

2018 Medical Plan Cost Comparison

Flex Dollars and Premiums	EE Only	EE + Sp	EE + Ch	Family
Flex + HCS Provided to employee	\$8,761	\$16,238	\$14,523	\$22,026
Kaiser WA Classic Premium	\$9,519	\$18,320	\$16,119	\$24,920
Kaiser WA Value Premium	\$8,501	\$16,283	\$14,337	\$22,119
Kaiser WA CDHP Premium	\$7,969	\$15,147	\$13,527	\$20,006
Uniform Medical Classic Premium	\$8,793	\$16,867	\$14,848	\$22,922
Uniform Medical CDHP Premium	\$7,965	\$15,140	\$13,522	\$19,997
<i>Portion of CDHP premium deposited into HSA, if CDHP elected</i>	<i>\$700</i>	<i>\$1,400</i>	<i>\$1,400</i>	<i>\$1,400</i>

Member Costs	Kaiser WA Classic	Kaiser WA Value	Kaiser WA CDHP	Uniform Medical Plan (UMP Classic)	Uniform Medical Plan CDHP
Deductible	\$175/person	\$250/person	\$1,400/individual only	\$250/person	\$1,400/individual only
	\$525/family	\$750/family	\$2,800/family (EE+1 or more dependents)	\$750/family	\$2,800/family (EE+1 or more dependents)
Out-of-pocket maximum	\$2,000/person	\$3,000/person	\$5,100 individual/ \$10,200 family (must meet family out-of-pocket max before plan pays 100%)	\$2,000/person	\$4,200 individual/ \$8,400 family (\$6,850 per person in a family)
	\$4,000/family	\$6,000/family		\$4,000/family	
Prescription drug deductible (Tier 2 and Tier 3 only)	\$100/person, \$300/family	\$100/person, \$300/family	Included in deductible/ Out of pocket max	\$100/person, \$300/family Deductible (Tier 2 & 3)	Included in deductible/ Out of pocket max
Prescription drug out-of-pocket maximum	\$2,000 per person, in addition to medical out-of-pocket max	\$2,000 per person, in addition to medical out-of-pocket max		\$2,000 per person out of pocket maximum, in addition to medical out-of-pocket max	
Ambulance - Per trip, air or ground	20%		10% in network (Extended Network 30%)	20%	20%
Diagnostic tests, labs and x-rays	\$0; MRI/CT/PET scan \$30	\$0; MRI/CT/PET scan \$50		15%	15%
Durable medical equipment, supplies, and prostheses	20%			15%	15%
ER (Copay waived if admitted)	\$250	\$300	10%	\$75 copay + 15%	15%
Hearing - Hardware	Any amount over \$800 every 36 months after deductible has been met for hearing aid and rental/repair combined.				
Hearing - Routine annual exam	\$15	\$30	10% in network (Extended Network 30%)	\$0	15%
Home health	\$0			15%	15%
Hospital services - Inpatient	\$150/day; \$750 max/admission	\$250/day; 5 day max/admission	10% in network (Extended Network 30%)	\$200/day; \$600 max/year + 15% professional fees	15%
Hospital services - Outpatient	\$150	\$200		15%	15%
Obstetric care - Inpatient/Outpatient	Information unavailable, contact your plan				
Office visit - Chemotherapy	\$15	\$30	10% in network (Extended Network 30%)	15%	15%
Office visit - Mental health	\$15	\$30		15%	15%
Office visit - Primary care	\$15	\$30		15%	15%
Office visit - Specialist	\$30	\$50		15%	15%
Office visit - Urgent care	\$15	\$30		15%	15%
Physical, occupational and speech therapy (Per-visit cost; 60 max/yr combined)	\$15	\$30	10% in network (Extended Network 30%)	15%	15%

Read the plan's Certificate of Coverage for full coverage details on each benefit and for details on more specialized benefits not listed above.

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Member Costs	Kaiser WA Classic	Kaiser WA Value	Kaiser WA CDHP	Uniform Medical Plan (UMP Classic)	Uniform Medical Plan CDHP
Preventive care	\$0		\$0 (Ext Ntwk 30%)	\$0	
	See certificate of coverage or check with plan for full list of services.				
Spinal manipulations (10 max/yr)	\$15	\$30	10% (Ext Ntwk 30%)	15%	15%
Vision care - Exam (annual)(subject to deductible)	\$15	\$30	10% (Ext Ntwk 30%)	\$0	\$0
Vision care - Glasses and contact lenses (not subject to deductible)	Any amount over \$150 every 24 months (two calendar years for UMP) for frames, lenses, contacts and fitting fees combined. Hardware covered in full for children through age 18. (UMP Classic you pay amount over \$65 for contacts)				

Additional Information

Kaiser WA's Extended Network moved from the First Choice network to the Core HMO network.

UMP members who see an out-of-network provider will pay 40% of the UMP allowed amount plus the amount which exceeds UMPs allowed amount.

UMP classic: All co-insurance payments count toward annual out-of-pocket maximum, except Rx

2018 HSA maximum contribution: Individual - \$3,450; Family \$6,900. Age 55+ can contribution an additional \$1000

		Kaiser WA Classic & CDHP	Kaiser WA Value	Uniform Classic	Uniform CDHP
Prescription drugs - Mail order (up to a 90-day supply)	Value Tier	\$10	\$10	5% (up to \$30)	15%
	Tier 1 - Generic	\$40	\$50	10% (up to \$75)	15%
	Tier 2 - Preferred brand (after deductible)	\$80 Classic \$60 CDHP	\$100	30% (up to \$225) after Rx deductible	15%
	Tier 3 - Nonpreferred brand (after deductible)	50% up to \$750	50%	0.5	15%
	Specialty**	 	 	Tier 1: 10%; Tier 2: 30% Tier 3: 50% (up to \$150/30-day)**	15%, 30-day supply**
Prescription drugs Retail pharmacy (up to a 30-day supply)	Value Tier	\$5	\$5	5% up to \$10	15%
	Tier 1 - Generic	\$20	\$25	10% up to \$25	15%
	Tier 2 - Preferred brand (after deductible)	\$40	\$50	30% up to \$75	15%
	Tier 3 - Nonpreferred brand (after deductible)	50% up to \$250	50%	50%, (non-specialty only)	15% (non-specialty only)
	Tier 4* Preferred specialty (after deductible)	 	\$150*	 	
	Tier 5* Nonpreferred specialty (after deductible)	 	50% up to \$400*	 	

Kaiser WA's extended network for the CDHP plan does not apply to prescriptions

Kaiser WA: Rx co-pays count toward annual out-of-pocket maximum

*Specialty drugs are only available through the Kaiser WA Specialty Pharmacy.

**Specialty drugs are only available from the plan's specialty pharmacy: Ardon Health

Read the plan's Certificate of Coverage for full coverage details on each benefit and for details on more specialized benefits not listed above.