Highline School District Medical Plan Benefit Outline and Cost Summary Current/SEBB Comparison, January 2019

Benefit Outline	Current Kaiser Permanente Core HMO	SEBB		
		Kaiser NW/Plan 1	Kaiser NW/Plan 2 Core HMO	Kaiser NW/Plan 3 Core HMO
		Core HMO		
Annual Summary				
Deductible ² (in-network/out-of-network)				
Medical Deductible	\$0	\$1,250 (2x family)	\$750 (2x family)	\$125 (2x family)
Includes 4th Quarter Carryforward	N/A	N/A	N/A	N/A
Prescription Drug Deductible	None	None	None	None
Out-of-pocket Maximum (OOP)				
Medical OOP	\$2,000 (2x family)	\$4,000 (2x family)	\$3,500 (2x family)	\$2,000 (2x family)
Prescription Drug OOP	Included in Medical			
Carrier Coinsurance				
In-Network	100%	80%	80%	80%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Member Responsibility				
Office Visit				
Primary	\$20	\$30	\$25	\$20
Specialist	\$20	\$40	\$35	\$30
Preventive Care	\$0	\$0	\$0	\$0
Outpatient Laboratory and X-ray	\$0	\$30	\$25	\$20
Advanced Imaging (CAT, PET, MRI, etc.)	\$0	\$30	\$25	\$20
Prescription Drug Copay	\$15/\$30			
(Generic / Brand / Non-Preferred Brand /	(2x copay mail order)	\$20/\$40/50% to \$100 / 50% to \$150	\$15/\$30/50% to \$100 / 50% to \$150	\$10/\$20/50% to \$100 / 50% to \$150
Specialty)	(2x copay mail order)			
Urgent Care	\$20	\$50	\$45	\$40
Emergency Room	\$100	20%	20%	20%
Hospital Admission	\$100 per day to \$300 per admit	20%	20%	20%
Outpatient Surgery	\$20	20%	20%	20%
Outpatient Rehabilitation		4.0	40-	400
(PT, OT, ST, Massage)	\$20; 45 visits PCY Combined	\$40	\$35	\$30
Spinal Manipulation (Chiropractic)	\$20; 10 visits PCY	\$40	\$35	\$30
Life Insurance	None	None	None	None
Enrollment and Rates				
Employee	517.39			
Employee & Spouse	983.46			
Employee & Child(ren)	716.91			
Employee, Spouse & Child(ren)	1183.39			

Notes and Assumptions

1. Unless stated otherwise, Plan details reflect in-network benefits only.

2. Unless stated otherwise, deductible applies. dw= deductible waived

3. Devices and Durable medical equipment are covered at 80% after deductible.

4. Ambulance Services are covered at 80% after deductible.