# Medical Plan Comparison 2018-2019

| | PEHT Regence BC/BS PPO | | Kaiser HMO | *NEW* Kaiser Added Choice Plan | | |
|---|---|---|---|---|---|---|
| **Monthly Employee Premium** | Employee Only $129.87<br>Employee+1 $502.45<br>Family $724.84 | | Employee Only $85.82<br>Employee+1 $333.24<br>Family $482.14 | Employee Only $108.93<br>Employee+1 $435.71<br>Family $610.00 | | |
| | **In-Network** | **Out-of-Network** | **In-Network Only** | **Tier 1<br>In-HMO-Network**<br>Tier 1 and Tier 2 cross accumulate deductibles and out of pocket maximums | **Tier 2<br>First Choice PPO** | **Tier 3<br>Out-of-Network** |
| **Annual Deductible** | Individual $1,500<br>Family $4,500 | Individual $3,000<br>Family $9,000 | None | Individual $750<br>Family $2,250 | Individual $1,000<br>Family $3,000 | Individual $3,000<br>Family $9,000 |
| **Annual Out-of-Pocket Max** | Individual $4,000<br>Family $12,000 | Individual $8,000<br>Family $24,000 | Individual $1,250<br>Family $2,500 | Individual $2,250<br>Family $4,500 | Individual $3,000<br>Family $9,000 | Individual $6,000<br>Family $12,000 |
| **Primary Care** | $25 Copay* | 40% | $15 Copay | $15 Copay* | $25 Copay* | 40% |
| **Specialty Care** | $50 Copay* | 40% | $15 Copay | $35 Copay* | $50 Copay* | 40% |
| **Diagnostic Lab & X-ray** | 20%* | 40% | No Charge | $15 Copay* | 20% | 40% |
| **Inpatient Stay/Surgery** | 20% | 40% | $250 per admission | 10% | 20% | 40% |
| **Outpatient Surgery** | 20% | 40% | $15 Copay | 10% | 20% | 40% |
| **Urgent Care** | $25 Copay* | 40% | $35 Copay | $35 Copay* | $50 Copay* | 40% |

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| **Emergency Room** | $250 Copay*, then 20% | $75 Copay + normal applicable charges | $250 Copay* | | |
| **Ambulance Services** | 20% | $75 Copay | 10% | | |
| **Alternative Care*** | 24 Visit Max per Calendar Year<br><br>20% of allowed amount Chiropractic, Acupuncture & Massage<br><br>(Naturopathic services are covered under Primary Care if provider is practicing within the scope of their license) | $1,500 Max / Calendar Year<br><br>$15 Copay Chiropractic, Acupuncture & Naturopath<br><br>$25 Copay Massage<br>(massage max is 12 per year) | $1,500 Max / Calendar Year<br><br>$15 Copay Chiropractic, Acupuncture & Naturopath<br><br>$25 Copay Massage<br>(massage max is 12 per year) | | |
| **Prescription Retail** (up to 30-day supply) | $20 Generic*<br>$40 Preferred*<br>$60 Non-Preferred* | $15 Generic<br>$30 Preferred<br>$50 Non-Preferred | $15 Generic*<br>$30 Preferred*<br>$50 Non-Preferred* | At MedImpact Pharmacy:<br>$20 Generic*<br>$40 Preferred*<br>$60 Non-Preferred* | |
| **Mail Order Rx** (up to 90-day supply) | 1.5 x Retail* | 2 x Retail | 2 x Retail* | Refer to Mail-Delivery Pharmacy<br>1-800-548-9809<br>kp.org/addedchoice | |
| **Vision Benefits** (adult) | $0 Exam*<br><br>$250 Hardware allowance per calendar year maximum benefit. | $15 Exam Copay*<br><br>Up to $150 Hardware allowance every 24 months. | $15 Exam Copay*<br><br>$250 Hardware allowance per calendar year maximum benefit. | $25 Exam Copay*<br><br>$250 Hardware allowance per calendar year maximum benefit. | 40% Exam Coinsurance*<br><br>$250 Hardware allowance per calendar year maximum benefit. |

Please note: This summary provides a brief description of the Plan benefits. It is not meant to address all covered services, nor does it address all limitations, exclusions, or instances where prior authorization may be required. Please refer to the Summary Plan Document as it is the binding contract in the event of a discrepancy.

* Deductible Waived