

Association of Washington Cities 2025 Medical Plan Comparison

	Regence/Asuris	Kaiser Permanente
Benefits	HDHP	Access PPO 250
	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)	In Network Providers (Non-Network copay then 70%)

Copay, Deductible & Out-of-Pocket - Per Calendar Year

Typical Patient Responsibility	20%	\$10 - primary care \$20 - specialist
Annual Per Person Deductible	\$1,650 not subject to deductible: ~ preventive care ~ value-based drugs	\$250 not subject to deductible: ~ office visits ~ preventive care ~ prescriptions
Maximum deductible per family/year	\$3,300 Deductible for entire family must be met before benefits are paid	\$750
Out-of-Pocket Maximum	\$5,000/person \$10,000/family	\$2,500/person \$5,000/family

In Your Doctor's Office

Office visit	80%	\$10 - primary care \$20 - specialist
Urgent Care		
Lab, x-ray & diagnostic		90%
Preventative Care Services (not subject to copay or deductible)	100%	100%

	Regence/Asuris	Kaiser Permanente
Benefits	HDHP	Access PPO 250
	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)	In Network Providers (Non-Network copay then 70%)

In the Hospital

Emergency room facility charges (copay waived if admitted)	80%	\$150 copay then 90%
Inpatient services	80%	90%
Physician, surgeons & anesthesiologists		
Outpatient services (x-ray, same day surgery, etc.)		

Ambulance (Air or Land)

	80%	90%
--	-----	-----

Outpatient Rehabilitative Therapy

~ Physical Therapy ~ Massage Therapy ~ Occupational Therapy ~ Speech Therapy	80% 60 visits per calendar year	\$20 copay 60 visits per calendar year
	Prescription required for Massage and Physical Therapy	Prescription required for Massage and Physical Therapy

Prosthetics/Home Medical Equipment

	80%	90%
	Orthotics are covered	Orthotics only covered for diabetic complications

Prescription Drugs

Pharmacy (30-day supply)	member pays 20% coinsurance value based drugs not subject to deductible	\$10 preferred generic \$35 preferred brand \$70 non preferred
Mail Order - Available for most medications (90-day supply)	member pays 20% coinsurance value based drugs not subject to deductible	\$20 generic formulary \$60 brand formulary \$130 non-formulary

	Regence/Asuris	Kaiser Permanente
Benefits	HDHP	Access PPO 250
	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)	In Network Providers (Non-Network copay then 70%)

Alternative Care

Naturopathic Doctor	80% unlimited visits	\$10 copay
Massage Therapist	Prescription required then pays under the Rehabilitative Therapy Benefit	Prescription required then pays under the Rehabilitative Therapy Benefit
Acupuncture	80% 20 visits per calendar year	\$10 copay 20 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)
Spinal Manipulations	80% 20 manipulations per calendar year	\$10 copay 20 self-referred visits per calendar year (additional visits if approved by KP)

Specialty Care

Infertility	\$25,000 lifetime maximum Infertility diagnosis required	\$25,000 lifetime maximum Infertility diagnosis required
Bariatric Services	\$35,000 lifetime maximum using carrier's Centers of Excellence	\$35,000 lifetime maximum using carrier's Centers of Excellence
Routine hearing exam	100%	\$10 copay
Hearing Aids (hardware)	\$3,000 per ear every 36 months	\$3,000 per ear every 36 months
Routine vision exam	not covered	1 exam per 12 months

Health & Well-Being

Personal Assistance	Trust staff are available to answer benefit questions and assist with resolving insurance claims. Call 800-562-8981 or email benefitinfo@awcnet.org .
Wellness	Health Central and the Castlight app provide wellness information, programs, tools, trackers, and resources. Use Castlight to earn points and receive a gift card or enter to win other prizes. Access health professionals for guidance and encouragement in reaching your personal health goals.
Employee Assistance Program	Call 800-570-9315 for confidential assistance with parenting, relationships, finances, stress, grief, substance abuse, counseling, and legal issues or visit www.guidanceresources.com for more resources

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 plan booklet for complete and accurate information on the conditions, exclusions, limitations and coverage of benefits.