

Casa Allegra

2020 Snapshot of Benefits

Casa Allegra is proud to provide a choice of two Kaiser medical plans for you to choose from: Kaiser Gold 80 HMO 500/30 and Kaiser Silver 70 HMO 2250/50. If you enroll in the Kaiser Silver Plan, you will pay \$22 per month. If you enroll in the Gold Plan, you will pay \$44 per month. A Dental plan is available to you with Guardian. If you enroll, you will pay \$50.24 per month for yourself. If you want to enroll dependents, the cost is \$101.98 for Employee & Spouse, or \$125.59 for Employee & child(ren), or \$195.07 for Employee & family. All active employees working 30+ hours per week are eligible for group medical coverage on the 1st of the month following 90 days of employment

Kaiser Medical Plans

	Gold 80 HMO 500/30	Silver 70 HMO 2250/50
General Plan Information		
Annual Deductible – Single/Family	\$500/\$1,000	\$2,250/\$4,500
Annual Out-of-Pocket Max – Single/Family	\$7,000/\$14,000	\$7,800/\$15,600
Coinsurance (What You Pay)	None	20%
Office Visit /Non-Specialist	\$30 copay deductible waived	\$50 copay deductible waived
Preventive Care	No charge, no deductible	No charge, no deductible
Acupuncture	\$15 copay deductible waived (up to 20 visits per year combined with Chiropractic)	\$50 copay deductible waived
Chiropractic Care	\$15 copay deductible waived (up to 20 visits per year combined with Acupuncture)	Not covered
Lifetime Maximum Benefit	Unlimited	Unlimited
Hospital & Surgical Services		
Inpatient Hospital	\$600 copay after deductible (up to 5 days)	20% after deductible
Emergency Room (waived if admitted)	\$250 copay after deductible	\$400 copay deductible waived
Urgent Care	\$30 copay deductible waived	\$50 copay deductible waived
Outpatient Surgery	\$600 copay after deductible	20% deductible waived
Retail Prescription Drugs (30-day supply)		
Prescription Deductible	None	\$300 Individual / \$600 Family for all Tiers
Tier 1	\$15 copay	\$17 copay
Tier 2	\$50 copay	\$65 copay
Tier 3	\$50 copay	\$65 copay
Tier 4	20% (up to \$250 per fill)	20% (up to \$250 per fill)
Contact Information		
Website / Customer Service	www.kp.org / 800-464-4000	

This summary of insurance does not amend, extend or alter the coverage afforded by the policy. Please read the policy carefully for restrictions, limitations and exclusions. Should there be a conflict between the summary and the policy, the latter shall prevail.

Casa Allegra

2020 Snapshot of Benefits

Guardian Dental Plan

	Dental Guard Alliance Network	Dental Guard Preferred Network	Non-Network
Annual Deductible	\$25 Individual / \$50 Family	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Calendar Year Maximum	\$1,500 (Annual Maximum Combined for In and Out of Network)		
Preventive Care	No charge	No charge, no deductible	No charge, no deductible
Basic Care	10% after deductible	20% after deductible	20% after deductible
Major Care	40% after deductible	50% after deductible	50% after deductible
	Contact Information		
Website / Customer Service: Plan #00567326	www.GuardianAnytime.com / 888-600-1600 click on "Find a Provider"		

This summary of insurance does not amend, extend or alter the coverage afforded by the policy. Please read the policy carefully for restrictions, limitations and exclusions. Should there be a conflict between the summary and the policy, the latter shall prevail.