

# What You Pay for Care

		Choice Value Plan		Choice Savings Plan		Standard PPO		Select ACO	Kaiser HMO
		The U.S.						Houston & Dallas	California
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	
Deductible	Individual	\$3,000	\$9,000	\$1,500	\$4,500	\$750	\$2,250	None	None
	Family	\$6,000	\$18,000	\$3,000	\$9,000	\$1,500	\$4,500	None	None
Out-of-Pocket Maximum	Individual	\$6,000	\$18,000	\$3,650	\$10,200	\$3,650	\$9,750	\$6,600	\$1,500
	Family	\$12,000	\$36,000	\$7,300	\$20,400	\$7,300	\$19,500	\$13,200	\$3,000
HSA or Health Care FSA	Individual or Family	HSA with no company contribution		HSA with company contribution of \$500 (individual) or \$1,000 (family)		Health Care FSA		Health Care FSA	Health Care FSA
Office Visits	Primary Care	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$25 copay	40% after deductible	\$15 copay	\$20 copay
	Specialist	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$50 copay	40% after deductible	\$30 copay	\$20 copay
Services	Preventive Care	\$0	30% after deductible	\$0	20% after deductible	\$0	20% after deductible	\$0	\$0
	Urgent Care	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$40 copay	40% after deductible	\$50 copay	\$20 copay
	Emergency Care	30% after deductible	30% after deductible	20% after deductible	20% after deductible	20% after deductible + \$200 copay	20% after deductible + \$200 copay	\$150 copay	\$50 copay
	Inpatient Care	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible + \$300 copay	40% after deductible + \$300 copay	\$250 copay	\$500 copay
	Outpatient Care	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$0	\$20 copay