

# Association of Washington Cities 2013 Medical Plan Comparison

(Plans underwritten by Regence BlueShield/Asuris Northwest Health and Group Health)

		<b>Regence/Asuris</b>						
Benefits	HealthFirst Plan Preferred Provider Organization (PPO)		HealthFirst - 250 Plan Preferred Provider Organization (PPO)		HealthFirst - 500 Plan Preferred Provider Organization (PPO)		HDHP Preferred Provider Organization (PPO)	
	Preferred Providers	Non-Preferred	Preferred Providers	Non-Preferred	Preferred Providers	Non-Preferred	Preferred Providers	Non-Preferred
Rates	Employee: \$665.63 Spouse: \$670.67 First Dep: \$329.97 Second Dep: \$273.42		Employee: \$608.85 Spouse: \$613.95 First Dep: \$302.45 Second Dep: \$250.05		Employee: \$550.61 Spouse: \$555.88 First Dep: \$273.23 Second Dep: \$227.03		Employee: \$356.36 Spouse: \$360.75 First Dep: \$180.89 Second Dep: \$148.11 HSA Maximum Contribution: Employee Only - \$3,250 Family - \$6,450	
Lifetime Maximum	Unlimited							
Basic Benefits	\$10 Copay		See Deductible and Out-of-Pocket		See Deductible and Out-of-Pocket		See Deductible and Out-of-Pocket	
<b>Deductible and Out-of-Pocket</b>								
Annual Per Person Deductible	None		\$250 - Subject to all services listed below except preventive care and prescription		\$500 - Subject to all services listed below except preventive care and prescription		\$1,500 - Subject to all services listed below except preventive care	
Maximum deductible per family/year	None		\$750 - Subject to all services listed below except preventive care and prescription		\$1,500 - Subject to all services listed below except preventive care and prescription		Prior to benefits paid for any family member entire family deductible must be met	
Out-of-Pocket Maximum (per calendar year)	\$1,000 per person Max of \$3,000 per family copays do not apply to out of pocket maximum		\$3,000 + deductible per person Max of \$9,000 + deductible per family		\$5,000 + deductible per person Max of \$15,000 + deductible per family		\$5,000 for employee coverage Max of \$10,000 for family coverage Annual deductible will accumulate to the out-of-pocket max	
Please see NOTE at end of spreadsheet								
<b>In Your Physician's Office</b>								
Office visit	\$10 copay, then paid at 100%		90%		80%		80%	
Lab, x-ray & diagnostic	100%		70%		50%		60%	
Allergy shots	70%							

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Preventive Care Services		100% (no copay)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
Immunizations for Children	Well Child Care									
Well Adult Care, including:										
- Immunizations		100% (no copay)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
- Gynecological exam										
- Mammogram										
- Prostate Antigen Screen										
- Colorectal Cancer Screen										
Women only:										
- Contraceptive drugs		Participating: 100% Non-Contracted: 70% (no copay)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
- Contraceptive devices										
- Sterilization										

In the Hospital - Facility		\$150 copay paid at 90%	\$150 copay paid at 70%	90%	70%	90%	80%	50%	80%	80%
Semi-private room										
Diagnostic services										
Prescription medications- inpatient										
Intensive & coronary care units										
Use of operating & recovery room										
Inpatient radiotherapy services										
Emergency room facility charges		\$75 copay paid at 90%	\$75 copay paid at 90%	90%	70%	90%	80%	50%	80%	80%
		Emergency room copay waived if patient is admitted directly to the hospital								

In the Hospital - Professional Services		100%	70%	90%	70%	80%	50%	80%	60%
Physician, surgeons & anesthesiologists									

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**Maternity Care**

Physician service	\$10 copay paid at 100% Employee or spouse only	\$10 copay paid at 70% Employee or spouse only	90% Employee or spouse only	70% Employee or spouse only	80% Employee or spouse only	50% Employee or spouse only	80% Employee or spouse only	60% Employee or spouse only
Hospital service	\$150 copay paid at 90% Employee or spouse only	\$150 copay paid at 70% Employee or spouse only						

**Note: Routine newborn care covered for 72 hours. If mother is enrolled, newborn covered for 21 days.**

**Worldwide Care**

	<b>Yes - Find a provider near you at <a href="http://www.bcbs.com">www.bcbs.com</a> or call 1 (800) 810-2583.</b>	
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**Chemical Dependency Treatment**

Inpatient	\$150 copay 100% - Physician 90% - Facility	\$150 copay paid at 70%	90%	70%	80%	50%	80%	60%
Outpatient	100%	70%						

**Ambulance**

	80%	80%	80%	80%
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**Rehabilitative Therapy**

Inpatient	\$150 copay Therapist - 100% Facility - 90% up to 15 days per calendar year	\$150 copay Therapist - 70% Facility - 70% up to 15 days per calendar year	90% up to 15 days per calendar year	70% up to 15 days per calendar year	80% up to 30 days per calendar year	50% up to 30 days per calendar year	80% up to 30 days per calendar year	60% up to 30 days per calendar year
Outpatient	90% up to 99 visits per calendar year	70% up to 99 visits per calendar year	90% up to 99 visits per calendar year	70% up to 99 visits per calendar year	80% up to 25 visits per calendar year	50% up to 25 visits per calendar year	80% up to 25 visits per calendar year	60% up to 25 visits per calendar year
	Must have prescription for Massage and Physical Therapy - Not subject to out of pocket maximum							
	Prescription required for Massage and Physical Therapy							

**Prosthetics/Home Medical Equipment**

	90%	70%	90%	70%	80%	50%	80%	60%
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**Mental Health/Psychiatric**

Inpatient	\$150 copay Physician 100% Facility 90%	\$150 copay 70%	90%	70%	80%	50%	80%	60%
Outpatient	100%	70%						

**Prescription Drugs**

Pharmacy (34-day supply)	\$4 generic \$15 name brand formulary \$35 name brand non-formulary	\$4 generic \$15 name brand formulary \$35 name brand non-formulary	\$10 generic \$20 name brand formulary 50% name brand non-formulary	20% copay
Mail Order (90-day supply)	\$8 generic \$30 name brand formulary \$70 name brand non-formulary	\$8 generic \$30 name brand formulary \$70 name brand non-formulary	\$20 generic \$40 name brand formulary 50% name brand non-formulary	20% copay

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**Alternative Care**

Naturopathic Doctor	Paid the same as physician's office visit (MD)							
Massage Therapist	Prescription required then pays under the rehab outpatient benefit							
Acupuncture	12 visits per year paid at 100% \$10 copay applies to initial exam only	12 visits per year paid at 70%	12 visits per year paid at 80%	12 visits per year paid at 80%	12 visits per year paid at 50%	12 visits per year paid at 80%	12 visits per year paid at 60%	
Spinal Manipulations	15 manipulations per year paid at 100% \$10 copay applies to initial exam only	10 manipulations per year paid at 70%	10 manipulations per year paid at 80%	10 manipulations per year paid at 80%	10 manipulations per year paid at 50%	10 manipulations per year paid at 80%	10 manipulations per year paid at 60%	

**Specialty Care**

Skilled Nursing Facility	\$150 copay, paid at 90% (facility) to 90 days per calendar year	90% to 90 days per calendar year	70% to 90 days per calendar year	80% to 90 days per calendar year	50% to 90 days per calendar year	80% to 90 days per calendar year	60% to 90 days per calendar year
Hospice Care	90%	90%	80%	80%	80%	80%	
Home Health Care	Paid at 90% to 130 visits per calendar year	Paid at 90% to 130 visits per calendar year	Paid at 80% to 130 visits per calendar year	Paid at 80% to 130 visits per calendar year	Paid at 80% to 130 visits per calendar year	Paid at 80% to 130 visits per calendar year	Paid at 80% to 130 visits per calendar year

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### Health & Well-Being

MyWellnessWorks.org	Benefits information, secure online health record, lifestyle improvement programs, articles and video on health topics A - Z. Administered by WebMD.
Health Questionnaire (HQ)	Confidential assessment of health status and health risks. Financial reward for participating each fall. Administered by WebMD.
Health Screenings	Check your cholesterol, triglycerides, blood pressure and more. Discuss results immediately with an onsite health coach. Offered every other year at the worksite. Administered by StayWell Health Management.
Health coaching	WebMD health professionals offer guidance and encouragement to help you reach personal health goals. Administered by WebMD Health Services.
Weight management coaching	Enhanced coaching option for those with significant weight management goals. Administered by WebMD Health Services.
Employee Assistance Program	Confidential counseling on issues including stress, grief, parenting, relationships, finances, substance abuse, and more. Administered by CompPsych. Included in all Regence/Asuris medical plans at no charge. Available for purchase by employer for Group Health participants and uninsured employees.
Nurse Advice Line	Nurses are available 24 - 7 to discuss health issues and treatment options.
Tobacco Cessation	Counseling, nicotine replacement therapy, and other resources for those ready to quit tobacco. Quit For Life® Program is administered by Alere (formerly Free & Clear).
Wellness Newsletter	Wellness articles, stories, tips, quotes, recipes, and entertaining cartoons delivered monthly to your home.

**NOTE:**

Your maximum out-of-pocket costs provision (see summary by plan for this amount), is basically "insurance on top of your insurance". Once you pay your deductible, you may also have out-of-pocket amounts if your insurance does not pay 100% for certain coverage, e.g. under HealthFirst - Semi-private on the Plan), all remaining claims (on covered items) will be paid at 100% for the remainder of the calendar year rather than at the percentage listed. Certain limitations do apply, however. Prescription (does not apply to HDHP) and other co-pays, and examples where otherwise noted in the benefit booklet, are not subject to the co-insurance, which means that those items will never be paid at 100% but as specifically stated in the Plan summary.

**CAUTION:** Do not use this "Medical Plan Comparison" as a complete description of benefit plans. The information is presented in summary form and should be used for general comparison purposes only. Consult the Employee Benefit Handbook for Complete and accurate information on the conditions, exclusion, limitations and coverage of benefits.