

Medical Plan Comparison

	HSA PPO		Traditional PPO		Kaiser HMO CA	Kaiser HMO HI
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Annual HSA Funding Individual/Family	\$750/\$1,500 ¹		N/A		N/A	N/A
Annual Deductible ² Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$500/\$1,500	\$500/\$1,500	N/A	N/A
Annual Out-of-Pocket Maximum ³ Individual/Family	\$2,500/\$5,000	\$6,000/\$12,000	\$3,000/\$9,000	\$6,900/\$20,700	\$2,000/\$4,000	\$2,500/\$7,500
Employee Coinsurance	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% for durable equipment	Applies to certain medical procedures only
Preventive Care	No cost	30% after deductible	No cost	30% after deductible	No cost	No cost
Physician Visits	10% after deductible	30% after deductible	Primary: \$30/visit Specialist: \$45/visit	30% after deductible	Primary: \$20/visit Specialist: \$20/visit	\$15/visit
Lab and X-Ray	10% after deductible	30% after deductible	10% after deductible	30% after deductible	No cost	\$10/visit, 20% for complex imaging
Emergency Room (if medically necessary)	10% after deductible	10% after deductible	\$100/visit, then 10%	\$100/visit, then 10%	\$150/visit	\$100/visit
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible	\$50/trip	20%
Hospitalization	10% after deductible	30% after deductible	10% after deductible	30% after deductible	\$250/admission	10%
Chiropractic Care	10% after deductible, up to 20 visits/year	30% after deductible, up to 20 visits/year	\$45/visit up to 20 visits/year	30% after deductible, up to 20 visits/year	\$15/visit, up to 30 visits/year	\$20/visit, up to a combined 30 visits/year with acupuncture
Acupuncture	10% after deductible, up to 20 visits/year	30% after deductible, up to 20 visits/year	\$45/visit, up to 20 visits/year	30% after deductible, up to 20 visits/year	\$15/visit, up to 30 visits/year	\$20/visit, up to a combined 30 visits/year with chiropractic
Massage	10% after deductible, up to 20 visits/year	10% after deductible, up to 20 visits/year	10% after deductible, up to 20 visits/year	10% after deductible, up to 20 visits/year	Not covered	Not covered
Speech Therapy (if medically necessary)	10% after deductible	30% after deductible	\$30/visit	30% after deductible	\$20	\$15/visit; short-term therapy only
Infertility/Fertility Preservation	10% after deductible; 3 Smart Cycles/lifetime	Not covered	10% after deductible; 3 Smart Cycles/lifetime	Not covered	50%/visit; 1 cycle/lifetime	\$15/visit; 20% IVF ³ ; 1 cycle/lifetime
Prescription Drug Comparison						
Retail (30-day supply)	After deductible: ⁴	50% after deductible: ⁴	After deductible: ⁴	50% after deductible: ⁴	Copay:	Copay:
Generic	10%		10%		\$15	\$10
Brand	15%		25%		\$35	\$35
Non-Preferred Brand	20%		40%		\$35	\$35 (\$200 for Specialty)
Mail Order (90-day supply)	After deductible: ⁴	Not covered	After deductible: ⁴	Not covered	Copay:	Copay:
Generic	10%		10%		\$30	\$20
Brand	15%		25%		\$70	\$70
Non-Preferred Brand	20%		40%		\$70	\$70 (Specialty not covered)

1 Annual amount if you enroll in the HSA PPO during Open Enrollment for 2023. If you enroll at any other time, the company contribution will be pro-rated.
 2 Family deductible must be met by one covered family member, or any combination of family members, before the plan will begin sharing costs for any covered member.
 3 Family annual out-of-pocket maximum must be met by one covered family member, or any combination of family members, before the plan will begin paying the full cost of covered care. Includes amounts paid for prescription drugs.
 4 Deductible waived for preventive medications.

For more information, visit benefits.vmware.com.

How to Save Money on Your Prescriptions

- Generic medicines could save you money. Always ask your doctor if there's a generic option available.
- If a generic is not available or appropriate, ask your doctor to prescribe a preferred brand-name medication.

If you fill a prescription for a non-preferred brand name medication that is not part of the CVS Caremark Formulary Drug Exclusions, you will be required to pay the full cost, which does not count towards your annual deductible or annual out-of-pocket maximum.