

# PLU's Medical Plan Options effective 1/1/2022

		<b>Kaiser Permanente Access PPO</b>	
<b>Providers</b>		<b>In-Network</b> Enhanced Benefit Provider: Kaiser Permanente doctors and clinicians Preferred Contracted providers, including Access PPO, First Choice Health and OptumRx pharmacies	<b>Out-of-Network</b> Any licensed provider
<b>Deductible</b> Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware unless specified otherwise.		<b>Deductible combined, whether for in or out-of-network care</b> \$750/individual, \$1,500/family	
<b>Out-of-Pocket (OOP) Limit</b>		\$3,000/individual, \$6,000/family <b>Includes all cost shares for covered services (deductible, coinsurance &amp; copays)</b>	
<b>Lifetime Maximum</b>		Unlimited	
<b>Office Calls (Visits)</b>		<b>Deductible and coinsurance apply</b>	
		No copay 95% (Enhanced Benefit Providers) 90% (Preferred Contracted Providers)	No copay 70%
<b>Hospitalization</b>		<b>Deductible and coinsurance apply</b>	
	Emergency Rm Copay	\$150	
	Outpatient	90%	70%
	Inpatient	90%	70%
<b>Preventive Care</b>		<b>Not subject to deductible or coinsurance</b> 100%	<b>Deductible and Coinsurance apply</b> 70%
<b>Vision</b>		<b>Not subject to deductible or coinsurance</b>	
	Eye Exam	No copay 1 per 12 months, 100%	
	Hardware	Up to <b>\$250</b> in 24-month period for age 19+; (for age 18 & under, see Summary for details)	
<b>Manipulative Therapy (Chiropractic)</b>		<b>Deductible and coinsurance apply</b>	
		90%	70%
		15 visits per year combined for in-and-out-of-network care	
<b>Prescriptions</b>		<b>IN-NETWORK ONLY - Not subject to deductible</b>	
	Preferred Generic	\$15 copay/30-day supply	
	Preferred Brand	\$25 copay/30-day supply	
	Non-Preferred Generic/Brand	\$45 copay/30-day supply	
	Mail Order	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	
<b>Hearing</b>		<b>Deductible and coinsurance apply</b>	
	Routine Exam	No copay	
	Hardware	\$1,000 per ear every 36 months	
<b>Other Benefits</b>		See Kaiser Summary of Benefits for details	
<b>Monthly Rates (no change)</b>		<b>Access PPO</b>	
		<b>Employee's contribution</b>	<b>PLU's contribution</b>
	<b>Employee Only</b>	\$64.00	\$732.32
	<b>Employee with a Spouse/DP</b>	\$792.00	\$800.64
	<b>Employee with Child(ren)</b>	\$430.00	\$768.46
	<b>Employee with Spouse/DP &amp; Child(ren)</b>	\$840.00	\$768.40

# PLU's Medical Plan Options effective 1/1/2022

		<b>Kaiser Permanente Virtual Plus Plan (NEW!)</b>	
<b>Providers</b>		<b>Connect Network</b> See Kaiser Permanente website for locations and providers	
<b>Deductible and Coinsurance</b>		\$500/individual \$1,000/family Plan pays 80%	
<b>Out-of-Pocket (OOP) Limit</b>		\$3,000/individual, \$6,000/family <b>Includes all cost shares for covered services (deductible, coinsurance &amp; copays)</b>	
<b>Lifetime Maximum</b>		Unlimited	
<b>Office Calls (Visits)</b>			
	Copay	\$20 primary / \$40 specialty	
	Authorized visits	<b>Not subject to deductible or coinsurance</b>	
	Self-directed or Non-authorized visits	<b>Subject to deductible or coinsurance</b>	
<b>Hospitalization</b>			
	Emergency Rm Copay	\$200 designated facility / \$200 non-designated facility	
	Inpatient services/Outpatient surgery	Deductible and Coinsurance apply	
<b>Preventive Care</b>		<b>Not subject to deductible or coinsurance</b> 100%	
<b>Vision</b>		<b>Not subject to deductible or coinsurance</b>	
	Eye Exam	\$20 copay 1 per 12 months, 100%	
	Hardware	Up to <b>\$150</b> in 12-month period	
<b>Prescriptions</b>		<b>IN-NETWORK ONLY - Not subject to deductible</b> <b>After 1<sup>st</sup> fill, maintenance drugs must be filled through KPWA mail order</b>	
	Preferred Generic	\$15 copay/30-day supply	
	Preferred Brand	\$35 copay/30-day supply	
	Preferred Specialty	\$150 copay/30-day supply	
	Mail Order	\$5 copay / 90-day supply for 2 copays	
	Pharmacy	Kaiser pharmacy	
<b>Virtual Care</b>		Covered in Full	
<b>Other Benefits</b>		See Kaiser Summary of Benefits for details	
<b>Monthly Rates</b>		<b>Virtual Plus Plan (NEW!)</b>	
		Employee's contribution	PLU's contribution
	<b>Employee Only</b>	\$10.00	\$551.92
	<b>Employee with a Spouse/DP</b>	\$349.00	\$777.54
	<b>Employee with Child(ren)</b>	\$82.00	\$768.36
	<b>Employee with Spouse/DP &amp; Child(ren)</b>	\$377.00	\$761.78

# PLU's Medical Plan Options effective 1/1/2022

		<b>Kaiser Permanente HSA HMO</b>	
<b>Providers</b>		<b>In-Network</b> See Kaiser website for locations and providers	
<b>Deductible</b> Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.		<b>Single (Employee Only)</b> \$1,500	<b>Family (Employee + Any Dependents)</b> \$3,000
<b>Out-of-Pocket (OOP) Limit</b>		<b>Single (Employee Only)</b> \$3,500	<b>Family (Employee + Any Dependents)</b> \$7,000
		Includes all cost shares for covered services (deductible, coinsurance & copays)	
<b>Lifetime Maximum</b>		Unlimited	
<b>Office Calls (Visits)</b>		Deductible and coinsurance apply No copay; 80%	
<b>Hospitalization</b>		Deductible and coinsurance apply	
Emergency Rm Copay		No copay; 80%	
Outpatient		80%	
Inpatient		80%	
<b>Preventive Care</b>		Not subject to deductible or coinsurance 100%	
<b>Vision</b>		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)	
<b>Manipulative Therapy (Chiropractic)</b>		Deductible and coinsurance apply 80% 10 visits per year	
<b>Prescriptions</b>		<b>IN-NETWORK ONLY</b> 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	
<b>Hearing Benefit</b>		Not covered on HSA plan, however is an eligible expense reimbursed by the HSA account	
<b>Other Benefits</b>		See Kaiser Summary of Benefits for details	
<b>Monthly Rates</b>		<b>HSA HMO</b>	
		<b>Employee's contribution</b>	<b>PLU's contribution</b> (plus \$65.00/mo (\$780/yr) for HSA Individual \$130/mo (\$1,560/yr) for HSA Family deposited into Health Savings Account)
<b>Employee Only</b>		\$17.00	\$496.30
<b>Employee with a Spouse/DP</b>		\$229.00	\$800.06
<b>Employee with Child(ren)</b>		\$59.00	\$717.82
<b>Employee with Spouse/DP &amp; Child(ren)</b>		\$322.00	\$718.20

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.

# PLU's Dental Plan Options effective 1/1/2022

	Delta Dental of WA		Willamette Dental of WA, Inc.
<b>Provider Network</b>	<i>In network</i> <b>Preferred Provider</b>	<i>Out of network</i> <b>Premier Provider</b> (to limit your balance to PLU's coinsurance difference and ensure direct billing) <i>Go to <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> or call 1-800-554-1907</i>	<b>All care must be obtained from a Willamette Dental Clinic. There are locations throughout Washington including:</b> <ul style="list-style-type: none"> <li>• Bellevue: 626 120<sup>th</sup> Avenue Northeast, Suite B210</li> <li>• Kent: 510 Washington Avenue North</li> <li>• Lacey: 4550 SE 3<sup>rd</sup> Ave</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: 3866 South 74<sup>th</sup> Street, Suite 200</li> <li>• Tumwater: 6120 Capital Boulevard South SE</li> </ul> <i>Call 1-855-433-6825 for appointments or customer service</i>
<b>Deductible –</b> Annual <i>calendar</i> year Waived for Class 1?	\$50/\$150 <i>Yes</i>	\$100/\$300 <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% after office visit copay
<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
<b>Class IV – Orthodontics</b>	No coverage		<b>Benefits Paid at 100% after applicable copays</b> <ul style="list-style-type: none"> <li>• Pre-Orthodontic Treatment - Initial orthodontic exam \$25 (Applies to Ortho co-pay if banded)</li> <li>• Pre-Orthodontic Treatment - Study models and X-rays \$125 (Applies to Ortho co-pay if banded)</li> <li>• Case 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 <ul style="list-style-type: none"> <li>• TMJ at \$1,000 per year to a lifetime maximum of \$5,000</li> <li>• Implant surgery at \$1,500 annual maximum to one implant per year</li> </ul>

<b>Monthly Rates</b>	Delta Dental of WA <i>(no change)</i>		Willamette Dental of WA, Inc. <i>(no change)</i>	
	Employee's Contribution	PLU's Contribution	Employee's Contribution	PLU's Contribution
<b>Employee Only</b>	\$9.24	\$43.80	\$ 2.56	\$48.38
<b>Employee with a Spouse/DP</b>	\$61.26	\$43.80	\$54.16	\$48.38
<b>Employee with Child(ren)</b>	\$71.46	\$43.80	\$64.22	\$48.38
<b>Employee with Spouse/DP &amp; Child(ren)</b>	\$123.48	\$43.80	\$115.52	\$48.38

*This is a brief comparison of the 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.*