

	Option 1		Option 2		Option 3	
Benefits Comparisons for 2017 more info is still needed	Kaiser (9.0% increase in cost for benefits w/plan change, an additional \$644,043.84 in cost for benefits)	Blue Shield Plan change to lower renewal (8.05% increase w/plan change an additional \$959,345.52 in cost for benefits)	Kaiser (9.0% increase in cost for benefits w/plan change, an additional \$644,043.84 in cost for benefits)	Sutter Plus Plan (15.45% decrease) saves us \$1,841,153.76 this year meaning monthly contributions could go way down can only go with the current Kaiser plan)	Kaiser Current plan (16% increase, an additional \$1,146,635.28 in cost for benefits)	Sutter Plus Plan (15.45% decrease) saves us \$1,841,153.76 this year meaning monthly contributions could go way down can only go with the current Kaiser plan)
Individual Employee	\$0	\$0	\$0	\$0	\$0	\$0
Possible Employee monthly contributions for plus ones	\$220	\$400	\$55	\$65	\$110	\$95
Possible Employee monthly contributions for families	\$325	\$500	\$90	\$100	\$165	\$150
Copays	\$30	\$35	\$30	\$20	\$20	\$20
Copays Specialty	\$45	\$35	\$45	\$20	\$20	\$20
Deductible	none	None	none	None	none	None
Co-insurance	none	none	none	none	none	none
Out of pocket limit	\$3000/indiv \$6000/+1/Family	\$2000/indiv \$4000/+1/Family	\$3000/indiv \$6000/+1/Family	\$1500/indiv \$3000/+1/Family	\$1500/indiv \$3000/+1/Family	\$1500/indiv \$3000/+1/Family
Diagnostic X-Ray & Lab test	\$10	\$0	\$10	\$0	\$0	\$0
Inpatient hospital copay	\$500 per admit	750 per admit	\$500 per admit	\$250/day up to 3 days	\$500 per admit	\$250/day up to 3 days
Outpatient surgery at free-standing ambulatory facility	\$150	\$150	\$150	\$100	\$20/procedure	\$100
Outpatient surgery at Hospital or hospital affiliated facility	\$150	\$300	\$150	\$100	\$100, waived if admitted	\$100
Ambulance air/ground	\$150 per trip	\$100 per trip	\$150 per trip	\$50	\$0	\$50
Urgent care	\$30	\$35	\$30	\$20	\$20	\$20
Mental Health inpatient	\$500/admit	\$750/admit	\$500/admit	\$250/admit up to 3 days	\$500/admit	\$250/admit up to 3 days
Mental Health outpatient	\$30	\$35	\$30	\$20	\$20 copay per session	\$20
Durable Medical Equipment & Prosthetic	50% covered	50% covered	50% covered	20% pay (80% covered)	100% covered	20% pay (80% covered)
Home Health Care		\$35/visit up to 100 visits per calendar year \$0		\$0/visit up to 100 visits per calendar year \$0	\$0	\$0/visit up to 100 visits per calendar year
Skilled nursing or Extended Care Facility	\$500/admit	\$100/day covered for 100 days	\$500/admit	\$200/day for 100 days	\$0	\$200/day for 100 days
Chiropractic/Acupuncture	Not covered	\$15 copay limited to 30 visits per calendar year (combined not each)	Not covered	\$20 copay limited to 30 visits per calendar year (combined not each)	not covered	\$20 copay limited to 30 visits per calendar year (combined not each)
Hearing Aides	Not covered	\$2000 allowance every 24 months	Not covered	not available	not covered	not available

Prescriptions:						
Generic	\$15	\$15	\$15	\$10	\$15	\$10
Brand Formulary	\$35	\$30	\$35	\$30	\$30	\$30
Brand Non-formulary	not covered	\$45	not covered	\$60	\$30	\$60
Specialty	20% up to \$250/RX	20% up to \$200/RX	20% up to \$250/RX	current 20% up to \$/RX	\$30	current 20% up to \$/RX
Number of days supply	30 day supply	30 day supply	30 day supply	30 day supply	100 day supply	30 day supply
Mail order Prescriptions						
Generic	\$30	\$30	\$30	\$20	\$15	\$20
Brand Formulary	\$70	\$60	\$70	\$60	\$30	\$60
Brand Non-formulary	not covered	\$90	not covered	\$120	\$30	\$120
Specialty	20% up to \$250/RX (30 day supply)	not covered for mail order	20% up to \$250/RX (30 day supply)	not covered for mail order	\$30	not covered for mail order
Number of days	100 day supply	90 day supply	100 day supply	100 day supply	100 day supply	100 day supply