

Association of Washington Cities 2020 Medical Plan Comparison

Regence/Asuris				
Benefits	HealthFirst 250	Accountable Health Network Plan (PPO)	HealthFirst 500	HDHP
	Preferred Provider Organization (PPO)	Network available for King, Pierce, and Snohomish Counties	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 70%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 50%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 50%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)

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

Typical Patient Responsibility	10%	10%	20%	20%
Annual Per Person Deductible	\$250 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/person	\$250 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/person	\$500 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/person	\$1,500 not subject to deductible: ~ preventive care ~ value-based drugs
Maximum deductible per family/year	\$750	\$750	\$1,500	\$3,000 Deductible for entire family must be met before benefits are paid
Out-of-Pocket Maximum	\$3,000/person \$6,000/family	\$2,000/person \$4,000/family	\$3,500/person \$7,000/family	\$5,000/person \$10,000/family

In Your Doctor's Office

Office visit	90%	90%	80%	80%
Urgent Care				
Lab, x-ray & diagnostic				
Preventative Care Services (not subject to copay or deductible)	100% (not covered outside of network)			

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In the Hospital

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

Ambulance (Air or Land)

	80%
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Outpatient Rehabilitative Therapy

~ Physical Therapy ~ Massage Therapy ~ Occupational Therapy ~ Speech Therapy	90% 99 visits per calendar year	90% 99 visits per calendar year	80% 25 visits per calendar year	80% 25 visits per calendar year
Prescription required for Massage and Physical Therapy				

Prosthetics/Home Medical Equipment

	90%	90%	80%	80%
Orthotics are covered				

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Prescription Drugs

Pharmacy (30-day supply)	\$5 generic \$25 name brand formulary \$50 name brand non-formulary \$100 Specialty Medications	\$5 generic \$25 name brand formulary \$50 name brand non-formulary \$100 Specialty Medications	\$10 generic \$20 name brand formulary 50% name brand non-formulary	member pays 20% coinsurance value based drugs not subject to deductible
Mail Order - Available for most medications (90-day supply)	2 copays for 3 month supply	2 copays for 3 month supply	\$20 generic \$40 name brand formulary 50% name brand non-formulary	member pays 20% coinsurance value based drugs not subject to deductible

Alternative Care

Naturopathic Doctor	90% unlimited visits	90% unlimited visits	80% unlimited visits	80% unlimited visits
Massage Therapist	Prescription required then pays under the Rehabilitative Therapy Benefit			
Acupuncture	90% 12 visits per calendar year	90% 12 visits per calendar year	80% 12 visits per calendar year	80% 12 visits per calendar year
Spinal Manipulations	90% 15 manipulations per calendar year	90% 15 manipulations per calendar year	80% 15 manipulations per calendar year	80% 10 manipulations per calendar year

Specialty Care

Routine hearing exam	100%	100%	100%	100%
Hearing Aids (hardware)	Up to \$1,500 every 3 years	Up to \$1,500 every 3 years	Up to \$1,500 every 3 years	Up to \$1,500 every 3 years
Routine vision exam	not covered			

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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 benefitinfo@awcnet.org.
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 www.guidanceresources.com 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.