<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Kaiser</th>
<th>Kaiser</th>
<th>Blue Shield Access+</th>
<th>Blue Shield NetValue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>In Network</td>
<td>In Network</td>
<td>In Network</td>
</tr>
<tr>
<td><strong>Plan Type</strong></td>
<td>HMO</td>
<td>HMO</td>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>Deductible (Calendar Year)</td>
<td>$0/person</td>
<td>$0/person</td>
<td>$0/person</td>
<td>$0/person</td>
</tr>
<tr>
<td></td>
<td>$0/family</td>
<td>$0/family</td>
<td>$0/family</td>
<td>$0/family</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$1,500/person</td>
<td>$1,500/person</td>
<td>$1,500/person</td>
<td>$1,500/person</td>
</tr>
<tr>
<td></td>
<td>$3,000/family</td>
<td>$3,000/family</td>
<td>$3,000/family</td>
<td>$3,000/family</td>
</tr>
<tr>
<td>Lifetime Maximum Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td><strong>Office Visits - Primary Care</strong></td>
<td>$20 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td></td>
<td>$20 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Specialist Referral Required?</strong></td>
<td>YES</td>
<td>YES</td>
<td>No, if in same physician med group such as PAMF or SCCIPA</td>
<td></td>
</tr>
<tr>
<td>Coinsurance You Pay</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Hospital Copay</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$20 Per Procedure</td>
<td>$15 Per Procedure</td>
<td>$20 Outpatient</td>
<td>No Charge</td>
</tr>
<tr>
<td>Surgery/Anesthesia</td>
<td>$20 Outpatient</td>
<td>$15 Outpatient</td>
<td>$0 - ($250 copay for specified procedures)</td>
<td>No Charge</td>
</tr>
<tr>
<td>Preventative Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Allergy Testing/Treatment</td>
<td>No Charge</td>
<td>$15 testing</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Diagnostic X-ray and Lab</td>
<td>Some Copays</td>
<td>Some Copays</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>DXL with Physician OV</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>$15 copay</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Chiropractic Annual Maximum</td>
<td>30 Visits Per Year</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Acupuncture Care</td>
<td>$20 copay when med necessary</td>
<td>$15 copay when med necessary</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Acupuncture Maximum</td>
<td>None</td>
<td>None</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$20 Copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$50 Copay(waived if admitted)</td>
<td>$50 Copay(waived if admitted)</td>
<td>$50 Copay(waived if admitted)</td>
<td>$50 Copay(waived if admitted)</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>If Emergency Criteria Not Met</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Individ. - $20 copay, Group - $10 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Individ. - $20 copay, Group - $5 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Home Health Care Visit Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>Hospice</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Hospice Care Lifetime Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td><strong>Occupational/Physical/Speech Therapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20 Copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Pre-Certification Required</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td><strong>Skilled Nursing Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No Charge - Up to 100 days</td>
<td>No Charge - Up to 100 days</td>
<td>No Charge - Up to 100 days</td>
<td>No Charge - Up to 100 days</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Hearing Exam</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>$500</td>
<td>$1,000</td>
<td>First $1,000 covered</td>
<td>First $1,000 covered</td>
</tr>
</tbody>
</table>

Prepared by Christine Vo, 5/6/12
### Prescription Drug

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Kaiser</th>
<th>Kaiser</th>
<th>Blue Shield Access+</th>
<th>Blue Shield NetValue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>HMO</td>
<td>HMO</td>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>Hearing Aid Frequency</td>
<td>Every 36 months</td>
<td>Every 36 months</td>
<td>Every 36 months</td>
<td>Every 36 months</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>DME Precertification</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td>Prosthetic Device Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>Services for diagnosis and treatment of involuntary infertility and artificial insemination only, no outpatient Rx</td>
<td>50% of allowed charges</td>
<td>50% of allowable amount</td>
<td>50% of allowable amount</td>
</tr>
<tr>
<td><strong>Retail</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5 Copay/30 days</td>
<td>$5 Copay/30 days</td>
<td>$5 Copay/30 days</td>
<td>$5 Copay/30 days</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$10 Copay/30 days</td>
<td>$20 Copay/30 days</td>
<td>$20 Copay/30 days</td>
<td>$20 Copay/30 days</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>N/A</td>
<td>N/A</td>
<td>$50 Copay/30 days - $30 copay specialty Rx</td>
<td></td>
</tr>
<tr>
<td><strong>Retail Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5 Copay/30 days</td>
<td>$5 Copay/30 days</td>
<td>$10 Copay/30 days</td>
<td>$10 Copay/30 days</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$10 Copay/30 days</td>
<td>$20 Copay/30 days</td>
<td>$40 Copay/30 days</td>
<td>$40 Copay/30 days</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>N/A</td>
<td>N/A</td>
<td>$100 Copay/30 days</td>
<td>$100 Copay/30 days</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 Copay/100 days</td>
<td>$10 Copay/100 days</td>
<td>$10 Copay/100 days</td>
<td>$10 Copay/100 days</td>
</tr>
<tr>
<td>Brand</td>
<td>$20 Copay/100 days</td>
<td>$40 Copay/100 days</td>
<td>$40 Copay/100 days</td>
<td>$40 Copay/100 days</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>N/A</td>
<td>N/A</td>
<td>$100 Copay/100 days</td>
<td>$100 Copay/100 days</td>
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<tr>
<td>Rx Copay Maximum/person</td>
<td>No max</td>
<td>No max</td>
<td>$1,000 per person</td>
<td>$1,000 per person</td>
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<tr>
<td><strong>Out-of-Plan Coverage</strong></td>
<td></td>
<td></td>
<td>Blue Card</td>
<td>Blue Card</td>
</tr>
</tbody>
</table>

**NOTE:** Discretionary drugs are subject to 50% co-insurance. These are products used to treat non-life threatening conditions such as erectile dysfunction.

**Blue Shield NetValue and Access+ Smoking Cessation Benefits:** Smoking cessation drugs are covered (minus the co-payment) for members after completion of smoking cessation classes or programs. This benefit is limited to one course of treatment per calendar year. Member pays for the cost of any smoking cessation classes or programs/ Through the Healthy Lifestyle Rewards program, members can access online tools in the Tobacco Use Information Center to assist them in quitting.

**Kaiser Smoking Cessation benefits:** Limit to one course of therapy per year. They offered discounted prices on nicotine replacement therapy, including over-the-counter products such as nicotine gum, patches and lozenges. Additional, they offered Individual and group counseling Health education classes and workshops, Telephonic counseling, and other free online smoking cessation information, tools and support program called HealthMedia® Breathe TM. This award-winning, interactive program offers step-by-step personalized guidance for members who want to quit smoking.

This document is intended to merely highlight or summarize certain aspects of the employer’s benefit program(s). It is not a summary plan description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.