

2022 Medical Plan Options

Your Dental Plan

		HMO Core Plan	HMO Buy-Up Plan	MetLife Dental PDP Plan
Group # 8390				Group # 5737089
Kaiser Permanente Plans		In-Network Benefit Coverage	In-Network Benefit Coverage	
Coinsurance Level		100%	100%	DEDUCTIBLE
Lifetime Maximum		Unlimited	Unlimited	\$25 Individual/\$75 Family
Deductible		None	None	ANNUAL CALENDAR MAXIMUM
Out-of-Pocket Maximum		\$1,500 per person \$3,000 max per family	\$1,500 per person \$3,000 max per family	\$1,500
Physician Visits				PREVENTIVE
<i>All Preventive Care</i>		No charge	No charge	100% if using an In-Network Dentist
<i>Office Visits</i>		\$20 copay	\$10 copay	80% if using a Non-Network Dentist
<i>Most X-Rays and Lab Work</i>		\$10 copay per encounter	No charge	
<i>Advanced Imaging - Most CT/PET/MRI's</i>		\$50 copay per procedure	No charge	
Hospital				BASIC SERVICES
<i>Inpatient</i>		No charge	\$100 per admission	80%
<i>Outpatient Surgery</i>		\$20 per procedure	\$10 per procedure	
<i>Emergency Service (waived if admitted as inpatient)</i>		\$100 copay	\$50 copay	MAJOR SERVICES
				50%
Prescriptions				ORTHODONTICS
<i>Retail (30-day supply)</i>				Adults and Children
<i>Generic</i>		\$15	\$10	50%
<i>Brand Preferred</i>		\$35	\$20	up to \$500 lifetime maximum
<i>Mail-Order (100-day supply)</i>				
<i>Generic</i>		\$30	\$20	
<i>Brand Preferred</i>		\$70	\$40	