

PLU's Good Fit Medical Plan Options effective 6/1/2014

	Alliant Plus		Group Health Essentials
Providers	In-Network Group Health doctors and clinicians and nearly 6,500 contracted providers, <i>plus Virginia Mason and Everett Clinic medical centers</i>	Out-of-Network First Choice, First Health and MedImpact Pharmacies or any licensed provider	In-Network Group Health doctors and clinicians and nearly 6,500 contracted providers.
Deductible <small>Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware.</small>	Deductible combined, whether for in or out of network care: \$500/individual, \$1,000/family		\$1,000/individual, \$2,000/family
Out-of-Pocket (OOP) Maximum	OOP Maximum combined for in and out of network care: \$3,500/individual; \$7,000/family Includes deductible, office copays & Rx copays		\$3,000/individual \$6,000/family Includes deductible, office copays & Rx copays
Lifetime Maximum	Unlimited		Unlimited
Office Calls (Visits)	\$30 copay, then 100%	\$30 copay, then 80%	\$30 copay, then 80%
Hospitalization Emergency Rm Copay	\$150	\$150	\$150 in and & out-of network
Outpatient	100%	80%	80%
Inpatient	100%	80%	80%
Preventive Care	Not subject to deductible 100% (no copay)	Not subject to deductible 100% (\$30 copay) (Routine Mammograms- covered in full)	Not subject to deductible 100% (no copay)
Prescriptions Preferred Generic Preferred Brand Non-Preferred Generic/Brand Mail Order	Not subject to deductible \$15 copay / 30-day supply \$30 copay / 30-day supply \$50 copay / 30-day supply 90-day supply for 2 copays	Not subject to deductible \$20 copay / 30-day supply \$35 copay / 30-day supply \$55 copay/ 30-day supply Only available if dispensed thru GH designated mail order service	Not subject to deductible \$15 copay / 30-day supply \$30 copay / 30-day supply n/a 90-day supply for 2 copays (on the GH preferred list)
Vision Eye Exam Hardware- up to \$250 in 24-month period for age 19+; (for age 18 & under, see Summary for details)	Not subject to deductible 1 per 12 months; \$30 copay Not subject to deductible Hardware through GH Eye Care Centers only	Subject to deductible 1 per 12 months; \$30 copay; then 80% Not subject to deductible Hardware available from any licensed provider	Not subject to deductible 1 per 12 months; \$30 copay Not subject to deductible Hardware through GH Eye Care Centers only
Chiropractic	100% (\$30 copay) 10 visits per year combined for in and out of network care	80% (\$30 copay)	80% (\$30 copay) 10 visits per year
Hearing Benefit	\$1,000 per ear every 36 months (hardware)		
Other benefits	See GH Summary of Benefits for details		
Out of network	N/A	See above	None except emergencies

Monthly Rates	Alliant Plus		GH Essentials	
	PLU's contribution - \$516.78			PLU's contribution
Employee Only	\$27.20		\$5.00 (no change)	\$391.94 plus \$75.00/mo (\$900/year) deposited to Flexible Spending Account
With a Spouse/ Domestic Partner	\$571.18		\$285.08	\$510.72
With a Spouse/DP + 1 child	\$845.86		\$444.51	\$555.06
With Spouse/DP + 2 or more children	\$1,142.09		\$603.94	\$599.38
With 1 child	\$301.88		\$55.69	\$545.01
With 2 or more children	\$581.95		\$195.00	\$609.42

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.

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PLU's Good Fit Dental Plan Options effective 6/1/2014

	Delta Dental of WA		Willamette Dental of WA, Inc.
Provider Network	<i>In network</i>	<i>Out of network</i>	All care must be obtained from a Willamette Dental Clinic. There are more than 25 locations throughout Washington including: <ul style="list-style-type: none"> • Federal Way: 181-South 333rd Street, Suite C-100 • Kent: 24722 104th Ave SE, Ste 200 • Lakewood: 9307 Bridgeport Way S.W. • Olympia: 3773-C Martin Way, Suite 105 • Puyallup: 702 South Hill Park Drive, Suite 201 • Renton: 1000 Oaksdale Avenue SW, Suite 100 • Seattle: 133 Dexter Avenue North • Silverdale: 3505 Anderson Hill Road • Tacoma: 5401-6th Avenue, Suite 201 • Tumwater: 6120 Capital Boulevard South SE Call 1-800-359-6019 for a complete locations list.
	Preferred Provider	Premier Provider (to limit your balance to PLU's coinsurance difference and ensure direct billing)	
	Go to www.deltadentalwa.com or call 1-800-554-1907		
Deductible – Annual calendar year Waived for Class 1?	\$50 Yes	\$100 Yes	No deductible N/A
Office call copayments	None	None	\$15 (Missed appointment = \$30) Specialist = \$30 ER during office hours = \$50 ER after office hours = \$70
Class I – Preventive Care Cleanings, x-rays, fluoride treatments	100%	90%	100%
Class II – Basic Care Fillings, extractions	80%	60%	100% for fillings & extractions 100% for surgical extractions, bone surgery and root planing
Class III – Major Care Inlays, onlays & dentures	50%	30%	\$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$150/tooth (pontic, cast, bridge pontics) \$75, \$90, \$125 copay root canals \$80 copay for surgical extractions Implants – see updated schedule for copays
Class IV – Orthodontics	None	None	Applies toward orthodontic copayment: <ul style="list-style-type: none"> • Initial orthodontic exam \$25 • Study models and X-rays \$125 • Cast presentation \$0 Orthodontic service \$1,500 copay
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
Waiting Periods	None	None	None

Monthly Rates, after PLU's contribution of \$40.33 (at 95% of Willamette Dental Plan)

Employee only	\$13.15	\$2.12
With a Spouse/Domestic Partner	\$65.01	\$45.07
With a Spouse/DP and Child or Children	\$128.38	\$96.17
With a Child or Children	\$75.40	\$ 53.47

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