

## Association of Washington Cities 2023 Medical Plan Comparison

	Regence/Asuris		Kaiser Permanente	
Benefits	HealthFirst 250	HDHP	KP 200	HDHP
	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 70%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)	KP & KP contracted providers/facilities only KP provider network (CORE)	

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

Typical Patient Responsibility	10%	20%	\$20 copay then 10% coinsurance	\$20 copay then 10% coinsurance
Annual Per Person Deductible	\$250 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	\$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	\$1,500 not subject to deductible: ~ preventive care ~ generic preventive drugs
Maximum deductible per family/year	\$750	\$3,000 Deductible for entire family must be met before benefits are paid	\$400	\$3,000 Deductible for entire family must be met before benefits are paid
Out-of-Pocket Maximum	\$3,000/person \$6,000/family	\$5,000/person \$10,000/family	\$2,500/person \$5,000/family	\$3,750/person \$7,500/family

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### In Your Doctor's Office

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

### In the Hospital

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

### Ambulance (Air or Land)

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	80%	90%

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### Outpatient Rehabilitative Therapy

<ul style="list-style-type: none"> <li>- Physical Therapy</li> <li>- Massage Therapy</li> <li>- Occupational Therapy</li> <li>- Speech Therapy</li> </ul>	90% 99 visits per calendar year	80% 60 visits per calendar year	\$20 copay then 90% 60 visits per calendar year	\$20 copay then 90% 60 visits per calendar year
	Prescription required for Massage and Physical Therapy		Prescription required for Massage and Physical Therapy	

### Prosthetics/Home Medical Equipment

	90%	80%	100%	50%
	Orthotics are covered		Orthotics only covered for diabetic complications	

### Prescription Drugs

<b>Pharmacy</b> (30-day supply)	\$5 - Tier 1 \$25 - Tier 2 \$50 - Tier 3 \$100 - Tier 4	member pays 20% coinsurance value based drugs not subject to deductible	\$10 preferred generic* \$20 preferred brand* \$40 non-preferred *Can purchase up to 90-day supply	\$15 preferred generic* \$30 preferred brand* \$50 non-preferred \$0 generic preventative drugs not subject to deductible *Can purchase up to 90-day supply
<b>Mail Order - Available for most  medications</b> (90-day supply)	2 copays for 3 month supply	member pays 20% coinsurance value based drugs not subject to deductible	2 copays for 3 month supply	3 copays for 3 month supply

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### Alternative Care

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

### Specialty Care

<b>Infertility</b>	\$25,000 lifetime maximum Infertility diagnosis required	\$25,000 lifetime maximum Infertility diagnosis required	\$25,000 lifetime maximum Infertility diagnosis required	\$25,000 lifetime maximum Infertility diagnosis required
<b>Bariatric Services</b>	\$35,000 lifetime maximum using carrier's Centers of Excellence	\$35,000 lifetime maximum using carrier's Centers of Excellence	\$35,000 lifetime maximum using carrier's Centers of Excellence	\$35,000 lifetime maximum using carrier's Centers of Excellence
<b>Routine hearing exam</b>	100%	100%	\$20 copay then 90%	\$20 copay then 90%
<b>Hearing Aids (hardware)</b>	Up to \$1,500 every 3 years	Up to \$1,500 every 3 years	Up to \$1,500 every 36 months	Up to \$1,500 every 36 months

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Routine vision exam	not covered		\$20 copay 1 exam per 12 months	\$20 copay then 90% 1 exam per 12 months

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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 <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.