

PLU's Good Fit Medical Plan Options effective 6/1/2016

| | Group Health Access PPO | | Group Health Essentials (Core) |
|---|---|---|---|
| Providers | In-Network Enhanced Benefit Provider: Group Health doctors and clinicians Preferred Contracted providers, including OptumRx pharmacies | Out-of-Network Any licensed provider | In-Network Group Health doctors and clinicians and nearly 6,500 contracted providers. |
| Deductible <small>Deductible does not apply to preventive care, prescription drugs or vision exams/hardware unless specified otherwise.</small> | Deductible combined, whether for in or out-of-network care \$750/individual, \$1,500/family | | \$1,000/individual, \$2,000/family |
| Out-of-Pocket (OOP) Limit | \$3,000/individual, \$6,000/family All cost shares for covered services including deductible & copays | | |
| Lifetime Maximum | Unlimited | | |
| Office Calls (Visits) | No copay 95% (Enhanced Benefit Providers) 90% (Preferred Contracted Providers) | No copay 70% | \$30 copay 80% |
| Hospitalization | Emergency Rm Copay \$150 Outpatient 90% Inpatient 90% | 70% 70% | \$150 (in and out-of network) 80% 80% |
| Preventive Care | Not subject to deductible 100% | Subject to deductible 70% | Not subject to deductible 100% (no copay) |
| Vision | Eye Exam Hardware Providers | Not subject to deductible 1 per 12 months, 100% Not subject to deductible Up to \$250 in 24-month period for age 19+; (for age 18 & under, see Summary for details) GH Eye Care Centers and any licensed provider | Not subject to deductible 1 per 12 months, 100% \$30 copay GH Eye Care Centers only |
| Manipulative Therapy (Chiropractic) | 90% 15 visits per year combined for in-and-out-of-network care | 70% | \$30 copay, 80% 10 visits per year |
| Prescriptions | IN-NETWORK ONLY - Not subject to deductible | | Not subject to deductible |
| Preferred Generic | \$15 copay/30-day supply | | \$15 copay/30-day supply |
| Preferred Brand | \$25 copay/30-day supply | | \$30 copay/30-day supply |
| Non-Preferred Generic/Brand | \$45 copay/30-day supply | | n/a |
| Mail Order | 90-day supply for 2 copays | | 90-day supply for 2 copays |
| Pharmacy | GH pharmacy; any of OptumRx's national network of 65,000 pharmacies Discount: \$5 less when obtained at a Group Health pharmacy | | GH pharmacy |
| Hearing Benefit | \$1,000 per ear every 36 months (hardware) | | |
| Other benefits | See GH Summary of Benefits for details | | |
| Monthly Rates | Access PPO | GH Essentials (Core) | |
| | PLU's contribution - \$576.09 | | PLU's contribution |
| Employee Only | \$50.10 | \$15.00 | \$480.70 plus \$65.00/mo (\$780/year) deposited to Flexible Spending Account |
| With a Spouse/ Domestic Partner | \$676.29 | \$302.33 | \$661.38 |
| With a Spouse/DP + 1 child | \$992.49 | \$471.41 | \$739.07 |
| With Spouse/DP + 2 or more children | \$1,333.48 | \$640.48 | \$816.74 |
| With 1 child | \$366.30 | \$59.06 | \$668.39 |
| With 2 or more children | \$688.69 | \$206.80 | \$767.35 |

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. All benefits are subject to the terms and conditions of the group medical coverage agreement. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.
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PLU's Good Fit Dental Plan Options effective 6/1/2016

| | Delta Dental of WA | | Willamette Dental of WA, Inc. |
|--|--|--|--|
| | <i>In network</i> | <i>Out of network</i> | |
| Provider Network | Preferred Provider | Premier Provider (to limit your balance to PLU's coinsurance difference and ensure direct billing) | All care must be obtained from a Willamette Dental Clinic. There are 23 locations throughout Washington including: <ul style="list-style-type: none"> • Federal Way: 181 South 333rd Street, Suite C-100 • Kent: 24722 104th Ave SE, Suite 200 • Lakewood: 9307 Bridgeport Way SW • Olympia: 3773-C Martin Way, Suite 105 • Puyallup: 702 South Hill Park Drive, Suite 201 • Seattle: 133 Dexter Avenue North • Silverdale: 3505 NW Anderson Hill Road, Suite 101 • Tacoma: 5401 6th Avenue, Suite 201 • Tumwater: 6120 Capital Boulevard South SE <i>Call 1-855-433-6825 for appointments or customer service</i> |
| | <i>Go to www.deltadentalwa.com or call 1-800-554-1907</i> | | |
| Deductible – Annual calendar year Waived for Class 1? | \$50 <i>Yes</i> | \$100 <i>Yes</i> | No deductible N/A |
| Office call copayments | None | None | \$15 copay (Missed appointment = \$30 fee) Specialist = \$30 copay ER during office hours = \$15 copay ER after office hours = \$15 + \$20 after hours copay |
| Class I – Preventive Care Cleanings, x-rays, fluoride treatments | 100% | 90% | 100% |
| Class II – Basic Care Fillings, extractions | 80% | 60% | Benefits Paid at 100% after applicable copays 100% for fillings, routine extractions, osseous surgery and root planning |
| Class III – Major Care Inlays, onlays & dentures | 50% | 30% | Benefits Paid at 100% after applicable copays \$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$50 copay for surgical extractions Implants – 20% discount on dental implant services |
| Class IV – Orthodontics | No coverage | | Benefits Paid at 100% after applicable copays <ul style="list-style-type: none"> • Initial orthodontic exam \$25* • Study models and X-rays \$125* • Case presentation \$0 Orthodontic service \$1,500 copay *Applies to Ortho co-pay if banded |
| Calendar Year Maximum 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 |

Monthly Rates, after PLU's contribution of \$42.94

| | | |
|---|-----------------|-----------------|
| Employee only | \$10.54 | \$2.26 |
| With a Spouse/Domestic Partner | \$62.40 | \$48.06 |
| With a Spouse/DP and Child or Children | \$125.77 | \$102.51 |
| With a Child or Children | \$72.79 | \$57.01 |

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. All benefits are subject to the terms and conditions of the group dental coverage agreement. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.