

## Association of Washington Cities 2020 Medical Plan Comparison

<b>Kaiser Permanente</b>				
<b>Benefits</b>	<b>KP 200</b>	<b>KP 500</b>	<b>HDHP</b>	<b>Access PPO 250</b>
	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
	KP & KP contracted providers/facilities only KP provider network (CORE)			In Network Providers (Non-Network copay then 70%)

### Copay, Deductible & Out-of-Pocket - Per Calendar Year

<b>Typical Patient Responsibility</b>	\$20 copay then 10% coinsurance	\$20 copay then 20% coinsurance	\$20 copay then 10% coinsurance	\$10 - primary care \$20 - specialist
<b>Annual Per Person Deductible</b>	\$200 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/person ~ Lab & x-ray paid in full up to first \$500/person	\$500 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/calendar year ~ Lab & x-ray paid in full up to first \$500/person	\$1,500 not subject to deductible: ~ preventive care ~ generic preventive drugs	\$250 not subject to deductible: ~ office visits ~ preventive care ~ prescriptions
<b>Maximum deductible per family/year</b>	\$400	\$1,000	\$3,000 Deductible for entire family must be met before benefits are paid	\$750
<b>Out-of-Pocket Maximum</b>	\$2,500/person \$5,000/family	\$3,500/person \$7,000/family	\$3,750/person \$7,500/family	\$2,500/person \$5,000/family

### In Your Doctor's Office

<b>Office visit</b>	\$20 copay, then 90%	\$20 copay, then 80%	\$20 copay, then 90%	\$10 - primary care \$20 - specialist
<b>Urgent Care</b>	\$20 copay - network providers only Contact Consulting Nurse for nearest provider: 800-297-6877			
<b>Lab, x-ray &amp; diagnostic</b>	100% up to \$500/calendar year, then pays at 90% after deductible	100% up to \$500/calendar year, then pays at 80% after deductible	90%	90%
<b>Preventative Care Services (not subject to copay or deductible)</b>	100%			

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### In the Hospital

Emergency room facility charges (copay waived if admitted)	KP & Non-KP Facility - \$75 copay then 90%	KP & Non-KP Facility - \$150 copay then 80%	KP & Non-KP Facility - \$75 copay then 90%	\$150 copay then 90%
Inpatient services	90%	80%	90%	90%
Physician, surgeons & anesthesiologists				
Outpatient services (x-ray, same day surgery, etc.)	\$20 copay then 90%	\$20 copay then 80%	\$20 copay then 90%	

### Ambulance (Air or Land)

	80%	90%
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### Outpatient Rehabilitative Therapy

~ Physical Therapy ~ Massage Therapy ~ Occupational Therapy ~ Speech Therapy	\$20 copay then 90% 60 visits per calendar year	\$20 copay then 80% 60 visits per calendar year	\$20 copay then 90% 60 visits per calendar year	\$20 copay 60 visits per calendar year
Prescription required for Massage and Physical Therapy				

### Prosthetics/Home Medical Equipment

	100%	100%	50%	90%
Orthotics only covered for diabetic complications				

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### Prescription Drugs

<b>Pharmacy (30-day supply)</b>	\$10 preferred generic \$20 preferred brand \$40 non-preferred	\$10 preferred generic \$30 preferred brand \$50 non-preferred	\$15 preferred generic \$30 preferred brand \$50 non-preferred \$0 generic preventative drugs not subject to deductible	\$10 preferred generic \$35 preferred brand \$70 non preferred
<b>Mail Order - Available for most medications (90-day supply)</b>	2 copays for 3 month supply	2 copays for 3 month supply	3 copays for 3 month supply	\$20 generic formulary \$60 brand formulary \$130 non-formulary

### Alternative Care

<b>Naturopathic Doctor</b>	\$20 copay then 90% 3 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$20 copay then 80% 3 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$20 copay then 90% 3 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$10 copay
<b>Massage Therapist</b>	Prescription required then pays under the Rehabilitative Therapy Benefit			
<b>Acupuncture</b>	\$20 copay 90% 8 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$20 copay 80% 8 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$20 copay 90% 8 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$10 copay 8 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)
<b>Spinal Manipulations</b>	\$20 copay 90% 10 self-referred visits per calendar year	\$20 copay 80% 10 self-referred visits per calendar year	\$20 copay 90% 10 self-referred visits per calendar year	\$10 copay 8 self-referred visits per calendar year (additional visits if approved by KP)

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### Specialty Care

Routine hearing exam	\$20 copay then 90%	\$20 copay then 80%	\$20 copay then 90%	\$10 copay
Hearing Aids (hardware)	Up to \$1,500 every 36 months	Up to \$1,500 every 36 months	Up to \$1,500 every 36 months	Up to \$1,500 every 36 months
Routine vision exam	\$20 copay 1 exam per 12 months	\$20 copay 1 exam per 12 months	\$20 copay then 90% 1 exam per 12 months	1 exam per 12 months

### Health & Well-Being

Personal Assistance	Trust staff are available to answer benefit questions and assist with resolving insurance claims. Call 800-562-8981 or email <a href="mailto:benefitinfo@awcnet.org">benefitinfo@awcnet.org</a> .
Wellness	Health Central and the Castlight app provide wellness information, programs, tools, trackers, and resources. Use Castlight to earn points and receive a gift card or enter to win other prizes. Access health professionals for guidance and encouragement in reaching your personal health goals.
Employee Assistance Program	Call 800-570-9315 for confidential assistance with parenting, relationships, finances, stress, grief, substance abuse, counseling, and legal issues or visit <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> for more resources

**CAUTION:**

Do not use this "Medical Plan Comparison" as a complete description of benefit plans. The information is presented in summary form and should be used for general comparison purposes only. Consult the plan booklet for complete and accurate information on the conditions, exclusions, limitations and coverage of benefits.