

2022 Medical Plan Cost Comparison

Flex Dollars and Premiums	EE Only	EE + Sp	EE + Ch	Family
Flex + HCS Provided to employee	\$9,411	\$17,650	\$15,774	\$24,041
Kaiser WA Classic Premium	\$10,696	\$20,539	\$18,078	\$27,921
Kaiser WA Value Premium	\$9,600	\$18,347	\$16,160	\$24,907
*Kaiser WA CDHP Premium	\$8,634	\$16,357	\$14,601	\$21,624
Uniform Medical Classic Premium	\$9,561	\$18,269	\$16,092	\$24,800
Uniform Medical Select Premium	\$8,710	\$16,566	\$14,602	\$22,459
*Uniform Medical CDHP Premium	\$8,601	\$16,325	\$14,569	\$21,592
<i>*Portion of CDHP premium deposited into HSA, if CDHP elected</i>	\$700	\$1,400	\$1,400	\$1,400

Member Costs	Kaiser WA Classic	Kaiser WA Value	Kaiser WA CDHP	Uniform Medical Classic	Uniform Medical Select	Uniform Medical CDHP
Deductible	\$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)
Out-of-pocket maximum	\$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	
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 & specialty)	\$250/person, \$750/family Deductible (Tier 2 & specialty)	Included in deductible/ Out of pocket max
Prescription drug out-of-pocket maximum	\$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	
Ambulance - Per trip, air or ground	20%		10%	20%	20%	20%
Diagnostic tests, labs and x-rays	\$0; MRI/CT/PET scan \$30	\$0; MRI/CT/PET scan \$50		15%	20%	15%
Durable medical equipment, supplies, and prostheses	20%			15%	20%	15%
ER (Copay waived if admitted)	\$250	\$300		\$75 copay + 15%	\$75 copay + 20%	15%
Hearing - Hardware	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).		
Hearing - Routine annual exam	\$15 - \$30	\$30 - \$50	10%	\$0	20%	15%
Home health	\$0			15%	20%	15%
Hospital services - Inpatient	\$150/day; \$750 max/admission	\$250/day; \$1250 max/admission	10%	\$200/day; \$600 max/year + 15% professional fees	\$200/day; \$600 max/year + 20% professional fees	15%
Hospital services - Outpatient	\$150	\$200		15%	20%	15%
Obstetric care - Inpatient/Outpatient	Information unavailable, contact your plan					
Office visit - Chemotherapy/Radiation	\$30	\$50	10%	15%	20%	15%
Office visit - Mental health	\$15	\$30		15%	20%	15%
Office visit - Primary care/Urgent care	\$15	\$30		15%	20%	15%
Office visit - Specialist	\$30	\$50		15%	20%	15%
Physical, occupational, neuro, and speech therapy (Per-visit cost; 60 max/yr combined)(pre-auth required after 6 visits)	\$30	\$50	10%	\$15	\$15	15%
Preventive care	\$0		\$0	\$0		
	See certificate of coverage or check with plan for full list of services.					
Spinal manipulations	\$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.

2022 Medical Plan Cost Comparison

Member Costs	Kaiser WA Classic	Kaiser WA Value	Kaiser WA CDHP	Uniform Medical Classic	Uniform Medical Select	Uniform Medical 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
 2022 HSA maximum contribution: Individual - \$3,650; Family \$7,300. 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%	 	 	
	Specialty** (after deductible)	Varies	\$150 - \$400	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)	 	\$150*	 	 	
	Tier 5* Nonpreferred specialty (after deductible)	 	50% up to \$400*	 	 	

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