



UNIVERSITY OF THE PACIFIC

2018 Medical Plan Design Comparison

<u>Benefit Summary</u>	Pacific Plan	Pacific Plan		Pacific Plan		Kaiser HMO	Kaiser HMO HSA
	EPO January 1, 2018	PPO January 1, 2018		HDHP with HSA January 1, 2018		Kaiser Traditional Plan January 1, 2018	Kaiser HMO HSA Plan January 1, 2018
	<i>In-Network Only</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network Only</i>	<i>In-Network</i>
Lifetime Maximum	Unlimited	Unlimited		Unlimited		Unlimited	Unlimited
Calendar Year Deductible	The deductible applies to all services below except Rx unless shown as waived (dw)	The deductible applies to all services below except Rx unless shown as waived (dw)		For Family Coverage, Family Ded must be satisfied before coinsurance applies			The deductible applies to all services below except preventive care
<i>Single</i>	\$150	\$300		\$2,500		None	\$2,700
<i>Family</i>	\$450	\$900		\$5,000		None	\$5,400
Out-of-Pocket Maximum		In and Out of Network are not combined		In and Out of Network are not combined			
<i>Single</i>	\$1,500	\$1,500	\$4,500	\$5,000	\$5,000	\$1,500	\$5,400
<i>Family</i>	\$4,500	\$4,500	\$9,000	\$10,000	\$10,000	\$3,000	\$10,800
Physicians Services							
<i>Office Visit</i>	\$20 copay-dw	20%	30%	10% after the ded	30% after the ded	\$20 copay	20%
<i>Standard Lab & X Ray</i>	10% Standard \$100 + 10% MRI, CT, PET, etc	20%	30%	10% after the ded	30% after the ded	No Charge	20%
Preventive Care							
<i>Preventive Care</i>	No charge	No Charge	30%	No Charge	30%	No Charge	No Charge
<i>Lab, X-Ray</i>	No charge	No Charge	30%	No Charge	30%	No Charge	No Charge
Hospital							
<i>In Patient</i>	\$250 copay + 10%	\$250 copay + 20%	\$250 copay + 30%	10%	30%	\$100 per admission	20%
<i>Out Patient Surgery</i>	10%	20%	30% to \$350 max per day	10%	30% to \$350 max per day	\$20 per procedure	20%
Chiropractic Care	\$10 -30 visits cy	\$10 (dw)-30 visits cy	30%-30 visits cy	10%-30 visits cy	30%-30 visits cy	\$15 - 30 visits cy	\$15 after ded-30 visits cy
Emergency Room	\$250 copay + 10% (copay waived if admitted)	\$250 copay + 20%	\$250 copay + 30%	10%	30%	\$100 per visit (waived if admitted)	20%
ER Physicians Services	10%	20%	20%	10%	30%	No Charge	20%
Emergency Transportation	10%	20%	20%	10%	30%	No Charge	20%
Prescription Drug							
	WellDyne Rx	WellDyne Rx		WellDyne Rx		Kaiser Pharmacy	Kaiser Pharmacy
	Ded above is waived - up to 30 day supply	up to 30 day supply		up to 30 day supply		up to 100 day supply	up to 30 day supply
		<i>In Network</i>	<i>Out of Network</i>	Benefit shown below is In Network only			
<i>Generic/ Tier 1</i>	\$15	\$15	\$15 copay + 50% of full cost	\$10 copay once deductible is met		\$10	\$10 after the ded
<i>Brand Name/ Tier 2</i>	\$25	\$25	\$25 copay + 50% of full cost	\$30 copay once deductible is met		\$30	\$30 after the ded
<i>Non Formulary/ Tier 3</i>	\$45	\$45	\$45 copay + 50% of full cost	\$50 copay once deductible is met		N/A	N/A
<i>Specialty</i>	20% to \$150 copay max	20% to \$150 copay max thru US Specialty Care provider		30% coinsurance after deductible is met		\$30 copay -30 day supply	\$30 after the ded
Mail Order Supply	up to 90 day supply through WellDyne	up to 90 day supply through WellDyne only		up to 90 day supply		up to 100 day supply	up to 100 day supply
<i>Generic/ Tier 1</i>	\$15	\$15		\$10 copay once deductible is met		\$10	\$20 after the ded
<i>Formulary Brand / Tier 2</i>	\$25	\$25		\$60 copay once deductible is met		\$30	\$60 after the ded
<i>Non Formulary Brand / Tier 3</i>	\$45	\$45		\$100 copay once deductible is met		N/A	N/A

Out of Network claims are paid at a percentage of usual & customary and the provider can balance bill you for the difference between the billed and allowed amount.

The above is just a brief comparison of benefits.

For a detailed explanation of benefits, limitations and exclusions, please refer to the carrier's formal proposal and/or booklet/contract.