

# PLU's Good Fit Medical Plan Options effective 6/1/2011

	Alliant Select	Alliant Plus		Group Health Essentials
<b>Providers</b>	<b>In-Network</b> Group Health and Virginia Mason	<b>In-Network</b> Group Health and Virginia Mason	<b>Out-of-Network</b> First Choice, or any licensed provider	<b>In-Network</b> Group Health only
<b>Deductible</b> Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware.	\$200/individual, \$400/family	<b>Deductible combined, whether for in or out of network care:</b> \$350/individual, \$700 /family		\$1,000/individual, \$2,000/family
<b>Out-of-Pocket (OOP) Maximum</b>	\$2,000/individual \$4,000/family	<b>OOP Maximum combined for in and out of network care:</b> \$2,000/individual; \$4,000/family		\$2,000/individual \$4,000/family
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Calls (Visits)</b>	\$30 copay, then 100%	\$30 copay, then 90%	\$30 copay, then 80%	\$30 copay, then 80%
<b>Hospitalization</b>				
Emergency Rm Copay	\$100 in-network \$100 out-of network	\$100	\$100	\$100 in-network \$100 out-of network
Outpatient	100%	90%	80%	80%
Inpatient	100%	90%	80%	80%
<b>Preventive Care</b>	<b>Not subject to deductible</b> 100%	<b>Not subject to deductible</b> 100%	<b>Not subject to deductible</b> 100%	<b>Not subject to deductible</b> 100%
<b>Prescriptions</b>	<b>Not subject to deductible</b> Generic \$15 copay / 30-day supply Brand \$30 copay / 30-day supply Mail Order 90-day supply for 2 copays (for those on GH's list)	<b>Not subject to deductible</b> \$15 copay / 30-day supply \$30 copay / 30-day supply 90-day supply for 2 copays (for those on GH's list)	<b>Not subject to deductible</b> \$20 copay / 30-day supply \$35 copay / 30-day supply Not available	<b>Not subject to deductible</b> \$15 copay / 30-day supply \$30 copay / 30-day supply 90-day supply for 2 copays (for those GH's list)
<b>Vision</b>	<b>Not subject to deductible</b>	<b>Not subject to deductible</b>	<b>Subject to deductible</b>	<b>Not subject to deductible</b>
Eye Exam	1 per 12 months \$30 copay	1 per 12 months \$30 copay	1 per 12 months \$30 copay; then 80%	1 per 12 months \$30 copay
Hardware	<b>Not subject to deductible</b> Covered up to \$250 in 24-month period	<b>Not subject to deductible</b> Covered up to \$250 in 24-month period	<b>Not subject to deductible</b>	<b>Not subject to deductible</b> Covered up to \$250 in 24-month period
<b>Chiropractic</b>	10 visits per year \$30 copay	10 visits per year \$30 copay	80% \$30 copay	10 visits per year \$30 copay
<b>Hearing Benefit</b>	\$1,000 per ear every 36 months	\$1,000 per ear every 36 months		\$1,000 per ear every 36 months
<b>Most other benefits</b>	80%	80%	80%	80%
<b>Out of network</b>	None except emergencies	N/A	See above	None except emergencies

Monthly Rates	Alliant Select	Alliant Plus	GH Essentials	
	<b>PLU's contribution - \$415.88</b>			<b>PLU's contribution</b>
<b>Employee Only</b>	<b>\$21.89</b>	<b>\$27.14</b>	<b>\$5.00</b>	\$318.81 plus \$75.00/mo (\$900/year) deposited to Flexible Spending Account
<b>With a Spouse/ Domestic Partner</b>	<b>\$461.76</b>	<b>\$472.30</b>	<b>\$233.30</b>	<b>\$415.88</b>
<b>With a Spouse/DP + 1 child</b>	<b>\$686.47</b>	<b>\$699.69</b>	<b>\$377.69</b>	<b>\$437.72</b>
<b>With Spouse/DP + 2 or more children</b>	<b>\$911.17</b>	<b>\$927.08</b>	<b>\$522.06</b>	<b>\$459.56</b>
<b>With 1 child</b>	<b>\$246.59</b>	<b>\$254.52</b>	<b>\$52.31</b>	<b>\$437.72</b>
<b>With 2 or more children</b>	<b>\$471.25</b>	<b>\$481.90</b>	<b>\$196.65</b>	<b>\$459.56</b>

*This is a brief comparison of the Good Fit medical plans' major benefit provisions. It is not intended to provide you with a full description. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.*

# PLU's Good Fit Dental Plan Options

effective 6/1/2011

	Washington Dental Service (WDS)		Willamette Dental of WA, Inc.
<b>Provider Network</b>	<i>In network</i>	<i>Out of network</i>	All care must be obtained from a Willamette Dental Clinic. There are more than 25 locations throughout Washington including: <ul style="list-style-type: none"> <li>• Federal Way: 181-South 333<sup>rd</sup> Street, Suite C-100</li> <li>• Lakewood: 9307 Bridgeport Way S.W.</li> <li>• Olympia: 3773-C Martin Way, Suite 105</li> <li>• Puyallup: 702 South Hill Park Drive, Suite 201</li> <li>• Renton: 1000 Oaksdale Avenue SW, Suite 100</li> <li>• Seattle: 133 Dexter Avenue North</li> <li>• Silverdale: 3505 Anderson Hill Road</li> <li>• Tacoma: 5401-6<sup>th</sup> Avenue, Suite 101</li> <li>• Tumwater: 6120 Capital Boulevard South</li> </ul> Call 1-800-359-6019 for a complete locations list.
	A WDS <b>Preferred</b> Provider	A WDS <b>Premier</b> Provider (to limit your balance to PLU's coinsurance difference and ensure direct billing)	
	Go to <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> or call <b>1-800-554-1907</b>		
<b>Deductible</b> – Annual calendar year Waived for Class 1?	\$50 Yes	\$100 Yes	No deductible N/A
<b>Office call copayments</b>	None	None	\$15 (Missed appointment = \$30) Specialist = \$30 ER during office hours = \$50 ER after office hours = \$70
<b>Class I – Preventive Care</b> Cleanings, x-rays, fluoride treatments	100%	90%	100%
<b>Class II – Basic Care</b> Fillings, extractions	80%	60%	100% for fillings & extractions 100% for root canals 100% for surgical extractions, bone surgery and root planing
<b>Class III – Major Care</b> Inlays, onlays & dentures	50%	30%	\$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$150/tooth (pontic, cast, bridge pontics) \$75, \$90, \$125 copay root canals \$50 copay for surgical extractions Implants – see updated schedule for copays
<b>Class IV – Orthodontics</b>	None	None	Applies toward orthodontic copayment: <ul style="list-style-type: none"> <li>• Initial orthodontic exam \$25</li> <li>• Study models and X-rays \$125</li> <li>• Cast presentation \$0</li> </ul> Orthodontic service \$1,500 copay
<b>Calendar Year Maximum</b> Per covered individual	\$1,500	\$1,500	No annual maximum except for TMJ at \$1,000 per year to a lifetime maximum of \$5,000
<b>Waiting Periods</b>	None	None	None

## Monthly Rates, after PLU's contribution of \$42.47 (at 95% of Willamette Dental Plan) –

<b>Employee only</b>	<b>\$8.63</b>	<b>\$2.23</b>
<b>With a Spouse/Domestic Partner</b>	<b>\$58.18</b>	<b>\$47.43</b>
<b>With a Spouse/DP and Child or Children</b>	<b>\$118.72</b>	<b>\$101.23</b>
<b>With a Child or Children</b>	<b>\$68.11</b>	<b>\$ 56.28</b>

This is a brief comparison of the Good Fit dental plans' major benefit provisions. It is not intended to provide you with a full description. If you have questions about a particular benefit that is not covered here, please contact the carrier or call PLU's Human Resources at x7185