

Napavine School District

Medical Plan Comparison

Effective November 1, 2015



	Group Health HMO	Plan 2	Plan 3	Plan 5	Premera - WEA			
	In-Network Only HMO	In-Network Heritage	In-Network Heritage	In-Network Foundation	EasyChoice A In-Network Heritage	EasyChoice B In-Network Heritage	Basic Plan In-Network Heritage Prime	QHDHP In-Network Foundation
Network								
Deductible / Calendar Year								
Individual	\$250	\$200	\$300	\$200	\$1,000	\$750	\$1,250	\$1,500
Family	\$500	\$600	\$900	\$600	\$3,000	\$2,250	\$2,500	\$3,000
Coinsurance	20%	20%	20%	10%	20%	25%	30%	20%
Out of Pocket Max		Excludes RX copays	Excludes RX copays	Excludes RX copays	Excludes RX copays	Excludes RX copays	Excludes RX copays	Includes all med/rx
Individual	\$2,000	\$1,700	\$2,950	\$700	\$4,000	\$3,500	\$4,500	\$4,000
Family	\$4,000	\$5,100	\$8,850	\$2,100	\$8,000	\$7,000	\$9,000	\$8,000
Preventive Care								
Exam	0% DW	0% DW	0% DW	0% DW	0% DW	0% DW	0% DW	0% DW
Office Visit								
Exam	\$35	\$25 DW	\$30 DW	\$15 DW	\$15 DW	\$30 DW	\$30 DW	20%
X-ray & Lab								
Preventive	0% DW	0%; DW	0% DW	0% DW	0% DW	0% DW	0% DW	0% DW
Other	20%	20%	20%	10%	0% up to \$1000 then DC	25%	30%	20%
Hospitalization								
Inpatient Services	\$100/day up to 3 days per admit	\$150/day up to \$450/PCY + DC	\$300/day up to \$900/PCY + DC	\$150/day up to \$450/PCY + DC	20%	25%	30%	20%
Emergency Room Copay	\$200	\$75 + DC	\$100 + DC	\$50 + DC	\$100 + DC	\$150 + DC	\$200 + DC	20%
Prescription Drugs	Retail: Up to 30 day supply	Retail: Up to 34 day supply	Retail: Up to 34 day supply	Retail: Up to 30 day supply	Retail: Up to 30 day supply	Retail: Up to 30 day supply	Retail: Up to 30 day supply	Retail: Up to 30 day supply
Deductible	None	None	None	None	\$500/person PCY	\$250/person PCY	\$500 ind/\$1,000 family PCY	Medical deductible
Out-of-Pocket Maximum	Not applicable	\$2,000 ind/\$4,000 family	\$2,000 ind/\$4,000 family	\$2,000 ind/\$4,000 family	\$2,500 ind/\$5,000 family	\$2,500 ind/5,000 family PCY	\$2,100 ind/\$4,200 family	Medical OOP
Generic	\$20	\$10	\$15	\$10	\$5 DW	\$5 DW	\$15	20%
Preferred Brand	\$40	\$20	\$25	\$15	30%	\$30	\$30	20%
Non-Preferred	Not applicable	\$35	\$40	\$30	30%	\$45	\$45	20%
Specialty (up to 30-day supply)	Not applicable	\$50	\$60	\$50	30%	30%	30%	20%
Mail Order	\$40/\$80	\$15/\$30/\$45 100 day supply	\$20/\$35/\$50 100 day supply	\$15/\$30/\$60 90 day supply	\$10 DW/25%/25% 90 day supply	\$10 DW/\$75/\$112 90 day supply	\$15/\$60/\$90 90 day supply	20% 90 day supply
Life/AD&D - employee only	Not included	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500
Monthly Premium								
Employee	\$690.22	\$900.05	\$794.35	\$1,052.80	\$580.40	\$580.40	\$529.05	\$456.30
Employee & Spouse	\$1,340.51	\$1,647.15	\$1,453.75	\$2,023.00	\$1,054.05	\$1,054.05	\$960.40	\$827.65
Employee & Family	\$1,615.93	\$1,974.70	\$1,742.90	\$2,437.05	\$1,262.85	\$1,262.85	\$1,150.55	\$977.85
Employee & Child(ren)	\$965.57	\$1,201.60	\$1,060.55	\$1,436.45	\$769.85	\$769.85	\$701.60	\$604.85

DW = deductible waived
 DC = deductible & coinsurance applies
 PCY = per calendar year

This is a summary of select provisions of the medical plans and is not intended to be comprehensive. Any discrepancies between this comparison and the plan documents are inadvertent and unintended. For complete details, please refer to the benefit summary or evidence of coverage booklet.