SERVICES Outpatient (in the medical office)	20% (after plan deductible)	$0 (after plan deductible)
Inpatient (in the hospital)	20% (after plan deductible)	25% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office)	20% (after plan deductible)	$0 (after plan deductible)
Inpatient (in the hospital) - detoxification only	20% (after plan deductible)	25% (after plan deductible)
OTHER Televisits	$0 (after plan deductible)	$0 (after plan deductible)
Acupuncture	20% per visit (after plan deductible) for physician-referred acupuncture	25% per visit (after plan deductible) for physician-referred acupuncture
Certain durable medical equipment (DME) (supplemental and base)	20% (after plan deductible)	25% (after plan deductible)
Certain prosthetic and orthotic devices	$0 (after plan deductible)	$0 (after plan deductible)
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year	1 pair of eyeglasses or contact lenses per year
Pediatric vision exam	$0	$0
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	$0	$0
Home health care (up to 100 visits per year)	20% (after plan deductible)	25% (after plan deductible)
Hospice care	$0 (after plan deductible)	$0 (after plan deductible)

[1]This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your *EOC*.