



- The Bronze-level plan is for employees who are not-eligible for benefits and work at least 20 hours/week during the Initial Measurement Period in 2014
- Both plans meet ACA minimum actuarial equivalency

Feature	Kaiser Bronze Plan
<b>Medical Deductible</b> (individual/family)	\$4,500/\$9,000
<b>RX Deductible</b> (individual/family)	\$250/\$250
<b>Medical Plan Out-of-Pocket Maximum</b> (individual/family)	\$6,000/\$12,000
<b>RX Plan Out-of-Pocket Maximum</b> (individual/family)	Integrated with Medical Plan
<b>Health Reimbursement Account</b>	None
<b>PCP Office Visit</b>	\$50 copay (after deductible)
<b>Specialist Office Visit</b>	\$50 copay (after deductible)
<b>Preventive Care</b>	No charge
<b>Inpatient Hospital Care</b>	40% copay (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$50 copay (after deductible)/40% copay (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$50 copay (after deductible)/40% copay (after deductible)
<b>Infertility</b>	Not covered
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	40% copay (after deductible)
<b>Complex Radiology</b> (PET, MRI)	\$150 copay (after deductible)
<b>Outpatient Surgery</b>	40% copay (after deductible)
<b>Outpatient Physical/Rehabilitation Therapy</b>	40% copay (after deductible)
<b>Urgent Care</b> (your medical group/other medical group)	\$50 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$250 (after deductible)
<b>Retail Prescription Drugs</b> (generic/preferred/non-preferred)	\$15 Generic/\$35 Brand (after deductible)
<b>Mail Order Prescription Drugs</b> (generic/preferred/non-preferred)	\$30 Generic/\$70 Brand (after deductible)
<b>Chiropractor Service</b>	Not covered
<b>Member Cost</b>	\$616.50 single \$1220.56 2 party \$1721.93 Family
<b>District Contribution</b>	None

**Disclaimer:** This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.