

PLU's Good Fit Medical Plan Options effective 6/1/2017

	Kaiser Permanente Access PPO		Kaiser Permanente Essentials (Core)
Providers	In-Network Enhanced Benefit Provider: Kaiser Permanente doctors and clinicians Preferred Contracted providers , including Access PPO, First Choice Health and OptumRx pharmacies	Out-of-Network Any licensed provider	In-Network Kaiser Permanente doctors and clinicians in 25 locations in Washington. 9,000 affiliated primary and specialty physicians
Deductible Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware unless specified otherwise.	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 Includes all cost shares for covered services (deductible, coinsurance & copays)		
Lifetime Maximum	Unlimited		
Office Calls (Visits)	Deductible and coinsurance apply No copay 95% (Enhanced Benefit Providers) 90% (Preferred Contracted Providers)		Deductible and coinsurance apply \$30 copay 80%
Hospitalization Emergency Rm Copay Outpatient Inpatient	Deductible and coinsurance apply \$150 90% 90%		Deductible and coinsurance apply \$150 80% 80%
Preventive Care	Not subject to deductible or coinsurance 100%	Deductible and Coinsurance apply 70%	Not subject to deductible or coinsurance 100% (no copay)
Vision Eye Exam Hardware	Not subject to deductible or coinsurance 1 per 12 months, 100%		Not subject to deductible or coinsurance 1 per 12 months, 100% \$30 copay
Manipulative Therapy (Chiropractic)	Deductible and coinsurance apply 90% 15 visits per year combined for in-and-out-of-network care		Deductible and coinsurance apply \$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	Kaiser pharmacy; any of OptumRx's national network of 65,000 pharmacies Discount for Preferred & Non-Preferred prescriptions: \$5 less when obtained at a Kaiser pharmacy		Kaiser pharmacy
Hearing Benefit	\$1,000 per ear every 36 months (hardware)		
Other Benefits	See Kaiser Summary of Benefits for details		

Monthly Rates	Access PPO		Essentials (Core)	
	PLU's contribution - \$598.98 (was \$576.09)		PLU's contribution	
Employee Only	\$50.10 (was \$50.10)		\$15.00 (was \$15.00)	\$483.06 (was \$465.70) plus \$65.00/mo (\$780/year) deposited to Flexible Spending Account
With a Spouse/ Domestic Partner	\$676.28 (was \$676.29)		\$302.32 (was \$302.33)	\$696.22 (was \$661.38)
With a Spouse/DP + 1 child	\$992.48 (was \$992.49)		\$471.42 (was \$471.41)	\$782.80 (was \$739.07)
With Spouse/DP + 2 or more children	\$1,333.48 (was \$1,333.48)		\$640.48 (was \$640.48)	\$869.40 (was \$816.74)
With 1 child	\$366.30 (was \$366.30)		\$59.06 (was \$59.06)	\$694.68 (was \$668.39)
With 2 or more children	\$688.68 (was \$688.69)		\$206.80 (was \$206.80)	\$802.56 (was \$767.35)

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		Kaiser Permanente HSA HMO	
Providers		In-Network Kaiser Permanente doctors and clinicians in 25 locations in Washington. 9,000 affiliated primary and specialty physicians	
Deductible Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.		Single (Employee Only) \$1,500	Family (Employee + Any Dependents) \$3,000
Out-of-Pocket (OOP) Limit		Single (Employee Only) \$3,500	Family (Employee + Any Dependents) \$7,000
		Includes all cost shares for covered services (deductible, coinsurance & copays)	
Lifetime Maximum		Unlimited	
Office Calls (Visits)		Deductible and coinsurance apply No copay; 80%	
Hospitalization		Deductible and coinsurance apply	
Emergency Rm Copay		No copay; 80%	
Outpatient		80%	
Inpatient		80%	
Preventive Care		Not subject to deductible or coinsurance 100%	
Vision	Eye Exam	Not subject to deductible or coinsurance 1 per 12 months, 100%	
	Hardware	Not subject to deductible or coinsurance Up to \$250 in 12-month period for age 19+; (for age 18 & under, see Summary for details)	
Manipulative Therapy (Chiropractic)		Deductible and coinsurance apply 80% 10 visits per year	
Prescriptions		Subject to deductible (Copays apply only after deductible is met)	
	Preferred Generic	\$15 copay/30-day supply	
	Preferred Brand	\$30 copay/30-day supply	
	Non-Preferred Generic/Brand	n/a	
	Mail Order	90-day supply for 3 copays (no discount on copays)	
	Pharmacy	Kaiser pharmacy	
Hearing Benefit		Not covered on HSA plan, however is an eligible expense reimbursed by the HSA account	
Other Benefits		See Kaiser Summary of Benefits for details	
Monthly Rates		HSA HMO	
		PLU's contribution - \$427.60 plus \$75.00/mo (\$900/year) for HSA Individual / \$150/mo (\$1,800/year) for HSA Family deposited into Health Savings Account	
	Employee Only	\$10.00	
	With a Spouse/ Domestic Partner	\$205.32	
	With a Spouse/DP + 1 child	\$349.62	
	With Spouse/DP + 2 or more children	\$493.84	
	With 1 child	\$30.00	
	With 2 or more children	\$108.76	

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.

PLU's Good Fit Dental Plan Options effective 6/1/2017

	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 22 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 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: 3866 South 74th Street, Suite 200 Tumwater: 6120 Capital Boulevard South SE <i>Call 1-855-433-6825 for appointments or customer service</i>
	Go to www.deltadentalwa.com or call 1-800-554-1907		
Deductible – Annual <i>calendar year</i> Waived for Class 1?	\$50/\$150 <i>Yes</i>	\$100/\$300 <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% after office visit copay
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
Class IV – Orthodontics	No coverage		Benefits Paid at 100% after applicable copays <ul style="list-style-type: none"> Pre-Orthodontic Treatment - Initial orthodontic exam \$25* Pre-Orthodontic Treatment - 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 (was \$42.94)

Employee only	\$9.06 (was \$10.54)	\$2.26 (was \$2.26)
With a Spouse/Domestic Partner	\$60.06 (was \$62.40)	\$48.06 (was \$48.06)
With a Spouse/DP and Child or Children	\$121.06 (was \$125.77)	\$102.50 (was \$102.51)
With a Child or Children	\$70.06 (was \$72.79)	\$57.00 (was \$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.