

2021 Medical Plan Cost Comparison

<b>Flex Dollars and Premiums</b>	<b>EE Only</b>	<b>EE + Sp</b>	<b>EE + Ch</b>	<b>Family</b>
<b>Flex + HCS Provided to employee</b>	<b>\$9,029</b>	<b>\$16,847</b>	<b>\$15,055</b>	<b>\$22,898</b>
Kaiser WA Classic Premium	\$10,209	\$19,591	\$17,246	\$26,627
Kaiser WA Value Premium	\$9,292	\$17,757	\$15,640	\$24,105
*Kaiser WA CDHP Premium	\$8,336	\$15,783	\$14,096	\$20,843
Uniform Medical Classic Premium	\$9,205	\$17,583	\$15,488	\$23,866
Uniform Medical Select Premium (new)	\$8,386	\$15,946	\$14,056	\$21,615
*Uniform Medical CDHP Premium	\$8,327	\$15,764	\$14,080	\$20,817
<i>*Portion of CDHP premium deposited into HSA, if CDHP elected</i>	\$700	\$1,400	\$1,400	\$1,400

<b>Member Costs</b>	<b>Kaiser WA Classic</b>	<b>Kaiser WA Value</b>	<b>Kaiser WA CDHP</b>	<b>Uniform Medical Plan (UMP Classic)</b>	<b>Uniform Medical Plan - Select (new)</b>	<b>Uniform Medical Plan CDHP</b>
<b>Deductible</b>	\$175/person	\$250/person	\$1,400/individual only	\$250/person	\$750/person	\$1,400/individual only
	\$525/family	\$750/family	\$2,800/family (EE+1 or more dependents)	\$750/family	\$2,250/family	\$2,800/family (EE+1 or more dependents)
<b>Out-of-pocket maximum</b>	\$2,000/person	\$3,000/person	\$5,100 individual/ \$10,200 family (EE+1 or more must meet family out-of-pocket max before plan pays 100%)	\$2,000/person	\$3,500/person	\$4,200 individual/ \$8,400 family (\$6,900 per person in a family)
	\$4,000/family	\$6,000/family		\$4,000/family	\$7,000/family	
<b>Prescription drug deductible (Tier 2 and Tier 3 only)</b>	\$100/person, \$300/family	\$100/person, \$300/family	Included in deductible/ Out of pocket max	\$100/person, \$300/family Deductible (Tier 2 & specialty)	\$250/person, \$750/family Deductible (Tier 2 & specialty)	Included in deductible/ Out of pocket max
<b>Prescription drug out-of-pocket maximum</b>	\$2,000/person, \$8,000/family, in addition to medical out-of-pocket max			\$2,000/person, \$4,000/family, in addition to medical out-of-pocket max	\$2,000/person, \$4,000/family, in addition to medical out-of-pocket max	
<b>Ambulance - Per trip, air or ground</b>	20%		10%	20%	20%	20%
<b>Diagnostic tests, labs and x-rays</b>	\$0; MRI/CT/PET scan \$30	\$0; MRI/CT/PET scan \$50		15%	20%	15%
<b>Durable medical equipment, supplies, and prostheses</b>	20%			15%	20%	15%
<b>ER (Copay waived if admitted)</b>	\$250	\$300		\$75 copay + 15%	\$75 copay + 20%	15%
<b>Hearing - Hardware</b>	Any amount over \$800 every 36 months for hearing aid and rental/repair combined.			Any amount over \$800 every 3 years hearing aid and rental/repair combined (CDHP, deduc applies).		
<b>Hearing - Routine annual exam</b>	\$15 - \$30	\$30 - \$50	10%	\$0	20%	15%
<b>Home health</b>	\$0			15%	20%	15%
<b>Hospital services - Inpatient</b>	\$150/day; \$750 max/admission	\$250/day; \$1250 max/admission		\$200/day; \$600 max/year + 15% professional fees	\$200/day; \$600 max/year + 20% professional fees	15%
<b>Hospital services - Outpatient</b>	\$150	\$200	15%	20%	15%	
<b>Obstetric care - Inpatient/Outpatient</b>	<a href="#">Information unavailable, contact your plan</a>					
<b>Office visit - Chemotherapy/Radiation</b>	\$30	\$50	10%	15%	20%	15%
<b>Office visit - Mental health</b>	\$15	\$30		15%	20%	15%
<b>Office visit - Primary care/Urgent care</b>	\$15	\$30		15%	20%	15%
<b>Office visit - Specialist</b>	\$30	\$50		15%	20%	15%
<b>Physical, occupational, neuro, and speech therapy</b> (Per-visit cost; 60 max/yr combined)(pre-auth required after 6 visits)	\$30	\$50	10%	15%	20%	15%
<b>Preventive care</b>	\$0		\$0	\$0		
	See certificate of coverage or check with plan for full list of services.					
<b>Spinal manipulations (10 max/yr)</b>	\$15	\$30	10%	15%	20%	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 - Select (new)	Uniform Medical Plan CDHP
Vision care - Exam (annual)(subject to deductible)	Preventative: \$0; Other \$15	Preventative: \$0; Other \$30	10%	\$0	\$0	\$0
Vision care - Glasses and contact lenses (not subject to deductible)	Any amount over \$150 every 24 months for frames, lenses, contacts and fitting fees combined. Hardware covered in full for children through age 18.			Any amount over \$150 every two calendar years for UMP) for frames, lenses, and elective contacts. Contacts and fitting fees \$30. Hardware covered in full yearly for children through age 18.		

Additional Information

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. Does not apply to out-of-pocket max.  
 UMP: All co-insurance payments count toward annual out-of-pocket maximum, except Rx and except out-of-network  
 2021 HSA maximum contribution: Individual - \$3,500; Family \$7,000. Age 55+ can contribution an additional \$1000

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

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