



2016 Salesforce Medical Benefit Comparison by Plan

	Kaiser HMO	Aetna HMO	Aetna PPO		Aetna HDHP	
	In-Network	In-Network	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible	None	\$200 individual \$400 family	\$500 individual \$1,500 family		\$1,500 individual \$3,000 family	
Maximum out-of-pocket	\$1,500 individual \$3,000 family (Includes deductible and copays)	\$2,200 individual \$4,400 family (Includes deductible and copays)	\$2,500 individual \$4,500 family (Includes deductible, copays and coinsurance)	\$3,500 individual \$7,500 family (Includes deductible and coinsurance)	\$3,000 individual \$6,000 family (Includes deductible, copays and coinsurance)	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
At the Doctor's Office						
Preventive Care Visit	You pay 0% Plan pays 100%	You pay 0% Plan pays 100% Deductible waived	100%, deductible waived	You pay 30% Plan pays 70%	100%, deductible waived	You pay 30% Plan pays 70%
Primary Care Physician	\$15 copay	\$15 copay	\$15 copay	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Specialist Office Visit	\$15 copay	\$15 copay	\$15 copay	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
At the Hospital						
Emergency Room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)	\$75 copay (waived if admitted) Then you pay 10%, deductible waived Plan pays 90%	\$75 copay (waived if admitted) Then you pay 10%, deductible waived Plan pays 90%	You pay 10% Plan pays 90%	You pay 10% Plan pays 90%
Inpatient Hospital	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%

This comparison chart contains highlights of benefit options available to you. These are not complete descriptions of the benefits. If there is any conflict between this comparison chart and the official plan documents, the official plan documents will govern.

Other Medical Benefits						
X-rays/Labs	You pay 0% Plan pays 100%	You pay 0% for labs; \$15 copay for xrays Plan pays 100% for labs	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Outpatient Physical/Occupational Therapy	\$15 copay	\$15 copay	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Mental Health and Chemical Dependency						
	Kaiser HMO	Aetna HMO	Aetna PPO		Aetna HDHP	
	In-Network	In-Network	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Inpatient Mental Health	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Inpatient Substance Abuse	You pay 0% Plan pays 100% for detox	You pay 0% Plan pays 100% for detox or rehab	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Outpatient Mental Health	\$15 copay individual \$7 copay group	\$15 copay	\$15 copay	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Outpatient Substance Abuse	\$15 copay individual \$5 copay group	\$15 copay detox or rehab	\$15 copay	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Prescription Drugs					Deductible must be satisfied before pharmacy copays apply**	
Prescription Retail Generic	\$10 copay (100 day supply)	\$10 copay (30 day supply)	\$10 copay (30 day supply)	Not covered	\$10 copay (30 day supply)	Not covered
Brand Formulary	\$25 copay (100 day supply)	\$25 copay (30 day supply)	\$25 copay (30 day supply)	Not covered	\$25 copay (30 day supply)	Not covered
Brand Non-formulary	Not covered	\$40 copay (30 day supply)	\$40 copay (30 day supply)	Not covered	\$40 copay (30 day supply)	Not covered
Mail-Order Drug Program	\$10 copay (100 day supply)	\$20 copay (90 day supply)	\$20 copay (90 day supply)	Not covered	\$20 copay (90 day supply)	Not covered

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Generic						
Brand Formulary	\$25 copay (100 day supply)	\$50 copay (90 day supply)	\$50 copay (90 day supply)	Not covered	\$50 copay (90 day supply)	Not covered
Brand Non-formulary	Not covered	\$80 copay (90 day supply)	\$80 copay (90 day supply)	Not covered	\$80 copay (90 day supply)	Not covered

*Out-of-network provider payments are based on reasonable and customary fees

**Deductible waived for certain drugs considered as Preventive. Please review the [Preventive Drug List \[PDF\]](#) to see the listing of preventive drugs that apply.