

PLU's Medical Plan Options effective 1/1/2021

	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	
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		In-Network See Kaiser website for locations and providers \$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 No copay 70% \$30 copay 80%	
Hospitalization	Deductible and coinsurance apply		Deductible and coinsurance apply	
Emergency Rm Copay	\$150		\$150	
Outpatient	90%		80%	
Inpatient	90%		80%	
Preventive Care	Not subject to deductible or coinsurance 100%	<u>Deductible and Coinsurance apply</u> 70%		Not subject to deductible or coinsurance 100% (no copay)
Vision	Not subject to deductible or coinsurance		Not subject to deductible or coinsurance	
Eye Exam	No copay 1 per 12 months, 100%		\$30 copay 1 per 12 months, 100%	
Hardware	Up to \$250 in 24-month period for age 19+; (for age 18 & under, see Summary for details)			
Manipulative Therapy (Chiropractic)	Deductible and coinsurance apply 90%		Deductible and coinsurance apply \$30 copay, 80%	
	15 visits per year combined for in-and-out-of-network care		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	Deductible and coinsurance apply		Deductible and coinsurance apply	
Routine Exam	No copay		\$30 copay, 80%	
Hardware	\$1,000 per ear every 36 months			
Other Benefits	See Kaiser Summary of Benefits for details			

Monthly Rates	Access PPO		Essentials (Core)	
	Employee's contribution	PLU's contribution	Employee's contribution	PLU's contribution
Employee Only	\$64 (no change)	\$732.32 (was \$751.40)	\$22 (no change)	\$563.40 (was \$577.42)
Employee with a Spouse/DP	\$792 (was \$762.00)	\$800.64 (was \$868.82)	\$373 (was \$325.00)	\$800.60 (was \$876.74)
Employee with Child(ren)	\$430 (no change)	\$768.46 (was \$797.18)	\$100 (no change)	\$785.88 (was \$807.12)
Employee with Spouse/DP & Child(ren)	\$840 (was \$850.00)	\$768.40 (was \$796.96)	\$401 (was \$500.00)	\$785.36 (was \$714.76)

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		Kaiser Permanente HSA HMO	
Providers		In-Network See Kaiser website for locations and providers	
Deductible <small>Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.</small>		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		Not subject to deductible or coinsurance	
	Eye Exam	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	
		Employee's contribution	PLU's contribution (plus \$65.00/mo (\$780/yr) for HSA Individual \$130/mo (\$1,560/yr) for HSA Family deposited into Health Savings Account)
	Employee Only	\$17 (no change)	\$496.30 (was \$508.60)
	Employee with a Spouse/DP	\$229 (was \$225.00)	\$800.06 (was \$828.70)
	Employee with Child(ren)	\$59 (no change)	\$717.82 (was \$736.42)
	Employee with Spouse/DP & Child(ren)	\$322 (was \$400.00)	\$718.20 (was \$665.14)

This is a brief comparison of the medical/vision 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.