

HMSA and Kaiser Medical Plans – Coverage/Premiums Comparison

This is not a cost estimator. Treatments shown are just examples of how the medical plans might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (e.g., deductibles, copayments, and coinsurance) and the excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans.

	HMSA PPO 75/25	HMSA PPO 80/20	HMSA PPO 90/10	HMSA HMO	KAISER HMO STANDARD	KAISER HMO COMPREHENSIVE
PLAN DETAILS:						
Calendar Year Max Out of Pocket	\$5,000/\$10,000	\$2,500/\$5,000	\$2,000/\$4,000	\$1,500/\$3,000	\$2,500/\$7,500	\$2,000/\$6,000
Overall Deductible	\$300	\$0	\$0	\$0	\$0	\$0
Specialist Coinsurance	25%	20%	10%	\$15	\$20	\$15
Hospital (facility) Coinsurance	25%	20%	10%	0%	15%	0%
Other Coinsurance	25%	20%	10%	20%	\$20	\$15
EXAMPLE: Peg is having a baby (9 months of in-network prenatal care and a hospital delivery)						
This EXAMPLE event includes services like: Specialist office visits (prenatal care); Childbirth/Delivery professional services; Childbirth/Delivery facility services; Diagnostic tests (e.g., ultrasounds, blood work); Specialist visit (e.g., anesthesia).						
HEALTH PLAN	HMSA PPO 75/25	HMSA PPO 80/20	HMSA PPO 90/10	HMSA HMO	KAISER HMO STANDARD	KAISER HMO COMPREHENSIVE
Total Example Cost (includes costs HMSA or Kaiser will pay)	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700
COSTS FOR PEG:						
Deductible	\$300	\$0	\$0	\$0	\$0	\$0
Copayments	\$10	\$0	\$10	\$40	\$10	\$40
Coinsurance	\$3,100	\$2,500	\$1,300	\$0	\$1,300	\$0
Limits or exclusions	\$60	\$60	\$60	\$60	\$0	\$60
Total Peg would pay for prenatal care, delivery:	\$3,470	\$2,560	\$1,370	\$100	\$1,310	\$100
Total Peg would pay in Annual Premiums:	**July & August Only:	Self: \$4,039.92	Self: \$6,671.76	Self: \$7,087.68	**July & August Only:	Self: \$4,008.96
NOTE: Mayor's 100%	Self: \$104.80	2-Party: \$9,812.16	2-Party: \$16,207.68	2-Party: \$17,220.00	Self: \$104.12	2-Party: \$9,748.08
Premiums Coverage for HMSA	2-Party: \$254.52	Family: \$12,509.04	Family: \$20,667.12	Family: \$21,959.52	2-Party: \$253.00	Family: \$12,448.80
75/25 & Kaiser Standard plans effective 9/1/2024	Family: \$324.40				Family: \$322.76	
Total Peg will pay for Prenatal Care and Delivery & Annual Premiums	Self: \$3,574.80 2-Party: \$3,724.52 Family: \$3,794.40	Self: \$6,599.92 2-Party: \$12,372.16 Family: \$15,069.04	Self: \$8,041.76 2-Party: \$17,577.68 Family: \$22,037.12	Self: \$7,187.68 2-Party: \$17,320.00 Family: \$22,059.52	Self: \$1,414.12 2-Party: \$1,563.00 Family: \$1,632.76	Self: \$4,018.96 2-Party: \$9,758.08 Family: \$12,458.80

****Employee Premiums Costs for the HMSA PPO 75/25 and Kaiser HMO Standard plans include only July & August 2024 premiums. Mayor Kawakami's 100% Premiums Coverage Initiative will be effective September 1, 2024, making the HMSA PPO 75/25 and Kaiser HMO Standard Plans **FREE** for employees for the remaining months of September 2024 through June 2025 (i.e., premiums will NOT be deducted from employees' paychecks beginning September 1, 2024).**

EXAMPLE: Managing Joe's Diabetes (a year of routine in-network care of a well-controlled condition)

This EXAMPLE event includes services like: Primary care physician office visits (including disease education); Diagnostic tests (blood work); Prescription drugs; Durable medical equipment (e.g., glucose meter).

HEALTH PLAN	HMSA PPO 75/25	HMSA PPO 80/20	HMSA PPO 90/10	HMSA HMO	KAISER HMO STANDARD	KAISER HMO COMPREHENSIVE
Total Example Cost (includes costs HMSA or Kaiser will pay)	\$5,600	\$5,600	\$5,600	\$5,600	\$5,600	\$5,600
COSTS FOR JOE:						
Deductible	\$300	\$0	\$0	\$0	\$0	\$0
Copayments	\$200	\$200	\$200	\$300	\$1,100	\$800
Coinsurance	\$400	\$400	\$200	\$200	\$300	\$100
Limits or exclusions	\$20	\$20	\$20	\$20	\$0	\$0
Total Joe would pay for Type 2 Diabetes Care:	\$920	\$620	\$420	\$520	\$1,400	\$900
Total Joe would pay in Annual Premiums:	<i>**For July & August Only:</i>	Self: \$4,039.92	Self: \$6,671.76	Self: \$7,087.68	<i>**July & August Only:</i>	Self: \$4,008.96
<i>NOTE: Mayor's 100% Premiums Coverage for HMSA 75/25 & Kaiser Standard plans effective 9/1/2024</i>	Self: \$104.80	2-Party: \$9,812.16	2-Party: \$16,207.68	2-Party: \$17,220.00	Self: \$104.12	2-Party: \$9,748.08
	2-Party: \$254.52	Family: \$12,509.04	Family: \$20,667.12	Family: \$21,959.52	2-Party: \$253.00	Family: \$12,448.80
	Family: \$324.40				Family: \$322.76	
Total Joe will pay for Type 2 Diabetes Care & Annual Premiums	Self: \$1,024.80 2-Party: \$1,174.52 Family: \$1,244.40	Self: \$4,659.92 2-Party: \$10,432.16 Family: \$13,129.04	Self: \$7,091.76 2-Party: \$16,627.68 Family: \$21,087.12	Self: \$7,607.68 2-Party: \$17,740.00 Family: \$22,479.52	Self: \$1,504.12 2-Party: \$1,653.00 Family: \$1,722.76	Self: \$4,908.96 2-Party: \$10,648.08 Family: \$13,348.80

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EXAMPLE: Mia's Simple Fracture (in-network emergency room visit and follow up care)

This EXAMPLE event includes services like: Emergency room care (including medical supplies); Diagnostic tests (e.g., x-ray); Durable medical equipment (e.g., crutches); Rehabilitation services (e.g., physical therapy).

HEALTH PLAN	HMSA PPO 75/25	HMSA PPO 80/20	HMSA PPO 90/10	HMSA HMO	KAISER HMO STANDARD	KAISER HMO COMPREHENSIVE
Total Example Cost (includes costs HMSA or Kaiser will pay)	\$2,800	\$2,800	\$2,800	\$2,800	\$2,800	\$2,800
COSTS FOR MIA:						
Deductible	\$300	\$0	\$0	\$0	\$0	\$0
Copayments	\$10	\$10	\$10	\$200	\$300	\$200
Coinsurance	\$600	\$600	\$300	\$200	\$200	\$200
Limits or exclusions	\$0	\$0	\$0	\$0	\$0	\$0
Total Mia would pay for Treatment/Care for Fracture:	\$910	\$610	\$310	\$400	\$500	\$400
Total Mia would pay in Annual Premiums:	**July & August Only:				**July & August Only:	
NOTE: Mayor's 100% Premiums Coverage for HMSA 75/25 & Kaiser Standard plans effective 9/1/2024	Self: \$104.80 2-Party: \$254.52 Family: \$324.40	Self: \$4,039.92 2-Party: \$9,812.16 Family: \$12,509.04	Self: \$6,671.76 2-Party: \$16,207.68 Family: \$20,667.12	Self: \$7,087.68 2-Party: \$17,220.00 Family: \$21,959.52	Self: \$104.12 2-Party: \$253.00 Family: \$322.76	Self: \$4,008.96 2-Party: \$9,748.08 Family: \$12,448.80
Total Mia will pay in Costs for Treatment/Care for Fracture & Annual Premiums	Self: \$1,014.80 2-Party: \$1,164.52 Family: \$1,234.40	Self: \$4,649.92 2-Party: \$10,422.16 Family: \$13,119.04	Self: \$6,981.76 2-Party: \$16,517.68 Family: \$20,977.12	Self: \$7,487.68 2-Party: \$17,620.00 Family: \$22,359.52	Self: \$604.12 2-Party: \$753.00 Family: \$822.76	Self: \$4,408.96 2-Party: \$10,148.08 Family: \$12,848.80

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