PLU's Medical Plan Options effective 1/1/2026

	Kaiser Permanente Access PPO	
Providers	**In-Network** Kaiser Permanente doctors and clinicians and contracted providers. See Kaiser website for locations and providers	**Out-of-Network** Any licensed provider
Deductible Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware unless specified otherwise.	$750/individual, $1,500/family	$1,500/individual, $3,000/family
Out-of-Pocket (OOP) Limit	$3,000/individual, $6,000/family **Includes all cost shares for covered services (deductible, coinsurance & copays)**	No Out-of-Pocket Limit
Lifetime Maximum	Unlimited	
Office Calls (Visits)	**Deductible and coinsurance apply**	
	No copay 90%	No copay 70%
Hospitalization	**Deductible and coinsurance apply**	
Emergency Rm Copay	$150 per visit, then 90% after deductible	
Outpatient	90%	70%
Inpatient	90%	70%
Preventive Care	**Not subject to deductible or coinsurance** 100%	**Deductible and Coinsurance apply** 70%
Vision	**Not subject to deductible or coinsurance**	
Eye Exam	No 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)	Shared with preferred provider network (PPN)
Manipulative Therapy (Chiropractic)	**Deductible and coinsurance apply**	
	90% 15 visits per year	70% Visit limits shared with PPN
Prescriptions	**IN-NETWORK ONLY - Not subject to deductible**	
Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
Preferred Generic	$15 copay ($10 enhanced)	$20 copay
Preferred Brand	$25 copay ($20 enhanced)	$40 copay
Non-Preferred Generic/Brand	$45 copay ($40 enhanced)	$80 copay
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	
Hearing	**Deductible and coinsurance apply**	
Routine Exam	No copay	
Hardware	$3,000 per ear every 36 months	Benefit shared with PPN
Other Benefits	See Kaiser Summary of Benefits for details	

Monthly Rates	**Access PPO**	
	Employee's contribution	**PLU's contribution**
Employee Only	**$140.00** *(was $75.00)*	$866.68 *(was $843.72)*
Employee with a Spouse/DP	**$978.00** *(was $892.00)*	$1035.38 *(was $945.42)*
Employee with Child(ren)	**$530.00** *(was $484.00)*	$984.96 *(was $898.56)*
Employee with Spouse/DP & Child(ren)	**$1020.00** *(was $930.00)*	$1013.20 *(was $925.52)*

PLU's Medical Plan Options effective 1/1/2026

	Kaiser Permanente Virtual Plus Plan	
Providers	**In Network** See Kaiser Permanente website for locations and providers	
Deductible and Coinsurance	$500/individual $1,000/family Plan pays 80%	
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)		
Copay	$20 primary / $40 specialty	
Authorized visits	**Not subject to deductible or coinsurance**	
Self-directed or Non-authorized visits	**Subject to deductible or coinsurance**	
Hospitalization		
Emergency Services Copay (copay waived if admitted)	$200 designated facility / $200 non-designated facility	
Inpatient services/Outpatient surgery	Deductible and Coinsurance apply	
Preventive Care	**Not subject to deductible or coinsurance** 100%	
Vision	**Not subject to deductible or coinsurance**	
Eye Exam	$20 copay 1 per 12 months, 100%	
Hardware	Up to $150 in 12-month period for age 19+; (for age 18 & under, see Summary for details)	
Prescriptions	**IN-NETWORK ONLY - Not subject to deductible** **After 1st fill, maintenance drugs must be filled through KPWA mail order**	
Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
Preferred Generic	$15 copay	$5 copay
Preferred Brand	$35 copay	$70 copay
Preferred Specialty	Non-preferred generic/ brand not covered. $150 copay, specialty medications only	Not covered – specialty and generic/ brand
Pharmacy	Kaiser pharmacy	
Virtual Care	Covered in Full	
Hearing		
Routine Exam	$20 copay	
Hardware	$3,000 per ear every 36 months	
Other Benefits	See Kaiser Summary of Benefits for details	

Monthly Rates	Virtual Plus Plan	
	Employee's contribution	**PLU's contribution**
Employee Only	**$50.00** *(was $15.00)*	$665.98 *(was $638.42)*
Employee with a Spouse/DP	**$445.00** *(was $410.00)*	$990.42 *(was $900.00)*
Employee with Child(ren)	**$147.00** *(was $112.00)*	$936.50 *(was $876.84)*
Employee with Spouse/DP & Child(ren)	**$464.00** *(was $429.00)*	$986.96 *(was $895.16)*

PLU's Medical Plan Options effective 1/1/2026

	Kaiser Permanente HSA HMO	
Providers	**In-Network** See Kaiser website for locations and providers	
Deductible Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.	**Single (Employee Only)** $1,700 *(was $1,650)*	**Family (Employee + Any Dependents)** $3,400 *(was $3,300)*
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	**IN-NETWORK ONLY** **Subject to deductible (Copays apply only after deductible is met)**	
Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
Preferred Generic	$15 copay	$45 copay
Preferred Brand	$30 copay	$90 copay
Non-Preferred Generic/Brand	Not covered	
Pharmacy	Kaiser pharmacy	
Hearing Benefit		
Routine Exam	Deductible and coinsurance apply	
Hardware	$3,000 per ear every 36 months	
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	**$35.00** *(was $25.00)*	$611.98 *(was $567.54)*
Employee with a Spouse/DP	**$305.00** *(was $295.00)*	$992.02 *(was $892.86)*
Employee with Child(ren)	**$70.00** *(was $60.00)*	$909.10 *(was $836.70)*
Employee with Spouse/DP & Child(ren)	**$335.00** *(was $325.00)*	$976.06 *(was $875.72)*

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.