

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