



NATA Plan Descriptions
All Lines of Coverage
For Effective Dates 10/01/2017 through 9/30/2018

| Health Net - Medical | Deductible (Indiv/Fam) | Coinsurance | Office Visit Copay | Medical Out of Pocket (Indiv/Fam) | Prescription Drug Out of Pocket (Ind/Fam) |
|--------------------------------------|------------------------|-------------|--------------------|-----------------------------------|---|
| PPO 80 750 - A20-750-2-3750 | \$750/\$1,500 | 80%/60% | \$20 | \$3,750/\$7,500 | \$2,000/\$4,000 |
| PPO 80 1000 - A25-1000-2-4000 | \$1,000/\$2,000 | 80%/60% | \$25 | \$4,000/\$8,000 | \$2,000/\$4,000 |
| PPO 80 1500 - A25-1500-2-4500 | \$1,500/\$3,000 | 80%/60% | \$25 | \$4,500/\$9,000 | \$2,000/\$4,000 |
| PPO 80 2000 - A20-2000-2-5000 | \$2,000/\$4,000 | 80%/60% | \$20 | \$5,000/\$10,000 | \$2,000/\$4,000 |
| PPO 80 3000 - A30-3000-2-5600 | \$3,000/\$6,000 | 80%/60% | \$30 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 80 5000 - A35-5000-2-5600 | \$5,000/\$10,000 | 80%/60% | \$35 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 80 2000 E - E30-2000-2-5600 | \$2,000/\$4,000 | 80%/60% | \$30 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 80 3000 E - E35-3000-2-5600 | \$3,000/\$6,000 | 80%/60% | \$35 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 80 5000 E - E35-5000-2-5600 | \$5,000/\$10,000 | 80%/60% | \$35 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 70 1500 - CC3T10-1500-2-4500DX | \$1,500/\$3,000 | 80%/60% | \$10 | \$4,500/\$9,000 | \$2,000/\$4,000 |
| PPO 70 2000 - CC3T20-2000-3-5600ES | \$2,000/\$4,000 | 70%/50% | \$20 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 70 3000 - CC3T25-3000-3-5600ES | \$3,000/\$6,000 | 70%/50% | \$25 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| PPO 70 5000 - CC3T35-5000-3-5600ES | \$5,000/\$10,000 | 70%/50% | \$35 | \$5,600/\$11,200 | \$1,000/\$2,000 |
| HSA 2600 - HDE26008060 | \$2,600/\$5,200 | 80%/60% | n/a | \$5,200/\$10,400 | Included in Medical |
| HSA 3500 - HDE35008060 | \$3,500/\$7,000 | 80%/60% | n/a | \$6,500/\$13,100 | Included in Medical |

| Health Net - Prescription Plans (For Non-HSA Plan) | Out of Pocket (Indiv/Fam) | Tier 1 / 2 / 3 | Specialty |
|--|---------------------------|----------------|-----------|
| NMSL 10-50-75-1000 / NMSL 10-50-75-2000 | Refer to Medical Election | \$10/\$50/\$75 | 50% |
| NMSL 15-30%-50%-1000 / NMSL 15-30%-50%-2000 | Refer to Medical Election | \$15/30%/50% | 50% |

| Health Net - Vision Rider | Exams Copay / Frequency | Lenses Copay / Frequency | Frames Allowance / Frequency | Contacts Allowance / Frequency |
|---------------------------|-------------------------|--------------------------|------------------------------|--------------------------------|
| Preferred 1025-2/15 | \$10 / 12 months | \$25 / 12 months | \$100 / 24 months | \$90 / 12 months |

| Kaiser - Medical | Deductible (Indiv/Fam) | Coinsurance | Office Visit Copay | Medical/RX Out of Pocket (Indiv/Fam) |
|------------------|---|-------------|--------------------|---|
| DHMO 80 500 | \$500/\$1,500 | 80% | \$20 | \$3,000/\$9,000 |
| DHMO 80 750 | \$750/\$2,250 | 80% | \$20 | \$3,250/\$9,750 |
| DHMO 80 1000 | \$1,000/\$3,000 | 80% | \$25 | \$4,000/\$12,000 |
| DHMO 80 1500 | \$1,500/\$4,500 | 80% | \$25 | \$5,000/\$10,000 |
| DHMO 80 2000 | \$2,000/\$6,000 | 80% | \$25 | \$5,500/\$11,000 |
| DHMO 80 3000 | \$3,000/\$9,000 | 80% | \$30 | \$5,000/\$10,000 |
| DHMO 80 4000 | \$4,000/\$12,000 | 80% | \$30 | \$5,000/\$10,000 |
| DHMO 80 5000 | \$5,000/\$12,700 | 80% | \$30 | \$6,850/\$13,700 |
| HSA 2600 | \$2,600/\$5,200 | 80% | n/a | \$5,200/\$10,400 |
| POS 500 | IND \$500/\$1,000/\$1,500 FAM \$1,500/\$3,000/\$4,500 | 80%/70%/55% | \$20/\$30/45% | IND \$3,000/\$4,750/\$6,000 FAM \$6,000/\$9,500/\$12,000 |
| POS 2000 | IND \$2,000/\$4,000/\$6,000 FAM \$6,000/\$12,000/\$16,800 | 80%/70%/60% | \$25/\$35/40% | IND \$5,000/\$6,850/\$8,400 FAM \$10,000/\$13,700/\$16,800 |
| POS 4000 | IND \$4,000/\$6,350/\$8,400 FAM \$10,000/\$12,700/\$16,800 | 80%/65%/55% | \$30/\$40/45% | IND \$5,000/\$6,850/\$8,400 FAM \$10,000/\$13,700/\$16,800 |

| Kaiser - Prescription (included in Medical) | Out of Pocket (Indiv/Fam) | Tier 1 / 2 / 3 | Specialty |
|---|---------------------------|--|--|
| DHMO RX - All Medical Plans | Included in Medical | \$20/\$40/\$60 | \$150 for 30 day supply |
| POS RX - All Medical Plans | Included in Medical | INN \$15/\$30/\$50 OON \$20/\$40/\$60 | INN \$150 for 30 day supply OON \$300 for 30 day supply |

| Kaiser - Vision | Exams | Lenses / Frames / Contacts |
|-----------------|------------------|-----------------------------|
| Vision Rider | Medical OV Copay | \$150 allowance / 24 months |

| Regence - Dental | Deductible (Indiv/Fam) | Coinsurance | Calendar Year Maximum |
|---------------------------|------------------------|--------------|-----------------------|
| Expressions Dental Plan 1 | \$50/\$150 | 100%/80%/50% | \$1,500 |
| Expressions Dental Plan 2 | \$50/\$150 | 80%/80%/50% | \$1,500 |

| LifeMap - Voluntary Dental | Deductible (Indiv/Fam) | Coinsurance | Calendar Year Maximum | Orthodontia |
|----------------------------|------------------------|-------------------------------------|-----------------------|-----------------------------------|
| Voluntary Dental Plan 1 | none | \$6 visit copay / see pay schedule | none | \$2,800 max / 6 month wait period |
| Voluntary Dental Plan 2 | none | \$15 visit copay / see pay schedule | none | \$2,800 max / 6 month wait period |