



**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