

# 2018 Medical Plan Comparison Chart — Non-Represented

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> Applies to services that require coinsurance; not required before copayments, unless noted	\$400/person \$1,000/family	\$1,350/employee-only coverage \$2,700/employee + one or more covered dependents		\$2,700/employee-only coverage \$5,400/employee + one or more covered dependents	\$400/person \$1,000/family
<b>Wellness Incentive</b>	Based on participation in the <i>HealthySteps to Wellness</i> program				
<b>Annual Out-of-Pocket Maximum</b> Includes deductible, copays and pharmacy	\$1,800/person \$3,600/family	\$2,700/employee-only coverage \$5,400/employee + one or more covered dependents		\$5,400/employee-only coverage \$10,800/employee + one or more covered dependents	\$1,800/person \$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
		Not all services are available through Tier 1 providers. If you would like to know if a certain service has Tier 1 providers, please call Aetna Concierge at 888.277.4041 for confirmation.			
<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> 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>					
Primary Care Physician (PCP) 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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<b>Telemedicine</b>	Teladoc; \$20 copay (same as PCP office visit)	Not available	\$40 consult fee until deductible is met, then subject to 80% coinsurance	Not available	\$0 to visit with KP physician through the My Health Manager feature; applicable office visit copay if it is an interactive video visit at a KP medical center
<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	\$35/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 facility charge at SHC/LPCH or Stanford Health Care-Valley Care hospitals. Professional services are no charge, deductible waived	\$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 benefit; 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 benefit; 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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<b>Infertility Care</b>	Includes assisted reproductive technologies (procedures and medication), 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), 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
	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				
<b>Physical, Speech and Occupational Therapy (restorative services only)</b>	\$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	No charge 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; plan deductible does not apply
<b>Skilled Nursing Facility</b>	90% after deductible; 100-visit maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	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
<b>Home Health Care</b>	90% after deductible; 100-visit maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	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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<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: No charge	No charge after deductible less copay; well-child screening: No charge	80% after deductible; well-child screening: No charge	60% of UCR charges after deductible	\$20/visit or \$35/visit; well-child screening: 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 pair of hearing aids every 2 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 may be required	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) 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> Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription  <b>Mail-Order 90-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription	Not applicable	<b>Retail 30-day Supply</b> Generic and Brand Formulary: No charge, no deductible Brand Non-Formulary: \$50/prescription; no deductible  <b>Mail-Order 90-day Supply</b> Generic and Brand Formulary: No charge; no deductible Brand Non-Formulary: \$100/prescription; no deductible	<b>Retail</b> 60% after deductible  <b>Mail-Order</b> Not covered	<b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary and Specialty: \$25/prescription when prescribed by a plan physician  <b>Mail-Order 100-day Supply</b> Generic: \$20/prescription 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>  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  <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  <b>Brand Non-Formulary:</b> \$50/prescription (retail); \$100/prescription (mail-order); no deductible	<b>Retail:</b> 60% of UCR charges after deductible  <b>Mail-Order:</b> Not covered	No charge (See Kaiser Permanente Evidence of Coverage Booklet for details)

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<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 Permanente
<b>Contraceptive injections and contraceptive devices such as, IUDs, implants, (including the insertion and removal)</b>  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 <b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription  <b>Mail-Order 90-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription Prior authorization may apply	Provided through CVS/caremark Not applicable	Provided through CVS/caremark <b>Retail 30-day Supply</b> Generic, Brand and Non-Brand Formulary: 80% after deductible  <b>Mail-Order 90-day Supply</b> Generic, Brand and Non-Brand Formulary: 80% after deductible Prior authorization may apply	Provided through CVS/caremark <b>Retail 30-day Supply</b> 60% of UCR charges after deductible  <b>Mail-Order</b> Not covered Prior authorization may apply	Provided through Kaiser Permanente Pharmacy <b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary: \$25/prescription when prescribed by a plan physician  <b>Mail-Order 100-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/Prescription 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.

\*\* Effective October 1, 2017 — Includes El Camino and Sequoia hospital facility charges and professional charges for delivery and newborn services only.

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

**SHCA Plan Only** — An out-of-area plan is offered to college student dependents of SHCA subscribers who reside outside the SHCA service area. Enrollees in this plan 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 855.345.7422.

**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.