

2017 Medical Plan Comparison Summary

Plans:	Plan Type Summary:	Plan Features:
Kaiser DHMO	The Deductible HMO plan is an alternative for those that do not regularly utilize medical services, other than wellness and preventive care. The plan offers the same care and services with Kaiser as the HMO but with lower premiums, a higher deductible and no cost for wellness and preventive care. Additionally, it can serve as a dual coverage option should you have a spouse that is already a Kaiser member.	Choice of Kaiser network physicians; Integrated medical team with on-line access for appointments and records; Deductibles for certain services ; majority of preventative and wellness care at no cost
Kaiser HMO	Kaiser members enjoy a wide choice of doctors, convenient locations, and online tools and wellness programs — all designed to help you live better: mind, body, and spirit. The HMO plan makes it simple and convenient to get the care you need, when you need it. When you come in for care, you pay just a copay for most services covered by your plan. Many preventive care services, meanwhile, are covered at little or no charge.	Choice of Kaiser network physicians; Integrated medical team with on-line access for appointments and records; No deductible ; \$25 office visits ; majority of preventative and wellness care at no cost
Trio ACO HMO - Blue Shield of California	HMO plans provide a comprehensive array of services, including preventive care, at a minimal cost, but you must use only providers in the HMO plan network. A network includes doctors, hospitals, and other health care providers and facilities that have contracted with the HMO to provide care at lower fixed rates and / or discounted rates. HMOs do not generally pay benefits for care received outside the network, except in life/limb threatening emergency situations. Referral needed from Primary Care Physician (PCP) to see specialists.	No deductibles ; narrow network provided by GEMCare Medical Group ; \$20 office visits , must select a primary care physician; lower premium cost per check with compared to the Access + HMO or PPO plan.
Access + HMO - Blue Shield of California	HMO plans provide a comprehensive array of services, including preventive care, at a minimal cost, but you must use only providers in the HMO plan network. A network includes doctors, hospitals, and other health care providers and facilities that have contracted with the HMO to provide care at lower fixed rates and / or discounted rates. HMOs do not generally pay benefits for care received outside the network, except in life/limb threatening emergency situations. Referral needed from Primary Care Physician (PCP) to see specialists.	All the same great plan features of the Trio ACO plan but with a broader network of physicians to select from (includes; BFMC, GEMCare, IMG and more).
PPO - Blue Shield of California	The Preferred Provider Organization (PPO) gives you the freedom to choose any doctor, whether or not he or she is a member of the PPO network, every time you need care. You do not need to select a Primary Care Physician (PCP) to coordinate your care and you can see a specialist any time you wish.	Higher premium costs per check; deductibles, co-pays and co-insurance apply up to annual out-of-pocket-limit; flexibility to select physicians and hospitals within the plan's network, as well as outside of the network of covered services.

*(Plans listed in order of premium cost; lowest to highest. See 2017 City of Bakersfield Benefits Website for plan comparisons and coverage amounts)