

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

	<b>Group Health Access PPO</b>		<b>Group Health Essentials (Core)</b>
<b>Providers</b>	<b>In-Network</b> Enhanced Benefit Provider: Group Health doctors and clinicians Preferred Contracted providers, including OptumRx pharmacies	<b>Out-of-Network</b> Any licensed provider	<b>In-Network</b> Group Health doctors and clinicians and nearly 6,500 contracted providers.
<b>Deductible</b> <small>Deductible does not apply to preventive care, prescription drugs or vision exams/hardware unless specified otherwise.</small>	<b>Deductible combined, whether for in or out-of-network care</b> <b>\$750</b> (was \$500) /individual, <b>\$1,500</b> (was \$1,000)/family		\$1,000/individual, \$2,000/family
<b>Out-of-Pocket (OOP) Limit</b>	\$3,000/individual, \$6,000/family <b>All cost shares for covered services including deductible &amp; copays</b>		
<b>Lifetime Maximum</b>	Unlimited		
<b>Office Calls (Visits)</b>	No copay 95% (Enhanced Benefit Providers) 90% (Preferred Contracted Providers)	No copay 70%	\$30 copay 80%
<b>Hospitalization</b>			
Emergency Rm Copay		\$150	\$150 (in and out-of network)
Outpatient	90%	70%	80%
Inpatient	90%	70%	80%
<b>Preventive Care</b>	<b>Not subject to deductible</b> 100%	<b>Subject to deductible</b> 70%	<b>Not subject to deductible</b> 100% (no copay)
<b>Vision</b>			
Eye Exam	<b>Not subject to deductible</b> 1 per 12 months, 100%		<b>Not subject to deductible</b> 1 per 12 months, 100%
Hardware	<b>Not subject to deductible</b> Up to <b>\$250</b> in 24-month period for age 19+; (for age 18 & under, see Summary for details)		
Providers	GH Eye Care Centers and any licensed provider		GH Eye Care Centers only
<b>Manipulative Therapy (Chiropractic)</b>	90% 15 visits per year combined for in-and-out-of-network care	70%	\$30 copay, 80% 10 visits per year
<b>Prescriptions</b>	<b>IN-NETWORK ONLY - Not subject to deductible</b>		<b>Not subject to deductible</b>
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
<b>Hearing Benefit</b>	\$1,000 per ear every 36 months (hardware)		
<b>Other benefits</b>	See GH Summary of Benefits for details		

<b>Monthly Rates</b>	<b>Access PPO</b>	<b>GH Essentials (Core)</b>	
	<b>PLU's contribution - \$576.09</b> (was \$539.43)		<b>PLU's contribution</b>
<b>Employee Only</b>	<b>\$50.10</b> (was \$28.39)	<b>\$15.00</b> (was \$5.00)	<b>\$480.70</b> (was \$417.42) plus <b>\$65.00/mo</b> (\$780/year) deposited to Flexible Spending Account
<b>With a Spouse/ Domestic Partner</b>	<b>\$676.29</b> (was \$596.21)	<b>\$302.33</b> (was \$287.93)	<b>\$661.38</b> (was \$558.94)
<b>With a Spouse/DP + 1 child</b>	<b>\$992.49</b> (was \$882.94)	<b>\$471.41</b> (was \$448.96)	<b>\$739.07</b> (was \$614.76)
<b>With Spouse/DP + 2 or more children</b>	<b>\$1,333.48</b> (was \$1,192.15)	<b>\$640.48</b> (was \$609.98)	<b>\$816.74</b> (was \$670.57)
<b>With 1 child</b>	<b>\$366.30</b> (was \$315.11)	<b>\$59.06</b> (was \$56.25)	<b>\$668.39</b> (was \$583.01)
<b>With 2 or more children</b>	<b>\$688.69</b> (was \$607.46)	<b>\$206.80</b> (was \$196.95)	<b>\$767.35</b> (was \$659.09)

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. (over)

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

	<b>Delta Dental of WA</b>		<b>Willamette Dental of WA, Inc.</b>
	<i>In network</i>	<i>Out of network</i>	
<b>Provider Network</b>	<b>Preferred Provider</b>	<b>Premier Provider</b> (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"> <li>Federal Way: 181 South 333<sup>rd</sup> Street, Suite C-100</li> <li>Kent: 24722 104<sup>th</sup> Ave SE, Suite 200</li> <li>Lakewood: 9307 Bridgeport Way SW</li> <li>Olympia: 3773-C Martin Way, Suite 105</li> <li>Puyallup: 702 South Hill Park Drive, Suite 201</li> <li>Seattle: 133 Dexter Avenue North</li> <li>Silverdale: 3505 NW Anderson Hill Road, Suite 101</li> <li>Tacoma: 5401 6<sup>th</sup> Avenue, Suite 201</li> <li>Tumwater: 6120 Capital Boulevard South SE</li> </ul> <i>Call 1-855-433-6825 for appointments or customer service</i>
	<i>Go to <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> or call 1-800-554-1907</i>		
<b>Deductible</b> – Annual calendar year Waived for Class 1?	\$50 <i>Yes</i>	\$100 <i>Yes</i>	No deductible N/A
<b>Office call copayments</b>	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
<b>Class I – Preventive Care</b> Cleanings, x-rays, fluoride treatments	100%	90%	100%
<b>Class II – Basic Care</b> Fillings, extractions	80%	60%	<b>Benefits Paid at 100% after applicable copays</b> 100% for fillings, routine extractions, osseous surgery and root planning
<b>Class III – Major Care</b> Inlays, onlays & dentures	50%	30%	<b>Benefits Paid at 100% after applicable copays</b> \$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
<b>Class IV – Orthodontics</b>	No coverage		<b>Benefits Paid at 100% after applicable copays</b> <ul style="list-style-type: none"> <li>Initial orthodontic exam \$25*</li> <li>Study models and X-rays \$125*</li> <li>Case presentation \$0</li> </ul> Orthodontic service \$1,500 copay *Applies to Ortho co-pay if banded
<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

## Monthly Rates, after PLU's contribution of \$42.94 (was \$41.56)

<b>Employee only</b>	<b>\$10.54</b> (was \$11.92)	<b>\$2.26</b> (was \$2.19)
<b>With a Spouse/Domestic Partner</b>	<b>\$62.40</b> (was \$63.78)	<b>\$48.06</b> (was \$46.49)
<b>With a Spouse/DP and Child or Children</b>	<b>\$125.77</b> (was \$127.15)	<b>\$102.51</b> (was \$99.14)
<b>With a Child or Children</b>	<b>\$72.79</b> (was \$74.17)	<b>\$57.01</b> (was \$55.14)

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.