

Association of Washington Cities 2019 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)	
Rates	Employee: \$758.40 Spouse: \$764.76 First Dep: \$376.74 Second Dep: \$311.46	Employee: \$527.38 Spouse: \$533.88 First Dep: \$267.70 Second Dep: \$219.18	Employee: \$620.20 Spouse: \$609.86 First Dep: \$311.20 Second Dep: \$311.20	Employee: \$516.02 Spouse: \$505.66 First Dep: \$258.40 Second Dep: \$258.40

Definitions

Allowed Amount	Maximum amount on which payment is based for covered health care services.	
Balance Billing	If you see a non-contracted provider, they may bill you for the difference between the allowed amount and their billed amount. For example, if the provider charges \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A contracted provider cannot balance bill you for covered services.	Non-Kaiser providers bill the member the full amount
Network	The facilities, providers, and suppliers your health insurer has contracted with to provide services.	
Coinsurance	Your share of the cost of a covered service, calculated as a percent (for example, 10%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 10% would be \$10. The insurance pays the rest of the allowed amount.	
Copayments	A fixed amount (for example, \$20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.	
Deductible	The amount you owe for health care services your health insurance covers before your health insurance begins to pay. For example, if your deductible is \$250, your insurance won't pay anything until you've met your \$250 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.	
4th Quarter Carryover	Any portion of your annual deductible that is met during the last three months of the calendar year also applies to the deductible for the following year.	

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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

In Your Doctor's Office

Office visit	90%	80%	\$20 copay, then 90%	\$20 copay, then 90%
Urgent Care			\$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%
Phone/video Consultations	Telehealth MDLive network only \$10 - not subject to deductible Regence: MDLIVE.com/regence-WA Asuris: MDLIVE.com/asuris-WA	Telehealth MDLive network only \$38 until deductible is satisfied, then 100% Regence: MDLIVE.com/regence-WA Asuris: MDLIVE.com/asuris-WA	Online visits with no extra cost kp.org/wa/onlinevisit	

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Preventive Care Services (not subject to copay or deductible)

Immunizations for Children	100%	100% (not covered outside of network)	100%
Well Child Care	100% (not covered outside of network)		
Well Adult Care			

In the Hospital - Facility

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	90%	80%	90%	90%
Physician, surgeons & anesthesiologists			\$20 copay then 90%	\$20 copay then 90%
Outpatient services (x-ray, same day surgery, etc.)				

Maternity Care

Physician service	90%	80%	\$20 copay then 90%	\$20 copay then 90%
Hospital service			90%	90%

Worldwide Care

	Yes Find a provider near you at www.bcbs.com or call 1 (800) 810-2583.	Emergency Care Only For care outside the US Call: 001-206-901-2244
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Ambulance (Air or Land)

	80%	90%
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Rehabilitative Therapy

Inpatient	90% 15 days per calendar year	80% 30 days per calendar year	90% 60 days per calendar year	90% 60 days per calendar year
Outpatient Includes: ~ Physical Therapy ~ Massage Therapy ~ Occupational Therapy ~ Speech Therapy	90% 99 visits per calendar year	80% 25 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				

Prosthetics/Home Medical Equipment

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

Mental Health/Psychiatric/Substance Use Disorder

Inpatient			90%	90%
Outpatient	90%	80%	\$20 copay then 90%	\$20 copay then 90%

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Prescription Drugs

Pharmacy (30-day supply)	\$5 generic \$25 name brand formulary \$50 name brand non-formulary \$100 Specialty Medications	member pays 20% coinsurance Optimum Value drugs not subject to deductible	\$10 preferred generic \$20 preferred brand \$40 non-preferred	\$15 preferred generic \$30 preferred brand \$50 non-preferred \$0 generic preventative drugs not subject to deductible
Mail Order - Available for most medications (90-day supply)	2 copays for 3 month supply	member pays 20% coinsurance Optimum Value drugs not subject to deductible	2 copays for 3 month supply	3 copays for 3 month supply

Alternative Care

Naturopathic Doctor	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)
Massage Therapist	Prescription required then pays under the Rehabilitative Therapy Benefit			
Acupuncture	90% 12 visits per calendar year	80% 12 visits per calendar year	\$20 copay 90% 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)
Spinal Manipulations	90% 15 manipulations per calendar year	80% 10 manipulations per calendar year	\$20 copay 90% 10 self-referred visits per calendar year	\$20 copay 90% 10 self-referred visits per calendar year

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Specialty Care

Skilled Nursing Facility	90% 90 days per calendar year	80% 90 days per calendar year	90% 60 days per calendar year	90% 60 days per calendar year
Hospice Care	90%	80%	100%	90%
Home Health Care	90% 130 visits per calendar year	80% 130 visits per calendar year	100% unlimited visits	90% unlimited visits
Routine hearing exam	not covered		\$20 copay then 90%	\$20 copay then 90%
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

Benefit Support	Trust staff are available to answer benefit questions and assist with resolving insurance claims. Call 800-562-8981 or email benefitinfo@awcnet.org .
Health Central	Your personal, secure health and benefits source for information, programs, tools, trackers, and resources. Visit www.awctrust.org or download the free Jiff app from the Google Play or Apple store (activate with token: AWCTRUST).
Wellness Rewards	Earn a financial reward for engaging in healthy activities. Earn points through Health Central.
Health coaching	Health professionals offer guidance and encouragement to help you reach your personal health goals.
Employee Assistance Program	Confidential assistance with parenting, relationships, finances, stress, grief, substance abuse, counseling, research for things like day-care, which car to buy, and vacation planning.
Nurse Advice Line	Nurses are available 24 - 7 to discuss health issues and treatment options.
Wellness Newsletter	Wellness articles, stories, tips, quotes, recipes, and entertaining cartoons delivered monthly to your home.

Find a Provider	Go to www.regence.com or www.asuris.com , select "Find a doctor," in the top right portion of the landing page. For Regence, on the next page select "Find a doctor" on the right side under "Quick search." For Asuris, on the next page select "Find a doctor" on the left side under "For visitors." When selecting a network, choose "Medical - Washington" and then Preferred. You may also see non-contracted providers.	Go to https://wa.kaiserpermanente.org and select "Find a Doctor" at the top. Under "Welcome, visitor" click on the link for Employer plans and select the CORE network.
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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.