

PLU's Medical Plan Options effective 1/1/2025

		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%	<u>Deductible and Coinsurance apply</u> 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%	70%
		15 visits per year	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	\$75.00	\$843.72 (was \$791.70)
	Employee with a Spouse/DP	\$892.00	\$945.42 (was \$841.38)
	Employee with Child(ren)	\$484.00	\$898.56 (was \$820.28)
	Employee with Spouse/DP & Child(ren)	\$930.00	\$925.52 (was \$820.46)

PLU's Medical Plan Options effective 1/1/2025

		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	\$15.00	\$638.42 <i>(was \$601.44)</i>
	Employee with a Spouse/DP	\$410.00	\$900.00 <i>(was \$825.82)</i>
	Employee with Child(ren)	\$112.00	\$876.84 <i>(was \$820.84)</i>
	Employee with Spouse/DP & Child(ren)	\$429.00	\$895.16 <i>(was \$820.20)</i>

PLU's Medical Plan Options effective 1/1/2025

		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) \$1,650 (was \$1,600)	Family (Employee + Any Dependents) \$3,300 (was \$3,200)
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		\$25.00	\$567.54 (was \$534.00)
Employee with a Spouse/DP		\$295.00	\$892.86 (was \$825.62)
Employee with Child(ren)		\$60.00	\$836.70 (was \$785.92)
Employee with Spouse/DP & Child(ren)		\$325.00	\$875.72 (was \$807.74)

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.