

# 2020 Medical Plan Comparison Key Highlights - Puget Sound Region

A reference to assist you in selecting the medical plan which best meets your family needs.

The choices you make for where you seek care and services will have a direct impact on managing your out-of-pocket expenses.

In each of the plans, care under Tier 1, MultiCare Connected Care Clinically Integrated Network (MCC CIN), will be paid at the highest benefit, providing you the lowest cost.

The MCC CIN includes MultiCare employed providers and independent community providers. Both primary care and specialty care are comprehensively covered in the network which continues to grow with providers added throughout the year.

Visit the member First Choice hosted member webpage at [www.fchn.com/multicare](http://www.fchn.com/multicare) and use the *PPO Network Search* to identify providers in both MCC CIN and First Choice Health Network (FCHN). Employees can also access a link to the website from within the MultiCare Employee Resource Center.

Provider Network	MyConnected Care			Standard PPO			High Deductible PPO (an HSA eligible plan)		
	Tier 1 MultiCare Connected Care Network (MCC CIN)	Tier 2		Tier 1 MultiCare Connected Care Network (MCC CIN)	Tier 2 First Choice Health Network (FCHN)	Tier 3 Out of Network	Tier 1 MultiCare Connected Care Network (MCC CIN)	Tier 2 First Choice Health Network (FCHN)	Tier 3 Out of Network
Provider description	MCC Clinically Integrated Network (MCC CIN)	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network (MCC CIN)	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network (MCC CIN)	Preferred Providers in FCHN	any licensed provider not in FCHN
Annual Deductible	<b>Deductible applies to Emergency Care Only</b> \$500 person \$1,000 family The MCC CIN deductible in Tier 1 is exclusive of the FCHN Network and non-network deductibles	\$1,500 person \$4,500 family The FCHN Network and non-network deductibles are inclusive of each other, so depending upon how you access care you may be accumulating annual deductible expenses in two benefit tiers.		\$600 person \$1,800 family  The network and non-network annual deductibles are exclusive of each other.		\$1,500 person \$3,000 family	\$1,500 Self Only \$3,000 Family <b>Medical and Prescription claims combined</b> <b>Prior to benefits being paid for any family member, the entire family deductible must be met.</b> The network and non-network annual deductibles are inclusive of each other.		
Annual Out-of-Pocket Maximum (Medical services)	\$3,100 person \$6,200 family	\$6,500 person \$19,500 family		\$3,200 person \$8,300 family		\$4,850 person \$12,500 family	\$3,500 Self Only \$6,850 Family		\$6,500 Self Only \$13,000 Family
	MultiCare Connected Care network (MCC CIN) out-of-pocket and coinsurance maximum is exclusive of the FCHN Network and non-network Plan year out-of-pockets and coinsurance maximums. The FCHN Network and non-network out-of-pocket and coinsurance maximum are inclusive of each other.			The network and non-network Plan year out-of-pocket and coinsurance maximums are exclusive of each other.			The network and non-network plan year out-of-pocket and coinsurance maximums are inclusive of each other.		
	A separate Prescription annual out-of-pocket applies			A separate Prescription annual out-of-pocket applies			<b>Medical and Prescription claims combined</b> <b>Prior to benefits being paid at 100% for any family member, the entire family out-of-pocket maximum must be met.</b>		

Provider Network	MyConnected Care			Standard PPO			High Deductible PPO (an HSA eligible plan)		
	Tier 1 MultiCare Connected Care Network (MCC CIN)	Tier 2		Tier 1 MultiCare Connected Care Network (MCC CIN)	Tier 2	Tier 3	Tier 1 MultiCare Connected Care Network (MCC CIN)	Tier 2	Tier 3
Provider description	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network
	KEY SERVICES			KEY SERVICES			KEY SERVICES		
Preventive Care	you pay \$0	you pay \$0, no deductible required	after deductible, you pay 50%	you pay \$0, no deductible required	you pay \$0, no deductible required	after deductible, you pay 50%	you pay \$0, no deductible required	you pay \$0, no deductible required	after deductible, you pay 50%
Professional/Physician Services (Primary & Specialty Care office visits) (includes naturopath office visits)	copay: \$20- primary care \$35- specialist	after deductible, you pay 50%		after deductible, copay: \$20- primary care \$35- specialist	after deductible, copay: \$25- primary care \$40- specialist	after deductible, you pay 50%	after deductible, you pay 10%	after deductible, you pay 30%	after deductible, you pay 50%
Hospital Facility Inpatient & Outpatient diagnostic imaging and lab	you pay 10%	after deductible, you pay 50%		after deductible, you pay 10%	after deductible, you pay 30%	after deductible, you pay 50%	after deductible, you pay 10%	after deductible, you pay 30%	after deductible, you pay 50%
MultiCare Virtual Care <a href="http://www.multicare.org/virtualcare">www.multicare.org/virtualcare</a>	you pay \$0	N/A		you pay \$0	N/A		you pay \$0	N/A	
Urgent Care Services	\$20 copay	after deductible, you pay 50%		after deductible, copay: \$20	after deductible, copay: \$50	after deductible, you pay 50%	after deductible, you pay 10%	after deductible, you pay 30%	after deductible, you pay 50%
Emergency Care (Facility charges & Professional fee)	after MCC CIN deductible, \$200 copay (copay waived if admitted)			after MCC CIN deductible, \$200 copay (copay waived if admitted)			after deductible, you pay 10%	after deductible, you pay 30%	
	OTHER SERVICES			OTHER SERVICES			OTHER SERVICES		
Durable Medical Equipment	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%		you pay 50%	in MCC CIN or FCHN after deductible, you pay 10%		after Network deductible, you pay 50%	in MCC CIN or FCHN after deductible, you pay 10%		after deductible, you pay 50%
Skilled Nursing Facility	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%		after deductible, you pay 50%	after deductible, you pay 10%		after deductible, you pay 50%	after deductible, you pay 10%		after deductible, you pay 50%
	Maximum of 90 days per plan year			Maximum of 90 days per plan year			Maximum of 90 days per plan year		

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Provider description	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network
Alcohol and Chemical Dependency precertification required for inpatient care	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%		after deductible, you pay 50%	in MCC CIN or FCHN after deductible, you pay 10%		after deductible, you pay 50%	in MCC CIN or FCHN after deductible, you pay 10%		after deductible, you pay 50%
Mental Health Inpatient/Outpatient pre-certification required	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%		after deductible, you pay 50%	In MCC CIN or FCHN after deductible, you pay 10%		after deductible, you pay 50%	in MCC CIN or FCHN after deductible, you pay 10%		after deductible, you pay 50%
	<b>ALTERNATIVE CARE / THERAPY SERVICES</b>			<b>ALTERNATIVE CARE / THERAPY</b>			<b>ALTERNATIVE CARE / THERAPY</b>		
Acupuncture	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%*		after deductible, you pay 50%	after deductible, you pay 10%*		after deductible, you pay 50%	after deductible, you pay 10%*		after deductible, you pay 50%
	Maximum 12 visits per plan year*			Maximum 12 visits per plan year*			Maximum 12 visits per plan year*		
Chiropractic Care manipulations; maintenance therapy not covered	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%*		after deductible, you pay 50%	after deductible, you pay 10%*		after deductible, you pay 50%	after deductible, you pay 10%*		after deductible, you pay 50%
	Maximum 12 spinal manipulations per plan year*			Maximum 12 spinal manipulations per plan year*			Maximum 12 spinal manipulations per plan year*		
Massage Therapy	in MCC CIN or FCHN covered at MCC CIN level, you pay 10%*		after deductible, you pay 50%	after deductible, you pay 10%*		after deductible, you pay 50%	after deductible, you pay 10%*	after deductible, you pay 30%*	after deductible, you pay 50%
	Maximum 20 visits per plan year*			Maximum 20 visits per plan year*			Maximum 20 visits per plan year*		
Rehabilitation Outpatient Therapy 60 visit per plan year maximum	you pay 10%	after deductible, you pay 50%		after deductible, you pay 10%	after deductible, you pay 30%	after deductible, you pay 50%	after deductible, you pay 10%	after deductible, you pay 30%	after deductible, you pay 50%

**\*When Alternative Care providers (Acupuncture, Massage Therapy, Chiropractor) bill non-alternative care services (office visit, supplies, modalities, rehabilitation), these services will fall to the applicable medical benefit level**

Examples include:

1. A Massage Therapy service that is billed as a physical therapy service will be processed under the Rehabilitation Outpatient Therapy benefit.
2. An initial visit to a chiropractor that is billed as an office visit will be processed as a specialist visit

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Provider description	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MCC Clinically Integrated Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network
Weight Management non-surgical medical benefit	\$35 copay	Not Covered		Not Covered			After deductible, \$35 copay	Not Covered	
Weight Management surgical benefit	you pay 10%	Not Covered		Not Covered			After deductible, you pay 10%	Not Covered	
<b>Vision</b>									
Vision Exam - Routine eye exam not subject to deductible, one per year	you pay \$0			you pay \$0			you pay \$0		
Adult Vision Hardware not subject to deductible	Plan pays 80% up to \$225 per plan year			Plan pays 80% up to \$225 per plan year			Plan pays 80% up to \$225 per plan year		
Pediatric Vision Hardware (up to 19 yrs) Limited to 1 pair of lenses & frames, or 12 month supply of contact lenses not subject to deductible	Plan pays 80% up to \$225 per plan year, then 60% per plan year			Plan pays 80% up to \$225 per plan year, then 60% per plan year			Plan Pays 80% up to \$225 per plan year, then 60% per plan year		

Care Outside the First Choice Service Area: The First Health Network is the provider network for participants and/or their dependents who live or work outside of the First Choice or Health Info Net service areas. The First Health Network is also available to all participants for urgent or emergency care when traveling. You may contact the First Health Network at [www.firsthealth.com](http://www.firsthealth.com) or by phone at (800) 226-5116. Services obtained from a First Health Provider/Facility will be covered at the First Choice Health Network (FCHN) benefit level.

Pre-certification Requirements: All hospital and skilled nursing facility admissions must be medically necessary. Pre-certification is required for all inpatient admissions, except for emergency services or maternity admissions at a network provider. Refer to your plan document for a full list of services that require pre-certification.

Medical Necessity: All covered services must be medically necessary in order to be considered for benefits coverage. Consult the SPD for pre-authorization requirements, plan limits and excluded services.

**Note: In all plans the highest level of benefits and lowest member out-of-pocket expense is for services in Tier 1, MultiCare Connected Care Clinically Integrated Network (MCC CIN) providers. Additionally, if you choose to seek care *outside* the First Choice Health Network (Out of Network Providers), you may be balance billed for additional charges (difference between the plan's allowed amount and the provider's billed charges) because Non-FCHN (Out of Network) providers are not bound by a contractual arrangement with First Choice Health Network (FCHN).**

	MyConnected Care			Standard PPO			High Deductible PPO (an HSA eligible plan)		
Pharmacy	MultiCare Pharmacy		WellDyneRx Retail Network*	MultiCare Pharmacy		WellDyneRx Retail Network*	MultiCare Pharmacy		WellDyneRx Retail Network*
<b>Administered by WellDyneRx</b> <i>WellDyneRx Clinical Focus Formulary</i> Drugs are subject to tier/status changes throughout the year	up to 34 day supply	up to 90 day supply	up to 34 day supply	up to 34 day supply	up to 90 day supply	up to 34 day supply	up to 34 day supply	up to 90 day supply	up to 34 day supply
Preventive Medications - specific list of medications w/ prescription	per expanded list, you pay \$0, if dispensed at MHS		limited ACA list, you pay \$0	per expanded list, you pay \$0, if dispensed at MHS		limited ACA list, you pay \$0	per expanded list, you pay \$0, if dispensed at MHS		limited ACA list, you pay \$0
Tier 1 Generic medications	you pay 10%, minimum \$5 <sup>1</sup>	you pay 10%, minimum \$10 <sup>1</sup>	you pay 10%, minimum \$5 <sup>1</sup>	you pay 10%, minimum \$5 <sup>1</sup>	you pay 10%, minimum \$10 <sup>1</sup>	you pay 10%, minimum \$5 <sup>1</sup>	after deductible, you pay 10%		after deductible, you pay 30%
Tier 2 Preferred Brands	you pay 20%, minimum \$25 <sup>1</sup>	you pay 20%, minimum \$50 <sup>1</sup>	you pay 40%, minimum \$50 <sup>1</sup>	you pay 20%, minimum \$25 <sup>1</sup>	you pay 20%, minimum \$50 <sup>1</sup>	you pay 40%, minimum \$50 <sup>1</sup>			
Tier 3 Non-Preferred Brands	you pay 20%, minimum \$40 <sup>1</sup>	you pay 20%, minimum \$80 <sup>1</sup>	you pay 40%, minimum \$80 <sup>1</sup>	you pay 20%, minimum \$40 <sup>1</sup>	you pay 20%, minimum \$80 <sup>1</sup>	you pay 40%, minimum \$80 <sup>1</sup>			
Specialty medications (a subset of Brands)	you pay 20% limited to dispensing only from MHS; Specialty limited to 34 day supply		not covered	you pay 20% limited to dispensing only from MHS; Specialty limited to 34 day supply		not covered	after deductible, you pay 10%, limited to dispensing only from MHS; Specialty limited to 34 day supply		not covered
Compound Drugs	Compound drugs over \$400 require precertification			Compound drugs over \$400 require precertification			Compound drugs over \$400 require precertification		
Annual Prescription Drug Out-of-Pocket Maximum	\$1,500 per person, \$3,000 family			\$1,500 per person, \$3,000 family			N/A - RX combined with Medical services claims		
Prescription coupons may be increased to the maximum of the manufacturer's copay coupon. Copays paid by manufacturer coupons will not apply towards the member's out-of-pocket accumulator.									

\* No coverage for out of network pharmacies

Please refer to your summary plan description (SPD) for a complete listing of benefit provisions. In the event of a discrepancy between this comparison and the SPD, the SPD will govern the plan.

<sup>1</sup> For example, if your plan benefit is 10% of the total drug price or a plan minimum of \$10, and the cost is lower than the minimum, you will pay that price, even if that is less than the minimum.

Refer to the WellDyneRx Clinical Focus formulary posted on the Employee Resource Center.