

American Society of Engineers & Architects (ASEA)
Health Plan Options

PacifiCare HMO Plans

Signature Value HMO 10-30/100

Deductible: None

Maximum Out-of-Pocket: \$1,500

Office Visit Co-Pay: \$10/\$30 Specialist

Inpatient Hospitalization: No Charge

Outpatient Surgery: No Charge

Emergency Room: \$50 (waived if admitted)

Lab & X-Ray: No charge

Medication: Generic \$10

Brand Name \$25

Non Formulary \$35

Signature Value HMO 20-40/500d

Deductible: None

Maximum Out-of-Pocket: \$3,000

Office Visit Co-Pay: \$20/\$40 Specialist

Inpatient Hospitalization: \$500 per day

Outpatient Surgery: \$400 per admission

Emergency Room: \$50 (waived if admitted)

Lab & X-Ray: No charge

Medication: Generic \$15

Brand Name \$35

Non Formulary \$50

Kaiser HMO Plans

Kaiser Plan 20

Deductible: None

Maximum Out-of-Pocket: \$3,000

Office Visit Co-Pay: \$20

Inpatient Hospitalization: \$300 per day

Outpatient Surgery: \$150

Emergency Room: \$100 (waived if admitted)

Lab & X-Ray: \$10/\$50 MRI/CT/PET

Medication: Generic \$10

Brand Name \$30

Non Formulary Not Covered

Kaiser Plan 30

Deductible: None

Maximum Out-of-Pocket: \$3,500

Office Visit Co-Pay: \$30

Inpatient Hospitalization: \$400 per day

Outpatient Surgery: \$200

Emergency Room: \$100 (waived if admitted)

Lab & X-Ray: \$10/\$50 MRI/CT/PET

Medication: Generic \$10

Brand Name \$250 + \$30

Non Formulary Not Covered

****HMO Dental and Vision plans available through SafeGuard Dental and Vision****