2021 Medical Plan Comparison - Puget Sound Region

A key highlights 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.

First Choice plans are Preferred Provider Organization (PPO) plans. A PPO plan generally allows you to see any licensed provider but offers incentives for using providers in the designated network. In the First Choice 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 and use the *PPO Network Search* to identify providers in both MCC CIN and First Choice Health Network (FCHN).

A new plan option is available in 2021 –Peak Care – an Exclusive Provider Organization plan or EPO. Peak Care is administered by Premera Blue Cross and utilizes the Premera Tahoma Network in Washington State. The Tahoma Network is made up of the MultiCare Connected Care network with select ancillary providers. For services received outside the state of Washington, the BlueCard PPO network is available. An EPO plan means that all care must be provided within the network. Out of network care is not covered other than for emergencies. Visit the Premera website at www.premera.com and search the Tahoma Network to identify providers available in the Peak Care plan (at Premera.com, select Find Care, then Find a Doctor, Search All Plan Network, and select the Tahoma Network)

	First Choice Health			First Choice Health			First Choice Health			Premera Blue Cross	
	MyConnected Care			**Standard PPO**			**High Deductible PPO (an HSA eligible plan)**			**Peak Care**	
	Tier 1	**Tier 2**		**Tier 1**	**Tier 2**	**Tier 3**	**Tier 1**	**Tier 2**	**Tier 3**	**Tier 1**	**Tier 2**
Provider Network	**MultiCare Connected Care Network (MCC CIN)**	**First Choice Health Network (FCHN)**	**Out of Network**	**MultiCare Connected Care Network (MCC CIN)**	**First Choice Health Network (FCHN)**	**Out of Network**	**MultiCare Connected Care Network (MCC CIN)**	**First Choice Health Network (FCHN)**	**Out of Network**	**Premera Tahoma Network***	**Out of Network NOT COVERED**
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	Exclusive Providers in Premera Tahoma Network	Not Covered (only Emergency Care is covered out of network)
Annual Deductible	**Deductible applies to Emergency Care Only** $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		$1,500 person $3,000 family	$1,500 Self Only $3,000 Family **Medical and Prescription claims combined** **Prior to benefits being paid for any family member, the entire family deductible must be met.** The network and non-network annual deductibles are inclusive of each other.			$0 / person $0 / family	Not Covered
				The network and non-network annual deductibles are exclusive 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	$3,100 person $6,200 family	Not Covered
	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			**Medical and Prescription claims combined** **Prior to benefits being paid at 100% for any family member, the entire family out-of-pocket maximum must be met.**			A separate Prescription annual out-of-pocket applies	

	First Choice Health MyConnected Care			First Choice Health Standard PPO			First Choice Health High Deductible PPO (an HSA eligible plan)			PREMERA BLUE CROSS Peak Care	
	Tier 1	**Tier 2**		**Tier 1**	**Tier 2**	**Tier 3**	**Tier 1**	**Tier 2**	**Tier 3**	**Tier 1**	**Tier 2**
Provider Network	**MultiCare Connected Care Network (MCC CIN)**	**First Choice Health Network (FCHN)**	**Out of Network**	**MultiCare Connected Care Network (MCC CIN)**	**First Choice Health Network (FCHN)**	**Out of Network**	**MultiCare Connected Care Network (MCC CIN)**	**First Choice Health Network (FCHN)**	**Out of Network**	**Premera Tahoma Network**	**Out of Network NOT COVERED**
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	Exclusive Providers in Premera Tahoma Network	any licensed provider not in the Tahoma Network
	KEY SERVICES			**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%	you pay $0	Not Covered
Professional 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%	copay: $20- primary care $35- specialist	Not Covered
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%	you pay 10%	Not Covered
Virtual Care (Primary Care)	MultiCare Indigo Online Care you pay $0	N/A		MultiCare Indigo Online Care you pay $0	N/A		MultiCare Indigo Online Care you pay $0	N/A		Network options include MultiCare Indigo Online Care you pay $0	Not Covered
Urgent Care (freestanding clinic)	$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%	$20 copay	Not Covered
Emergency Care (Facility charges & Professional fee)	after MCC CIN deductible, tiered copay as follows: $250 for visits 1 & 2 $350 for visits 3 & 4 $500 for visits 5 or more (copay waived if admitted)			after MCC CIN deductible, tiered copay as follows: $250 for visits 1 & 2 $350 for visits 3 & 4 $500 for visits 5 or more (copay waived if admitted)			after deductible, you pay 10%	after deductible, you pay 30%		tiered copay as follows, then 10%: $250 for visits 1 & 2 $350 for visits 3 & 4 $500 for visits 5 or more (copay waived if admitted)	
	OTHER SERVICES			**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%	you pay 10%	Not Covered
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%	you pay 10%	Not Covered
	Maximum of 90 days per plan year			Maximum of 90 days per plan year			Maximum of 90 days per plan year			Maximum of 90 days per plan year	
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%	you pay $20 for office visits; you pay 10% for non-office visits	Not Covered
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%	you pay $20 for office visits; you pay 10% for non-office visits	Not Covered

	First Choice Health			First Choice Health			First Choice Health			Premera Blue Cross	
	MyConnected Care			Standard PPO			High Deductible PPO (an HSA eligible plan)			Peak Care	
	Tier 1	Tier 2		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2
Provider Network	MultiCare Connected Care Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MultiCare Connected Care Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MultiCare Connected Care Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	Premera Tahoma Network	Out of Network NOT COVERED
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	Exclusive Providers in Premera Tahoma Network	any licensed provider not in the Tahoma Network
	ALTERNATIVE CARE / THERAPY			**ALTERNATIVE CARE / THERAPY**			**ALTERNATIVE CARE / THERAPY**			**ALTERNATIVE CARE / THERAPY**	
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%	you pay 10%	Not Covered
	Maximum 12 visits per plan year*			Maximum 12 visits per plan year*			Maximum 12 visits per plan year*			Maximum 12 visits per plan year*	
Chiropractic Care manipulations are covered; 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%	you pay 10%	Not Covered
	Maximum 12 spinal manipulations per plan year*			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%	you pay 10%	Not Covered
	Maximum 20 visits per plan year*			Maximum 20 visits per plan year*			Maximum 20 visits per plan year*			Part of 60 visit per plan year rehab limit*	
Rehabilitation Outpatient Therapy	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%	you pay 10%	Not Covered
	Physical, Occupational, Speech, Cardiac 60 visit per plan year maximum			Physical, Occupational, Speech, Cardiac 60 visit per plan year maximum			Physical, Occupational, Speech, Cardiac 60 visit per plan year maximum			Physical, Occupational, Speech, Chronic Pain 60 visit per plan year maximum Cardiac Rehabilitation Therapy No plan year maximum applies	

***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**

	First Choice Health			First Choice Health			First Choice Health			PREMERA BLUE CROSS	
	MyConnected Care			Standard PPO			High Deductible PPO (an HSA eligible plan)			Peak Care	
	Tier 1	Tier 2		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2
Provider Network	MultiCare Connected Care Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MultiCare Connected Care Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	MultiCare Connected Care Network (MCC CIN)	First Choice Health Network (FCHN)	Out of Network	Premera Tahoma Network	Out of Network NOT COVERED
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	Exclusive Providers in Premera Tahoma Network	any licensed provider not in the Tahoma Network
Weight Management non-surgical medical benefit	$35 copay	Not Covered		Not Covered			After deductible, $35 copay	Not Covered		$35 copay	Not Covered
Weight Management surgical benefit	you pay 10%	Not Covered		Not Covered			After deductible, you pay 10%	Not Covered		you pay 10%	Not Covered
Vision											
Vision Exam - Routine eye exam not subject to deductible, one per year	you pay $0			you pay $0			you pay $0			You pay $0	Not Covered
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			Plan pays 90% up to $225 per plan year	
Pediatric Routine Vision Exam not subject to deductible, one per year (under age 19)	you pay $0			you pay $0			you pay $0			$35 copay	Not Covered
Pediatric Vision Hardware (under age 19) 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			Covered in full	

First Choice Plan Notes:

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 Health 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 or by phone at 888-889-1112. 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 First Choice medical 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).

Peak Care Plan Notes:

Peak Care is administered by Premera Blue Cross, utilizing the Premera Tahoma Network in Washington State, and the BlueCard PPO Network outside of WA state. The Tahoma Network is a narrow network made up of the MultiCare Connected Care Network and select ancillary providers in Washington State. Outside of WA state, the BlueCard PPO network is available.

Peak Care is an Exclusive Provider Organization plan (EPO). Out of network care is NOT COVERED other than emergency services.

Peak Care VIP line: 855-250-7325

	First Choice Health / WellDyne			First Choice Health / WellDyne			First Choice Health / WellDyne			Premera Blue Cross / Express Scripts		
	MyConnected Care			**Standard PPO**			**High Deductible PPO** (an HSA eligible plan)			**Peak Care**		
Pharmacy	**MultiCare Pharmacy**		**WellDyne Retail Network**	**MultiCare Pharmacy**		**WellDyne Retail Network**	**MultiCare Pharmacy**		**WellDyne Retail Network**	**MultiCare Pharmacy**		**Express Scripts Pharmacy**
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	up to 34 day supply	up to 90 day supply	up to 34 day supply
Preventive Medications - specific list of medications w/ prescription	per Preventive Drug List, you pay $0 if dispensed at MHS		limited ACA list, you pay $0	per Preventive Drug List, you pay $0 if dispensed at MHS		limited ACA list, you pay $0	per Preventive Drug List, you pay $0 if dispensed at MHS		limited ACA list, you pay $0	per Preventive Drug List, you pay $0 if dispensed at MHS		Limited ACA list, you pay $0
Tier 1 **Generic medications**	you pay 10%, minimum $5 [1]	you pay 10%, minimum $10 [1]	you pay 10%, minimum $5 [1]	you pay 10%, minimum $5 [1]	you pay 10%, minimum $10 [1]	you pay 10%, minimum $5 [1]	after deductible, you pay 10%		after deductible, you pay 30%	you pay 10%, minimum $5 [1]	you pay 10%, minimum $10 [1]	you pay 10%, minimum $5 [1]
Tier 2 **Preferred Brands**	you pay 20%, minimum $25 [1]	you pay 20%, minimum $50 [1]	you pay 40%, minimum $50 [1]	you pay 20%, minimum $25 [1]	you pay 20%, minimum $50 [1]	you pay 40%, minimum $50 [1]				you pay 20%, minimum $25 [1]	you pay 20%, minimum $50 [1]	you pay 40%, minimum $50 [1]
Tier 3 **Non-Preferred Brands**	you pay 20%, minimum $40 [1]	you pay 20%, minimum $80 [1]	you pay 40%, minimum $80 [1]	you pay 20%, minimum $40 [1]	you pay 20%, minimum $80 [1]	you pay 40%, minimum $80 [1]				you pay 20%, minimum $40 [1]	you pay 20%, minimum $80 [1]	you pay 40%, minimum $80 [1]
Specialty medications (a subset of Brands)	you pay 20% limited to dispensing from MHS; Specialty limited to 30 day supply		not covered	you pay 20% limited to dispensing from MHS; Specialty limited to 30 day supply		not covered	after deductible, you pay 10%, limited to dispensing from MHS; Specialty limited to 30 day supply		not covered	you pay 20% limited to dispensing from MHS; Specialty limited to 30 day supply		not covered
Compound Drugs	Compound drugs over $400 require precertification			Compound drugs over $400 require precertification			Compound drugs over $400 require precertification			Compound drugs over $200 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			$1,500 per person, $3,000 family		

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.

First Choice / WellDyne Pharmacy Notes:

No coverage for out of network pharmacies

Refer to the WellDyne Preventive Drug List posted on the Employee Resource Center.

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

Peak Care Pharmacy Notes:

No coverage for out of network pharmacies

Refer to the Premera Preventive Drug List posted on the Employee Resource Center.

Refer to the Premera formulary posted on the Employee Resource Center.

[1] 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.

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.