

# Association of Washington Cities

## 2026 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	\$1,700 not subject to deductible: ~ preventive care ~ value-based drugs	\$250 not subject to deductible: ~ office visits ~ preventive care ~ prescriptions
Maximum deductible per family/year	\$3,400 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%

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### 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%
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### 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

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## Alternative Care

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

## Specialty Care

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

## Health & Well-Being

<b>Personal Assistance</b>	Trust staff are available to answer benefit questions and assist with resolving insurance claims. Call 800-562-8981 or email <a href="mailto:benefitinfo@awcnet.org">benefitinfo@awcnet.org</a> .
<b>Wellness</b>	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.
<b>Employee Assistance Program</b>	Call 800-570-9315 for confidential assistance with parenting, relationships, finances, stress, grief, substance abuse, counseling, and legal issues or visit <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> 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.