



## Ramos Oil Plan Health Insurance At a Glance Comparison Sheet

**January 1, 2019 to December 31, 2019**

Ramos Oil Company offers medical coverage through three different medical providers; all HMO's. Employee only coverage is paid for by the company. Contributions for dependent coverage are available for each medical provider. Please see Benefits Administrator for information and assistance.

Company/Plan	WHA Advantage 40 RX-H	Sutter Plus ML 36	Kaiser 8804
<b>Deductible</b>	None	\$1000 ind/\$2000 fam	\$1000 ind/\$2000 fam
<b>Annual Out of Pocket Max</b>	\$3000 ind/\$6000 fam	\$4000 ind/\$8000 fam	\$3000 ind/\$6000 fam
Lifetime Max	None	None	None
<b>In Patient Services</b>			
Preventative Care	No Charge	No Charge	No Charge
Office Visit- PCP	\$40 per visit	\$40 per visit	\$40 per visit
Office Visit-Specialist	\$40 per visit	\$40 per visit	\$40 per visit
Vision and Hearing Exam	\$40 per visit <sup>1</sup>		No Charge
<b>Outpatient Services</b>			
Outpatient Surgery- office	\$40 per visit <sup>2</sup>	\$250 co-pay after ded.	20% co-pay after ded.
Outpatient Surgery- In pat.	30% <sup>3</sup>	\$250 co-pay after ded.	20% co-pay after ded.
Professional Services	None	\$40 per visit	\$40 per visit
Lab, X-ray	None	\$40 Lab/None	\$10 per encounter
CT.PET scans and MRIs	None	None	\$150 per procedure
<b>Hospital Services</b>			
Inpatient	30%	\$500 /day after ded.	20% after deductible
Emergency Room	\$100 per visit <sup>4</sup>	\$100/visit after ded.	20% after deductible
<b>Other</b>			
Urgent Care	\$50 per visit	\$40 per visit	\$40 per visit
Behavioral Health Office	\$40 per visit*	\$40 per visit	
Behavioral Health Hosp.	30%	\$500/day after ded.	30% after deductible
Out Patient Rehab.	\$40 per visit	\$40 per visit	\$40 per visit
Acupuncture	\$15 per visit 20/yr	Not Covered	
Chiropractic	\$15 per visit, 20/yr		
<b>Rx</b>	\$10/\$30/\$50	\$10/\$30/\$60/30%	\$10gen/\$30bran/20%spec

<sup>1</sup> Copayments do not contribute to the medical out-of-pocket maximum.

<sup>2</sup> Performed in office setting

<sup>3</sup> Performed in Facility

<sup>4</sup> Waived if admitted

*This sheet is for illustrative/comparative purposes only, please refer to health carrier materials.*