

Health Maintenance Organization (HMO) Plans	Kaiser Permanente HMO	CareFirst BlueChoice HMO
<b>Annual Deductible</b>	None	None
<b>Preventive Care</b>		
<b>Routine Physical Exam</b>	Covered in full	\$10 copay*
<b>Well Baby/Child Care</b>	Covered in full (under age 5)	\$10 copay*
<b>Childhood Immunizations</b>	Covered in full (under age 5)	\$10 copay*
<b>Physician Services</b>		
<b>Physician Office Visit</b>	\$10 copay	\$10 copay
<b>Specialist Office Visit</b>	\$20 copay	\$20 copay
<b>Lab Work and X-rays</b>	Covered in full	Covered in full
<b>Allergy Shots</b>	\$10 copay	\$10 copay \$20 specialist copay
<b>Maternity Care</b>		
<b>Prenatal and Postnatal Care</b>	\$10 copay, no charge once pregnancy is confirmed*	\$10 copay; no charge once pregnancy is confirmed*
<b>Physician Services</b>	Covered in full	Covered in full
<b>Hospital Services</b>	Covered in full	Covered in full
<b>Emergency Services (when medically necessary)</b>		
<b>Urgent Care Centers</b>	\$20 copay	\$20 copay
<b>Emergency Room</b>	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
<b>Emergency Physician Services</b>	Covered in full	Covered in full
<b>Emergency Ambulance</b>	Covered in full if authorized	Covered in full
<b>Hospital Services—Inpatient</b>		
<b>Semi-Private Room</b>	Covered in full	Covered in full
<b>Professional Services</b>	Covered in full	Covered in full
<b>Surgical Procedures</b>	Covered in full	Covered in full
<b>Specialty Care/ Consultation</b>	Covered in full	Covered in full
<b>Anesthesia</b>	Covered in full	Covered in full
<b>Radiology and Drugs</b>	Covered in full	Covered in full
<b>Intensive Care</b>	Covered in full	Covered in full
<b>Coronary Care</b>	Covered in full	Covered in full
<b>Hospital Services—Outpatient</b>		
<b>Surgical Procedures</b>	\$20 copay	\$20 copay
<b>Professional Fees</b>	Covered in full	\$10 copay (\$20 copay for specialist)
<b>Mental Health/Substance Abuse Services</b>		
<b>Inpatient Days</b>	Covered in full	Covered in full
<b>Outpatient Visits</b>	\$10 copay	\$10 copay
<b>Other Services</b>		
<b>Catastrophic Illness</b>	Covered in full	Covered in full
<b>Durable Medical Equipment</b>	Covered in full	You pay 25%*
<b>Home Health Care</b>	Covered in full	Covered in full
<b>Hospice Care</b>	Covered in full	Covered in full
<b>Skilled Nursing Care</b>	Covered in full up to 100 days per contract year	Covered in full

\*Applies to services not specifically listed in the previous preventive care charts.

\*\*Does not include diabetic supplies such as lancets, glucose strips, etc. See CVS/Caremark Prescription for details.