

Compare the medical plans (your share of the costs for services)

	Blue Shield of California HDHP + HSA		Blue Shield of California PPO Plan		Blue Shield of California EPO Plan	Kaiser Permanente HDHP + HSA (CA, CO, GA, MAS, OR, WA)	Kaiser Permanente HMO (CA, CO, GA, HI, MAS, OR, WA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network	
Annual Deductible (Individual/Family)	\$2,800 / \$5,600	\$3,700 / \$7,400	\$500 / \$1,500	\$1,500 / \$4,500	\$0 / \$0	CA, GA: \$2,800 / \$5,450 CO, MAS, WA: \$2,800 / \$5,600 OR: \$3,000 / \$6,000	\$0	Annual Deductible (Individual/Family)
Out-of-Pocket Max (Individual/Family)	\$3,700 / \$7,400	\$7,400 / \$14,800	\$3,500 / \$7,000	\$7,000 / \$14,000	\$2,000 / \$4,000	CA, GA: \$2,800 / \$5,450 CO, MAS: \$2,800 / \$5,600 OR: \$6,000 / \$12,000 WA: \$3,500 / \$7,000	CA, CO, GA, WA: \$1,500 / \$3,000 HI: \$2,500 / \$7,500 MAS: \$1,300 / \$2,600 OR: \$2,000 / \$4,000	Out-of-Pocket Max (Individual/Family)
Preventive Care	No charge*	Not covered	No charge*	Not covered	No charge	No charge*	No charge	Preventive Care
Office Visits (Primary/Specialists)	No charge*	20%*	\$20 / \$20	30%*	\$15 / \$30	No charge* OR: \$30* / \$40*	CA, CO, GA, HI, MAS, WA: \$20 / \$20 OR: \$20 / \$30	Office Visits (Primary/Specialists)
Inpatient Hospital	No charge*	20% plus additional costs above plan coverage of up to \$600/day*	10%*	30% plus additional costs above plan coverage of up to \$600/day*	\$250	No charge* OR: 20%*	CA, CO, GA, MAS, WA: No charge HI: 10% OR: \$250	Inpatient Hospital
Urgent Care	No charge*	20%*	\$20	30%*	\$15	No charge* OR: 20%*	CA, CO, GA, HI, MAS, WA: \$20 OR: \$40	Urgent Care
Emergency Room (waived if admitted)	No charge*	No charge*	\$150	\$150	\$100	No charge* OR: 20%*	CA, GA, HI, MAS, WA: \$100 CO: \$250 OR: \$150	Emergency Room (waived if admitted)
Retail Prescriptions (30-day supply)	Tier 1: \$10* Tier 2: \$25* Tier 3: \$40* Specialty: 30%, up to \$200*	Tier 1: 25% + \$10* Tier 2: 25% + \$25* Tier 3: 25% + \$40* Specialty: 30%, up to \$200 + 25% of purchase price*	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Specialty: 30%, up to \$200	Tier 1: 25% + \$10 Tier 2: 25% + \$20 Tier 3: 25% + \$40 Specialty: 30%, up to \$200 + 25% of purchase price	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Specialty: 30%, up to \$200	No charge* OR: Tier 1: \$15* Tier 2: \$30* Tier 3: \$30* Specialty: 20%, up to \$150*	CA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$20, Specialty: 20%, up to \$200 CO: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$20 GA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$20, Specialty: \$20 HI: Tier 1: \$10, Tier 2: \$35, Tier 3: \$35, Specialty: \$200 OR: Tier 1: \$15, Tier 2: \$30, Tier 3: \$30, Specialty: 20%, up to \$150 MAS: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$10 – \$35 WA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$10 – \$20, Specialty: \$10 – \$20	Retail Prescriptions (30-day supply)
Annual HSA Contribution from Okta	Employee only: \$780 Family: \$1,518		HSA not offered with this plan		HSA not offered with this plan	Employee only: \$780 Family: \$1,518	HSA not offered with this plan	Annual HSA Contribution from Okta

*After deductible