

Lewis & Clark College						
Kaiser Added Choice Medical Plan Comparison (POS vs. HDHP)						
Plan Year: 04/01/2022 - 03/31/2023						
Plan	Kaiser Added Choice POS Plan			Kaiser Added Choice HDHP Plan		
<u>Employee Monthly Cost</u>	Employee only: \$134.27 Employee + Spouse/Domestic Partner: \$537.11 Employee + 1 or more child(ren): \$483.41 Family: \$805.68			Employee only: \$114.99 Employee + Spouse/Domestic Partner: \$459.94 Employee + 1 or more child(ren): \$413.94 Family: \$689.90		
Network	Kaiser HMO	First Choice/ First Health	Out-of-Network	Kaiser HMO	First Choice/ First Health	Out-of-Network
Provider Tier	In-Network Only	PPO Providers	Non-par Providers	In-Network Only	PPO Providers	Non-par Providers
Annual Deductible	Individual: \$750 Family: \$2,250	Individual: \$1,000 Family: \$3,000	Individual: \$3,000 Family: \$9,000	Individual: \$1,500 Family: \$3,000	Individual: \$2,500 Family: \$5,000	Individual: \$3,500 Family: \$7,000
Annual Out-of-Pocket Maximum	Individual: \$2,250 Family: \$4,500	Individual: \$3,000 Family: \$9,000	Individual: \$6,000 Family: \$12,000	Individual: \$2,500 Family: \$5,000	Individual: \$4,000 Family: \$7,350	Individual: \$5,000 Family: \$10,000
Benefits						
Preventive Care	Covered in full	Covered in full	40% co-insurance, <u>after</u> deductible	Covered in full	Covered in full	30% co-insurance, <u>after</u> deductible
Tele-health	Covered in full	Covered in full	40% co-insurance, <u>after</u> deductible	Covered in full, <u>after</u> deductible	Covered in full, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Primary Care	\$15 copay	\$25 copay	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Specialty Care	\$35 copay	\$50 copay	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Diagnostic Lab & X-ray	\$15 copay per department	20% co-insurance	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Major Imaging	\$100 copay per department	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Outpatient Surgery	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Inpatient Stay/Surgery	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Urgent Care	\$35 copay	\$50 copay	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Emergency Room	\$250 copay			10% co-insurance, <u>after</u> deductible		
Alternative Care						
Naturopath	\$15 copay	\$25 copay	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible
Chiropractic (20 visit limit per year)	\$25 copay	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible	\$25 copay, <u>after</u> deductible has been met	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible
Acupuncture (12 visit limit per year)	\$25 copay	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible	\$25 copay, <u>after</u> deductible has been met	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible
Massage Therapy (12 visit limit per year)	\$25 copay	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible	\$25 copay, <u>after</u> deductible has been met	20% co-insurance, <u>after</u> deductible	40% co-insurance, <u>after</u> deductible
Adult Vision Benefits						
Annual Exam	\$15 copay	\$25 copay	40% co-insurance, <u>after</u> deductible	10% co-insurance, <u>after</u> deductible	20% co-insurance, <u>after</u> deductible	30% co-insurance, <u>after</u> deductible
Hardware	\$250 allowance, once per calendar year	\$250 allowance, once per calendar year	\$250 allowance, once per calendar year	\$250 allowance, once per calendar year	\$250 allowance, once per calendar year	\$250 allowance, once per calendar year
Prescription Drugs	Retail Pharmacy	MedImpact Pharmacy only		Retail Pharmacy	Medimact Pharmacy only	
Annual Deductible	Waived	Waived		Medical deductible applies	Medical deductible applies	
Generic	\$15 copay	\$20 copay		\$15 copay	\$20 copay	
Preferred	\$30 copay	\$40 copay		\$30 copay	\$40 copay	
Non-preferred	\$50 copay	\$60 copay		\$50 copay	\$60 copay	

Mail Order Rx	2 copays for 90 days	MedImpact Mail-Order [Call CVS at 1-800-237-2767 or visit kp.org/addedchoice]	2 copays for 90 days	MedImpact Mail-Order [Call CVS at 1-800-237-2767 or visit kp.org/addedchoice]
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.				