

## 2020 Medical Plans At-a-Glance

Plan Feature						CA Residents	San Diego County Residents
	EPO 500	PPO 1500 with HSA	EPO 2000 with HSA	Copay 5000	PPO 5000 with HSA	Kaiser CA HMO 2000 w/ HSA	SIMNSA Baja CA Premier Access HMO
<b>Calendar Year Deductible</b> Employee Only / Family	\$500 / \$1,000 <sup>1</sup>	\$1,500 <sup>5</sup> / \$3,000 <sup>1,5</sup>	\$2,000 / \$4,000 <sup>1</sup>	\$5,000 <sup>5</sup> / \$10,000 <sup>1,5</sup>	\$5,000 <sup>5</sup> / \$10,000 <sup>1,5</sup>	\$2,000 / \$4,000 <sup>1</sup>	N/A
<b>Coinsurance (You Pay)</b>	20%	20%	20%	20%	20%	20%	None
<b>Calendar Year Out-of-Pocket Maximum</b> Employee Only / Family	\$2,000 / \$4,000	\$5,000 <sup>6</sup> / \$10,000 <sup>6</sup>	\$6,000 / \$12,000	\$7,000 <sup>6</sup> / \$14,000 <sup>6</sup>	\$6,550 <sup>6</sup> / \$13,100 <sup>6</sup>	\$3,425 / \$6,850	\$6,350 / \$12,700
<b>Health Savings Account (HSA)</b>	N/A	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2020 are \$3,550 (employee only) and \$7,100 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2020.	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2020 are \$3,550 (employee only) and \$7,100 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2020.	N/A	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2020 are \$3,550 (employee only) and \$7,100 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2020.	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2020 are \$3,550 (employee only) and \$7,100 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2020.	N/A
	<b>NETWORK ONLY YOU PAY</b>	<b>IN-NETWORK YOU PAY</b>	<b>NETWORK ONLY YOU PAY</b>	<b>IN-NETWORK YOU PAY</b>	<b>IN-NETWORK YOU PAY</b>	<b>NETWORK ONLY YOU PAY</b>	<b>NETWORK ONLY YOU PAY</b>
<b>Preventive Care</b>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full
<b>Telemedicine</b> Doctor Visit Behavioral Health Visit	\$20 copay \$40 copay	10% <sup>2</sup> (Cost is \$40 per visit) 20% <sup>2</sup> (Cost is \$80 per visit)	10% <sup>2</sup> (Cost is \$40 per visit) 20% <sup>2</sup> (Cost is \$80 per visit)	\$25 copay \$50 copay	10% <sup>2</sup> (Cost is \$40 per visit) 20% <sup>2</sup> (Cost is \$80 per visit)	20% <sup>2</sup> N/A	N/A N/A
<b>PCP Office Visit</b>	\$30 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$45 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$5 copay
<b>Specialist Office Visit</b>	\$50 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$75 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$5 copay
<b>Urgent Care</b>	\$50 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$75 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$25 copay (provider in Mexico) \$50 copay (provider outside Mexico)
<b>Emergency Room</b>	\$500 copay <sup>2,7</sup> , then you pay 30%	\$500 copay <sup>2,7</sup> , then you pay 30%	\$500 copay <sup>2,7</sup> , then you pay 30%	\$500 copay <sup>2,7</sup> , then you pay 30%	\$500 copay <sup>2,7</sup> , then you pay 30%	20% <sup>2</sup>	\$250 copay <sup>7</sup>
<b>Diagnostic Testing</b>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	Covered in full
<b>Outpatient X-ray and Lab</b>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	Covered in full
<b>Hospitalization</b> Inpatient Semi-Private Room Inpatient Physician	\$500 copay <sup>2</sup> , then you pay 20% 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	Covered in full Covered in full
<b>Outpatient Treatment</b> (PT, OT, ST)	\$250 copay <sup>2</sup> , then you pay 20%	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	\$10 copay
<b>Mental Health/Substance Abuse</b> Inpatient Outpatient	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	Covered in full \$5 copay
<b>Pharmacy Retail</b> Specified Preventive Drugs <sup>4</sup> Generic Brand Formulary Brand Non-Formulary Specialty Drugs	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>3</sup> \$25 copay <sup>3</sup> \$40 copay <sup>3</sup> 20% <sup>3,8</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$30 copay <sup>2</sup> N/A 20% <sup>2</sup> up to \$125	<b>30-day supply</b> 100% covered \$5 copay \$5 copay \$5 copay \$5 copay
<b>Pharmacy Mail Service</b> Specified Preventive Drugs <sup>4</sup> Generic Brand Formulary Brand Non-Formulary	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>3</sup> \$50 copay <sup>3</sup> \$80 copay <sup>3</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$60 copay <sup>2</sup> N/A	<b>90-day supply</b> N/A N/A N/A N/A

1) The family deductible must be met before any person receives benefits.

2) After calendar year deductible.

3) Calendar year deductible waived.

4) As specified in the essential drug list.

5) In-network calendar year deductible is separate from out-of-network calendar year deductible and does not cross accumulate. Refer to the Summary of Benefits and Coverage (SBC) for the plan for information on out-of-network deductible amounts on [www.ensignbenefits.com](http://www.ensignbenefits.com).

6) In-network calendar year out-of-pocket maximum is separate from out-of-network calendar year out-of-pocket maximum and does not cross accumulate. Refer to the Summary of Benefits and Coverage (SBC) for the plan for information on out-of-network out-of-pocket maximum amounts on [www.ensignbenefits.com](http://www.ensignbenefits.com).

7) Emergency Room copay waived if admitted.

8) May be available at CVS retail pharmacy or Pharmacy Mail Service if authorized. Note that any specialty drug discounts through copay cards or coupons will not apply towards the calendar year deductible or out-of-pocket maximum.