

LYNDEN SCHOOL DISTRICT BASIC MEDICAL BENEFITS COMPARISON 2017-18

SERVICE	KAISER WELCOME 500 Managed Care	REGENCE WEIC INNOVA 2500	REGENCE WEIC INNOVA 1000	REGENCE WEIC INNOVA 500	REGENCE WEIC ENGAGE 70 PLAN	REGENCE K-12 HSA 2.0
<b>Deductible</b>	\$500/person \$1,500/family	\$2,500/person \$7,500/family	\$1,000/person \$3,000/family	\$500/person \$1,500/family	\$750/person \$2,250/family	\$1,500/person \$3,000/family*
<b>Coinsurance maximum</b>	\$2,000/person \$6,000/family All patient cost shares apply to out-of-pocket maximum.	\$5,000/person \$10,000/family All patient cost shares apply to out-of-pocket maximum.	\$5,000/person \$10,000/family All patient cost shares apply to out-of-pocket maximum.	\$3,000/person \$9,000/family All patient cost shares apply to out-of-pocket maximum.	\$5,750/person \$11,500/family All patient cost shares apply to out-of-pocket maximum.	\$5,000/person \$10,000/family All patient cost shares apply to out-of-pocket maximum.
<b>In-Network Coinsurance</b>	80%	80%	80%	80%	70%	80%
<b>Physician's Office Visit</b>	Visits 1-4 100% after \$20 copay (Deductible waived), Visits 5+ subject to \$20 copay, deductible; then covered at 80%	\$30 copay Preferred \$45 copay Participating (Deductible waived)	\$30 copay Preferred \$45 copay Participating (Deductible waived)	\$15 copay Preferred \$30 copay Participating (Deductible waived)	70% after deductible	80% after deductible
<b>Diagnostic Services</b>	Covered in full first \$500 PCY. Deductible, then 80% thereafter	Covered in full first \$500 per calendar year. Deductible, then 80% thereafter.	Covered in full first \$500 per calendar year. Then deductible & coinsurance.	Covered in full first \$500 per calendar year. Deductible, then 80% thereafter.	70%. Deductible waived for mammogram and pap smear.	80% after deductible
<b>Prescriptions Pharmacy (30 Day Supply)</b>	\$15 copay generic \$30 copay brand	\$0 copay generic formulary. \$500 deductible, then: \$30 copay brand formulary. \$45 copay non-form. \$75 specialty.	\$10 copay generic formulary. \$25 copay brand formulary. \$50 copay non-form. / \$75 specialty	\$5 copay generic formulary. \$20 copay brand form. \$40 copay non-formulary.	\$5 copay generic formulary. \$20 copay brand form. \$40 copay non-formulary.	80% after deductible**
<b>Prescriptions Mail Order (90 Day Supply)</b>	\$30 copay generic \$60 copay brand	\$0 copay generic formulary. \$500 ded, then: \$60 copay brand form. \$90 copay non-form. \$75 copay specialty.	\$20 copay generic formulary. \$50 copay brand formulary. \$100 copay non-form. \$75 specialty.	\$10 copay generic formulary. \$40 copay brand form. \$80 copay non-form. \$75 copay specialty.	\$10 copay generic formulary. \$40 copay brand form. \$80 copay non-form. \$75 copay specialty.	80% after deductible**
<b>Preventive Care</b>	Covered in full. No annual maximum.	Covered in full. No annual maximum.	Covered in full. No annual maximum.	Covered in full. No annual maximum.	Covered in full. No annual maximum.	Covered in full. No annual maximum.
<b>Emergency room (copay waived if admitted)</b>	\$100 copay, then ded. & 80%	\$75 copay, then ded. & 80%	\$75 copay, then ded. & coin	\$75 copay, then ded. & 80%	\$75 copay, then ded. & 70%	80% after deductible
<b>Hospital Inpatient</b>	80% after deductible	80% after deductible	Deductible & coinsurance	80% after deductible	70% after deductible	80% after deductible
<b>Ambulance</b>	80% after deductible	80% after deductible	Deductible & coinsurance	80% after deductible	70% after deductible	80% after deductible

**RATE TIERS:**

<b>Employee Only</b>	\$682.78	\$624.48	\$767.86	\$862.77	\$655.72	\$710.56
<b>Employee &amp; Spouse</b>	\$1,305.67	\$1,115.64	\$1,473.97	\$1,656.18	\$1,171.42	\$1,249.09
<b>Employee &amp; Children</b>	\$1,038.65	\$922.84	\$1,196.80	\$1,344.72	\$968.96	\$1,037.68
<b>Employee &amp; Family</b>	\$1,660.49	\$1,414.00	\$1,902.90	\$2,138.12	\$1,484.69	\$1,576.20

\* REGENCE HSA 2.0: Prior to benefits being paid out for any family member, the deductible must be met. The family deductible applies with the subscriber and one or more dependents are enrolled. A single member on family coverage will not pay more than \$6,850 OOPM for annual cost sharing. When a single member on family coverage reaches the \$6,850 OOPM, benefits will be paid at 100% of the allowed amount for that member. \*\*HSA 2.0: Deductible waived for generic and formulary preventive drugs for asthma, diabetes, high blood pressure, high cholesterol and tobacco addiction.