



2021 Salesforce Medical Benefit Comparison by Plan

	Kaiser Permanente CA/GA/NW/WA	Aetna/UHC EPO	Aetna/UHC PPO		Aetna/UHC HDHP Premium		Aetna/UHC HDHP Standard	
	In-Network	In-Network	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Salesforce HSA Contribution	N/A	N/A	N/A		\$750 individual \$1,500 family		No contributions provided by Salesforce	
Deductible	None	\$200 individual \$400 family	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$1,750 individual \$3,500 family	\$3,500 individual \$7,000 family
Maximum out-of-pocket	\$1,500 individual \$3,000 family (Include copays)	\$2,200 individual \$4,400 family (Includes deductible and copays)	\$2,500 individual \$4,500 family (Includes deductible, copays and coinsurance)	\$5,000 individual \$9,000 family (Includes deductible, copays and coinsurance)	\$3,000 individual \$6,000 family (Includes deductible, copays and coinsurance)	\$6,000 individual \$12,000 family (Includes deductible, copays and coinsurance)	\$3,000 individual \$6,000 family (Includes deductible, copays and coinsurance)	\$6,000 individual \$12,000 family (Includes deductible, copays and coinsurance)
Lifetime Maximum	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	You pay 0% Plan pays 100% Deductible waived	You pay 30% Plan pays 70%	You pay 0% Plan pays 100% Deductible waived	You pay 30% Plan pays 70%	You pay 0% Plan pays 100% Deductible waived	You pay 30% Plan pays 70%
Primary Care Physician	\$15 copay	\$15 copay Deductible waived	\$15 copay Deductible waived	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	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 Deductible waived	\$15 copay Deductible waived	You pay 30% Plan pays 70%	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.

	Kaiser Permanente CA/GA/NW/WA	Aetna/UHC EPO	Aetna/UHC PPO		Aetna/UHC HDHP Premium		Aetna/UHC HDHP Standard	
	In-Network	In-Network	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
At the Hospital								
Emergency Room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted) Deductible waived	\$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%	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%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%
Other Medical Benefits								
X-rays/Labs	You pay 0% Plan pays 100%	X-ray: \$15 copay Labs: You pay 0% Plan pays 100% Deductible waived	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	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 Deductible waived	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	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								
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%	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	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	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	\$15 copay Deductible waived	\$15 copay Deductible waived	You pay 30% Plan pays 70%	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 Substance Abuse	\$15 copay individual	\$15 copay detox or rehab Deductible waived	\$15 copay Deductible waived	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%	You pay 10% Plan pays 90%	You pay 30% Plan pays 70%

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	In-Network	In-Network	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Prescription Drugs (Coverage for Aetna and UHC plans through CVS Caremark)					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	\$10 copay (30 day supply)	Not covered
Brand Formulary	\$25 copay (CA, GA, WA) \$20 copay (NW) (100 day supply)	\$25 copay (30 day supply)	\$25 copay (30 day supply)	Not covered	\$25 copay (30 day supply)	Not covered	\$25 copay (30 day supply)	Not covered
Brand Non-formulary	\$25 copay (CA) \$40 copay (GA, NW, WA) (100 day supply)	\$40 copay (30 day supply)	\$40 copay (30 day supply)	Not covered	\$40 copay (30 day supply)	Not covered	\$40 copay (30 day supply)	Not covered
Mail-Order Drug Program Generic	\$10 copay (CA) \$20 copay (GA, NW, WA) (100 day supply)	\$20 copay (90 day supply)	\$20 copay (90 day supply)	Not covered	\$20 copay (90 day supply)	Not covered	\$20 copay (90 day supply)	Not covered
Brand Formulary	\$25 copay (CA) \$40 copay (NW) \$50 copay (GA, WA) (100 day supply)	\$50 copay (90 day supply)	\$50 copay (90 day supply)	Not covered	\$50 copay (90 day supply)	Not covered	\$50 copay (90 day supply)	Not covered
Brand Non-formulary	\$25 copay (CA) \$80 copay (GA, NW, WA)	\$80 copay (90 day supply)	\$80 copay (90 day supply)	Not covered	\$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 [CVS Caremark Preventive Drug List \[PDF\]](#) to see the listing of preventive drugs that apply.

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