

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
*Portion of CDHP premium deposited into HSA, if CDHP elected	\$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%			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%		10%	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		\$0	20%	15%	
Home health	\$0		10%	15%	20%	15%	
Hospital services - Inpatient	\$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%	
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 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.

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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