

# Medical Plan Comparison 2018-2019

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

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