

# 2017 Medical Plan Comparison Chart — Non-Represented/SEIU

| Services   | Stanford Health Care Alliance (SHCA) Plan  | Aetna Choice POS II Plan with HSA  |  |   | Kaiser Permanente HMO Plan   |
|--|--|--|--|---|--|
|  |  | Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network  | Tier 2 — Aetna Choice POS II Network                                       | Tier 3 — Out-of-Network*  |  |
| <b>Annual Deductible</b><br>Applies to services that require coinsurance; not required before copayments | \$400/per person<br>\$1,000/family limit   | \$1,300/employee-only coverage<br>\$2,600/employee + one or more covered dependents  |  | \$2,600/employee-only coverage<br>\$5,200/employee + one or more covered dependents   | \$400/per person<br>\$1,000/family limit   |
| <b>Wellness Incentive</b>  | Based on participation in the <i>HealthySteps to Wellness</i> program  |  |  |   |  |
| <b>Annual Out-of-Pocket Maximum</b><br>Includes deductible, copays and pharmacy                          | \$1,800/per person<br>\$3,600/family   | \$2,600/employee-only coverage<br>\$5,200/employee + one or more covered dependents  |  | \$5,200/employee-only coverage<br>\$10,400/employee + one or more covered dependents  | \$1,800/individual<br>\$3,600/family   |
| <b>Maximum Lifetime Benefit</b>  | Unlimited  | Unlimited  | Unlimited  | Unlimited   | Unlimited  |
| <b>Choice of Physicians</b>  | You must use SHCA physicians; If required care is unavailable through the SHCA network, access to the Aetna Choice POS II Network may be obtained by prior authorization by SHCA | You must use SHC (including Facility Practice), LPCH, LPCH Facility Practice Organization, PCHA, Stanford Health Care – ValleyCare, Stanford Health Care Reference Lab and UHA | You must use Aetna Choice POS II network providers for in-network benefits | You may use any licensed provider   | You must use Kaiser facilities; all care and covered services must be approved by a Kaiser physician |
| <b>Claim Forms</b>   | No, except for out-of-network emergency services   | No, except for out-of-network emergency services   | No, except for out-of-network emergency services                           | Yes   | No, except for non-Kaiser emergency services   |
| <b>Hospital Care</b><br>Room and Board, Surgeon, Physician Visit and Anesthesiologist                    | Facility charges: 90% after deductible; no charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals (precertification required)  | Facility charges: No charge after deductible (precertification required)   | Facility charges: 80% after deductible (precertification required)         | Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission) | Facility charges: 90% after deductible   |
|  | Professional charges: No charge  | Professional charges: No charge after deductible   | Professional charges: 80% after deductible                                 | Professional charges: 60% of UCR charges after deductible   | Professional charges: 90% after deductible   |
| <b>Office Care</b>   |  |  |  |   |  |
| Physician Visit  | \$20/visit   | \$20/visit after deductible  | 80% after deductible   | 60% of UCR charges after deductible   | \$20/visit   |
| Routine Physical   | No charge  | No charge  | No charge  | 60% of UCR charges after deductible   | No charge  |
| Adult Preventive Services  | No charge  | No charge  | No charge  | 60% of UCR charges after deductible   | No charge  |
| Child Preventive Services  | No charge  | No charge  | No charge  | 60% of UCR charges after deductible   | No charge  |

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|                                       |  | Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network              | Tier 2 — Aetna Choice POS II Network  | Tier 3 — Out-of-Network*   |   |
| <b>Specialist Visit</b>               | \$35/visit   | \$35/visit after deductible  | 80% after deductible  | 60% of UCR charges after deductible  | \$35/visit  |
| <b>Allergy Tests</b>                  | \$20/visit for PCP or \$35/visit for Specialist  | \$20/visit after deductible for PCP or \$35/visit after deductible for Specialist                                    | 80% after deductible  | 60% of UCR charges after deductible  | \$20/testing  |
| <b>Allergy Injections</b>             | No charge  | No charge after deductible   | 80% after deductible  | 60% of UCR charges after deductible  | \$3/visit   |
| <b>Immunizations</b>                  | No charge  | No charge  | No charge   | 60% of UCR charges after deductible  | No charge   |
| <b>Lab and X-ray (non-preventive)</b> | Basic: 90% after deductible; \$25/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office    | Basic: No charge after deductible  | Basic: 80% after deductible   | Basic: 60% of UCR charges after deductible   | Basic: 90%, deductible waived   |
|                                       | Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office | Complex: No charge after deductible  | Complex: 80% after deductible   | Complex: 60% of UCR charges after deductible   | Complex: 90%, deductible waived (deductible applies if provided in an outpatient/ambulatory surgery center or in a hospital operating room) |
| <b>Outpatient Surgery</b>             | 90% after deductible; \$200/visit at SHC/LPCH and Stanford Health Care – ValleyCare hospitals                                    | \$200/visit after deductible   | 80% after deductible  | 60% of UCR charges after deductible  | 90% after deductible  |
| <b>Chiropractic Care</b>              | \$35/visit; 30-visit maximum per calendar year   | No charge after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)  | 80% after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)                     | 60% of UCR charges after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)                     | Discounts apply through Kaiser Permanente's Healthyroads program  |
| <b>Acupuncture</b>                    | \$35/visit; 12-visit maximum per calendar year   | \$35/visit after deductible; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum) | 80% after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum) | 60% of UCR charges after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum) | Discounts apply through Kaiser Permanente's Healthyroads program  |

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|   |   | Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network   | Tier 2 — Aetna Choice POS II Network   | Tier 3 — Out-of-Network*  |   |
| Infertility Care  | Includes assisted reproductive technologies (procedures and medication) — <b>new for 2017</b> , counseling and consultation, infertility studies and tests. Payable in accordance with the type of expense incurred and the place where service is provided | Includes assisted reproductive technologies (procedures and medication) — <b>new for 2017</b> , counseling and consultation, infertility studies and tests. Payable in accordance with the type of expense incurred and the place where service is provided | 80% after deductible; covered expenses include counseling and consultation, infertility studies and tests only   | 60% of UCR charges after deductible; covered expenses include counseling and consultation, infertility studies and tests only   | 50% for all services related to covered infertility treatment   |
|   | <b>New for 2017</b> — After member cost share, the plan will pay up to \$10,000 for medical expenses and up to \$5,000 for pharmacy expenses per lifetime for assisted reproductive technologies  |   |  |   |   |
| Physical, Speech and Occupational Therapy (restorative services only) | \$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)   | \$35/visit after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)   | 80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum) | 60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum) | \$20/visit  |
| <b>Emergency and Urgent Care</b>                                      |   |   |  |   |   |
| Emergency In Area   | \$200/visit   | No charge after deductible  | 80% after deductible   |   | 90% after deductible  |
| Emergency Out-of-Network  | \$200/visit   | No charge after deductible  | 80% after deductible   |   | 90% after deductible  |
| Urgent Care   | \$20/visit  | No charge after deductible  | 80% after deductible   |   | \$20/visit at Kaiser facilities   |
| Ambulance   | No charge   | No charge after deductible  |  | No charge after Aetna Choice POS II In-Network deductible (UCR is waived for true emergency)  | No charge when medically indicated and authorized by plan physician   |
| Skilled Nursing Facility  | 90% after deductible; 100-visit maximum per calendar year   | Not applicable  | 80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)   | 60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)   | 90% up to 100 days per benefit period   |
| Home Health Care  | 90% after deductible; 100-visit maximum per calendar year   | Not applicable  | 80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)   | 60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)   | No charge with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area) |

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|                                    |   | Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network                          | Tier 2 — Aetna Choice POS II Network   | Tier 3 — Out-of-Network*  |  |
| <b>Well Child Vision Screening</b> | No charge   | No charge  | No charge  | Not covered   | No charge  |
| <b>Hearing Exams</b>               | \$35/visit; well-child screening 100%   | No charge after deductible; well-child screening 100%  | 80% after deductible; well-child screening 100%  | 60% of UCR charges after deductible   | No charge  |
| <b>Vision Benefits</b>             | Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information  | Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information | Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information   | Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information                    | Vision benefits administered through VSP. Some vision services are available through the Kaiser Permanente plan. See vision plan document for more information |
| <b>Dental Benefits</b>             | Not covered, except for emergency treatment; 90% after deductible   | Not covered, except for emergency treatment; No charge after deductible  | Not covered, except for emergency treatment; 80% after deductible  | Not covered, except for emergency treatment; 60% of UCR charges after deductible  | Not covered  |
| <b>Durable Medical Equipment</b>   | 90% after deductible; includes hearing aids (limited to one hearing aid per ear every two years)  | Not covered under Tier 1; see Tier 2 for benefit coverage  | 80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases | 60% of UCR charges after deductible; includes hearing aids (limited to one pair of hearing aids every two years)                                    | 80% when prescribed by a Kaiser physician (must live within the service area)<br><br>50% for external sexual dysfunction devices                               |
| <b>Transplant Services</b>         | 90% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals | No charge after deductible   | 80% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review   | Must use Institute of Excellence  | For covered transplant services, you pay the same cost sharing as other services not related to a transplant   |
| <b>Mental or Nervous Disorders</b> | Mental health care provided through SHCA  | Mental health care provided through Optum  | Mental health care provided through Optum  | Mental health care provided through Optum   | Mental health care provided through Kaiser Permanente  |
| Inpatient                          | Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals   | Facility charges: No charge after deductible   | Facility charges: 80% after deductible   | Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission) | Facility charges: 90% after deductible   |
|                                    | Professional charges: No charge   | Professional charges: No charge after deductible   | Professional charges: 80% after deductible   | Professional charges: 60% of UCR charges after deductible   | Professional charges: 90% after deductible   |
| Outpatient                         | \$20/visit  | \$20/visit after deductible  | 80% after deductible   | 60% of UCR charges after deductible   | Individual: \$20/visit; Group: \$10/visit  |

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| <b>Substance Abuse</b>  | Substance abuse care Provided through SHCA  | Substance abuse care provided through Optum   | Substance abuse care provided through Optum   | Substance abuse care provided through Optum   | Substance abuse care provided through Kaiser Permanente   |
| Inpatient   | Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals   | Facility charges: No charge after deductible  | Facility charges: 80% after deductible  | Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission) | Facility charges: 90% after deductible  |
|   | Professional charges: No charge   | Professional charges: No charge after deductible  | Professional charges: 80% after deductible  | Professional charges: 60% of UCR charges after deductible   | Professional charges: 90% after deductible  |
| Outpatient  | \$20/visit  | \$20/visit after deductible   | 80% after deductible  | 60% of UCR charges after deductible   | Individual: \$20/visit; Group: \$5/visit  |
| <b>Prescription Drugs</b>   | Prescription drugs provided by Aetna  | Not applicable  | Prescription Drugs provided through CVS/caremark  | Prescription Drugs provided through CVS/caremark  | Prescription Drugs provided through Kaiser Permanente   |
| Preventive  | <b>Retail 30-day Supply</b><br>Generic: \$10/prescription<br>Brand Formulary: \$25/prescription<br>Brand Non-Formulary: \$50/prescription<br><br><b>Mail-Order 90-day Supply</b><br>Generic: \$20/prescription<br>Brand Formulary: \$50/prescription<br>Brand Non-Formulary: \$100/prescription | Not applicable  | <b>Retail 30-day Supply</b><br>Generic and Brand Formulary: No charge, no deductible<br>Brand Non-Formulary: \$50/prescription; no deductible<br><br><b>Mail-Order 90-day Supply</b><br>Generic and Brand Formulary: No charge; no deductible<br>Brand Non-Formulary: \$100/prescription; no deductible | <b>Retail</b><br>60% after deductible<br><br><b>Mail-Order</b><br>Not covered   | <b>Retail 30-day Supply</b><br>Generic: \$10/prescription<br>Brand Formulary: \$25/prescription when prescribed by a plan physician<br><br><b>Mail-Order 100-day Supply</b><br>Generic: \$20/prescription<br>Brand Formulary: \$50/prescription |
| Non-Preventive  | Same as Preventive above  | Not applicable  | 80% after deductible  | Same as Preventive above  | Same as Preventive above  |
| <b>Women's Contraceptives</b>   | Provided through Aetna  | Not applicable  | Provided through CVS/caremark   | Provided through CVS/caremark   | Provided through Kaiser Permanente Pharmacy   |
| <b>Contraceptives examples include: oral, patch, emergency</b><br><br>For a full list, visit <a href="http://www.healthysteps4u.org">www.healthysteps4u.org</a> | <b>Retail &amp; Mail-Order Generic and Brand Formulary:</b> No charge<br><br><b>Brand Non-Formulary:</b> \$50/prescription (retail); \$100/prescription (mail-order)  | Not applicable  | <b>Retail &amp; Mail-Order Generic and Brand Formulary:</b> No charge, no deductible<br><br><b>Brand Non-Formulary:</b> \$50/prescription (retail); \$100/prescription (mail-order); no deductible  | <b>Retail:</b> 60% of UCR charges after deductible<br><br><b>Mail-Order:</b> Not covered  | No charge (see plan for details)  |

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|   |  | Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network         | Tier 2 — Aetna Choice POS II Network   | Tier 3 — Out-of-Network*   |  |
| <b>Women's Contraceptives covered under the Medical Plan</b>  | Services through Aetna   | Services through Stanford Health Care, Stanford Children's Health Network and Stanford Health Care – ValleyCare | Services through Aetna   | Services through any licensed provider   | Services through Kaiser HMO  |
| <b>Contraceptive injections and contraceptive devices such as, IUDs, implants, (including the insertion and removal)</b><br><br>See medical plan for additional details | No charge  | No charge   | No charge  | 60% of UCR charges after deductible  | No charge  |
| <b>Infertility Pharmacy</b>   | Provided through Aetna<br><b>Retail 30-day Supply</b><br>Generic: \$10/prescription<br>Brand Formulary: \$25/prescription<br>Brand Non-Formulary: \$50/prescription<br><br><b>Mail-Order 90-day Supply</b><br>Generic: \$20/prescription<br>Brand Formulary: \$50/prescription<br>Brand Non-Formulary: \$100/prescription<br>Prior authorization may apply | Provided through CVS/caremark<br>Not applicable   | Provided through CVS/caremark<br><b>Retail 30-day Supply</b><br>Generic, Brand and Non-Brand Formulary: 80% after deductible<br><br><b>Mail-Order 90-day Supply</b><br>Generic, Brand and Non-Brand Formulary: 80% after deductible<br>Prior authorization may apply | Provided through CVS/caremark<br><b>Retail 30-day Supply</b><br>60% of UCR charges after deductible<br><br><b>Mail-Order</b><br>Not covered<br>Prior authorization may apply | Provided through Kaiser Permanente Pharmacy<br><b>Retail 30-day Supply</b><br>Generic: \$10/prescription<br>Brand Formulary: \$25/prescription when prescribed by a plan physician<br><br><b>Mail-Order 100-day Supply</b><br>Generic: \$20/prescription<br>Brand Formulary: \$50/Prescription<br>Drugs on the generic and brand tier prescribed to treat infertility only |

\* Out-of-Network means out of the Tier 2 network. Usual Customary and Reasonable (UCR) charges are the fees normally charged for medical services or supplies in a particular geographic location.

**Copay** is determined on where test is performed.

**SHCA Plan Only** — An out-of-area plan will be offered to college student dependents of SHCA subscribers who reside outside the SHCA service area. Enrollees in this plan will have access to physicians who are part of Aetna's national network. For more information, please refer to the Frequently Asked Questions document on [www.healthysteps4u.org](http://www.healthysteps4u.org) or call SHCA Member Care Services at 800.873.3605.

**Transgender services** are covered under all plans and benefits are payable in accordance with the type of expense incurred and the place where service is provided.