<table>
<thead>
<tr>
<th>Plan Provider Status</th>
<th>Kaiser Deductible</th>
<th>Kaiser Traditional</th>
<th>Moda Deductible</th>
<th>Moda Synergy</th>
<th>Moda Source - Care</th>
<th>Providence</th>
<th>Providence Choice</th>
<th>Providence Choice - FEP (Medical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Dates</td>
<td>deductible paid</td>
<td>deductible paid</td>
<td>deductible paid</td>
<td>deductible</td>
<td>deductible paid</td>
<td>deductible</td>
<td>deductible paid</td>
<td>deductible paid</td>
</tr>
<tr>
<td>Doctor visit</td>
<td>$10/month</td>
<td>$20/month</td>
<td>$10/month</td>
<td>$20/month</td>
<td>$10/month</td>
<td>$20/month</td>
<td>$10/month</td>
<td>$20/month</td>
</tr>
</tbody>
</table>

### Medical Services

#### Primary care
- $5 deductible paid
- $5 out-of-network

#### Chronic care
- $5 deductible paid
- $5 out-of-network

#### Specialty care
- $5 deductible paid
- $5 out-of-network

#### Dental care
- $5 deductible paid
- $5 out-of-network

#### Inpatient hospital
- $5 deductible paid
- $5 out-of-network

#### Outpatient surgery
- $5 deductible paid
- $5 out-of-network

#### Preventive services
- $0 deductible paid
- $0 out-of-network

#### Lab & X-ray
- $0 deductible paid
- $0 out-of-network

#### Charges
- $5 deductible paid
- $10 out-of-network

#### Hospital stays
- $20 deductible paid
- $20 out-of-network

#### Drug supplies
- $5 deductible paid
- $5 out-of-network

#### Other
- $10 deductible paid
- $10 out-of-network

### Inpatient Hospitalization

#### Deductible
- $5 deductible paid
- $5 out-of-network

#### Preventive services
- $0 deductible paid
- $0 out-of-network

#### Lab & X-ray
- $0 deductible paid
- $0 out-of-network

#### Charges
- $5 deductible paid
- $5 out-of-network

#### Hospital stays
- $20 deductible paid
- $20 out-of-network

#### Drug supplies
- $5 deductible paid
- $5 out-of-network

#### Other
- $10 deductible paid
- $10 out-of-network

### Contact Information

#### Doctor
- Provider phone: 555-555-5555
- Hospital phone: 555-555-5555

### Additional Information

1. This provides a breakdown of benefits, costs, and services covered by the health plans. Benefits may vary between plans and may be subject to changes. Please refer to the plan documents for specific details.
2. All plans have a standard $25 deductible per Kaiser Member. This is the amount you must pay before the plan begins to share the costs. Certain benefits are subject to annual or lifetime maximums. Deductible paid in full, or a portion of the deductible, is applied to the primary care physician visits and to other services covered by the plan. The Kaiser Member should refer to the provider network for additional coverage details.
3. See Health Encounter Form (HEF) page 16.
4. PPO members receive benefits as covered by the plan. Benefits generally apply to in-network services. Out-of-network services may not be covered or may be covered at a reduced amount. Please refer to the plan documents for specific details.
5. These benefits are subject to limits and exclusions. Deductibles and copayments apply. Please refer to the plan documents for specific details.
6. Kaiser Members receive benefits as covered by the plan. Benefits generally apply to in-network services. Out-of-network services may not be covered or may be covered at a reduced amount. Please refer to the plan documents for specific details.
7. Inpatient hospitalization includes services provided in a hospital setting, such as surgery, childbirth, and emergency care. Benefits vary by plan and may be subject to deductibles and copayments. Please refer to the plan documents for specific details.
8. Referrals for specialty care are required by many plans. Please refer to the plan documents for specific details.
9. Some plans may have limitations or exclusions. Please refer to the plan documents for specific details.
10. A Member must not have used the services of the Covered Provider in the last 36 months. Please refer to the plan documents for specific details.
11. Plans may vary by plan and benefit. Please refer to the plan documents for specific details.
12. Kaiser Members receive benefits as covered by the plan. Benefits generally apply to in-network services. Out-of-network services may not be covered or may be covered at a reduced amount. Please refer to the plan documents for specific details.