

2022 MEDICAL PLAN COMPARISON: employees designated as Puget Sound Region*

| PLAN | ADMINISTERED BY | HOW IT DIFFERS FROM OTHER PLANS |
|---------------------|---------------------|---|
| My Connected Care | First Choice Health | Provides coverage with no deductible for care within the Tier 1 network (MCC CIN), except for emergency care. Care outside the MCC CIN is subject to a higher deductible and higher coinsurance. |
| Standard PPO | First Choice Health | Has the same deductible and out-of-pocket maximum for care in the Tier 1 network (MCC CIN) and the Tier 2 network (FCHN/FHN) |
| High Deductible PPO | First Choice Health | Designed to meet the requirements for employees who want to contribute to a Health Savings Account (HSA) |
| Peak Care | Premera Blue Cross | An Exclusive Provider Organization plan or EPO. Peak Care utilizes the Premera Tahoma Network in Washington State and the BlueCard PPO network outside Washington state. An EPO plan requires members to receive all care within the network. Out of network care is not covered except for emergencies. Visit the Premera website at www.premera.com to find providers in the Peak Care plan. Select "Find Care", then "Find a Doctor" then "Search all plan networks". |

First Choice Health plan network information:

The First Choice Health 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. Visit the First Choice webpage for MultiCare employees at www.fchn.com/multicare and use the PPO Network Search **dropdown** to identify providers in-network.

The **First Choice Health plans** include the following networks:

| TIER | PROVIDER NETWORK | DESCRIPTION OF PROVIDERS WITHIN THE NETWORK |
|------|--|--|
| 1 | MultiCare Connected Care Clinically Integrated Network (MCC CIN) | MultiCare providers and independent community providers contracted with MCC CIN within Washington state |
| 2 | First Choice Health Network (FCHN) | Contracted providers in Alaska, Idaho, Oregon, Washington, Montana, Wyoming, North Dakota and South Dakota |
| | First Health Network (FHN) | Contracted providers in all other states / areas not served by First Choice Health Network |
| 3 | Prov/Swed/VMFH/PacMed | Higher member out of pocket for services received at Providence (Washington state), Swedish, Virginia Mason Franciscan Health (formerly CHI Franciscan and Virginia Mason) and Pacific Medical Centers |
| 4 | Out of Network | Any licensed provider NOT in the First Choice Health or First Health Network |

Notes about the plans:

First Choice Plan Notes:





- Tier 3 Prov/Swed/VMFH/PacMed includes:**
 - any Providence facility or professional service in Washington State,
 - any Swedish facility or professional service, which includes Swedish Ballard, Swedish Edmonds, Swedish First Hill, Swedish Cherry Hill, Swedish Issaquah, Swedish Mill Creek, Swedish Redmond and Swedish Medical Group,
 - any Virginia Mason Franciscan Health (formerly CHI Franciscan and Virginia Mason) facility or professional service, which includes St. Anthony Hospital, St. Joseph Medical Center, Harrison Medical Center, St. Michael Medical Center, Highline Community Hospital, St. Anne Hospital, St. Elizabeth Hospital, St. Francis Community Hospital, St. Clare Hospital, Franciscan Medical Group, Virginia Mason Hospital and Seattle Medical Center
 - any Pacific Medical Centers facility or professional service
- Care outside the First Choice service area: The First Health Network (FHN) is the national provider wrap 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. 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-authorization requirements: All hospital and skilled nursing facility admissions must be medically necessary. Pre-authorization 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-authorization.
- Medical necessity: All covered services must be medically necessary to be considered for benefits coverage. Consult the Summary Plan Description for pre-authorization requirements, plan limits and excluded services.
- 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 / First Health Network (out-of-network providers), you may be balance billed for additional charges (difference between the plans allowed amount and the provider's billed charges) because out-of-network providers are not bound by a contractual arrangement. Tier 1 MultiCare Connected Care Clinically Integrated Network (MCC CIN) may not be able to offer all services required for your care. Each service you receive is paid based on the applicable network tier of the provider/facility.
- It is your responsibility as a member to verify benefits and the network status of a provider prior to an appointment to understand how the claim for benefits will be processed. The fact that your provider refers you for a follow-up service does not in and of itself mean that the service will be covered at the same network benefit tier. We encourage you to review your plan materials and verify with your claims administrator, and your provider, how the billed service will be covered under your health plan.

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 Washington state. The Tahoma Network is a narrow network made up of the MultiCare Connected Care Network, including MultiCare Health System employed providers and a network of independent providers selected for our Clinically Integrated Network as well as some select ancillary providers in Washington State. Outside of Washington state, the BlueCard PPO network is available. Call the Peak Care VIP line at 855-250-7325 for more information.
- Peak Care is an Exclusive Provider Organization plan (EPO). Out-of-network care is not covered other than emergency services.

*includes employees reporting to Puget Sound market departments, Capital Medical Center employees and employees in MHS Employees, LLC

Side-by-Side Comparison of Plan Features:

| |  MyConnected Care | | | |  Standard PPO | | | |  High Deductible PPO (an HSA eligible plan) | | | |  Peak Care (an EPO Plan) | |
|--|---|---|---|--|---|---|--|---|---|---|--|--|---|--|
| Network Tier | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 |
| Provider Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN)/ (FHN) | Prov/Swed/ VMFH/PacMed | Out of Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN) /(FHN) | Prov/Swed/ VMFH/PacMed | Out of Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN) /(FHN) | Prov/Swed/ VMFH/PacMed | Out of Network | Premera Tahoma Network or BlueCard PPO Network | Out of Network NOT COVERED |
| Provider Description | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | Exclusive Providers in Premera Tahoma (WA state only) or BlueCard PPO Network (outside WA state) | Any provider not in Premera Tahoma or BlueCard PPO Network |
| Annual Deductible | Deductible applies to emergency care \$500 person \$1,000 family The Tier 1 MCC CIN deductible is exclusive of the Tiers 2-4 deductibles | \$1,500 person \$4,500 family | \$2,000 person \$6,000 family | | \$600 person \$1,800 family | | \$1,500 person \$3,000 family | | \$1,500 Self Only \$3,000 Family | | \$2,500 Self Only \$5,000 Family | | \$0 / person \$0 / family | Not covered |
| 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 | |
| Preventive Care | You pay \$0 | 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 | You pay \$0, no deductible required | After deductible, you pay 50% | You pay \$0, no deductible required | 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 | |
| MultiCare Indigo Online Care (Primary care) | you pay \$0 | N/A | | you pay \$0 | N/A | | After deductible, you pay \$0 | N/A | | 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 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% | | 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) | |
| 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 | |





Side-by-Side Comparison of Plan Features, continued

| | MyConnected Care | | | | Standard PPO | | | | High Deductible PPO (an HSA eligible plan) | | | | Peak Care (an EPO Plan) | |
|---|--|---|--|---|--|---|--|---|--|---|--|---|---|--|
| Network Tier | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 |
| Provider Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN)/ (FHN) | Prov/Swed/VMFH/PacMed | Out of Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN) /(FHN) | Prov/Swed/VMFH/PacMed | Out of Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN) /(FHN) | Prov/Swed/VMFH/PacMed | Out of Network | Premera Tahoma Network or BlueCard PPO Network | Out of Network NOT COVERED |
| Provider Description | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | Exclusive Providers in Premera Tahoma (WA state only) or BlueCard PPO Network (outside WA state) | Any provider not in Premera Tahoma or BlueCard PPO Network |
| | OTHER SERVICES | | | | OTHER SERVICES | | | | OTHER SERVICES | | | | OTHER SERVICES | |
| Ambulance Services | You pay 10% | After deductible you pay 10% | | | After deductible, you pay 10% | | After deductible, you pay 30% | | After deductible, you pay 10% | | After deductible, you pay 30% | | You pay 10% | You pay 10% |
| Durable Medical Equipment | You pay 10% | 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 |
| Home Health Care | 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% | | | |
| | Maximum of 130 visits per plan year | | | | Maximum of 130 visits per plan year | | | | Maximum of 130 visits per plan year | | | | | |
| Skilled Nursing Facility | You pay 10% | 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 | |
| Mental Health / Chemical Dependency (Precertification required for inpatient care) | You pay 10% | 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 \$20 for office visits; you pay 10% for non-office visits | Not covered |
| | 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 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 16 spinal manipulations per plan year* | | | | Maximum 16 spinal manipulations per plan year* | | | | Maximum 16 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 45 visit per plan year maximum | | | | Physical, Occupational, Speech, Cardiac 45 visit per plan year maximum | | | | Physical, Occupational, Speech, Cardiac 45 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.

Side-by-Side Comparison of Plan Features, continued

| |  MyConnected Care | | | |  Standard PPO | | | |  High Deductible PPO (an HSA eligible plan) | | | |  Peak Care (an EPO Plan) | |
|--|--|---|--|---|--|---|--|---|--|---|--|---|---|--|
| Network Tier | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 1 | Tier 2 |
| Provider Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN)/ (FHN) | Prov/Swed/VMFH/PacMed | Out of Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN) /(FHN) | Prov/Swed/VMFH/PacMed | Out of Network | MultiCare Connected Care Network (MCC CIN) | First Choice Health or First Health Network (FCHN) /(FHN) | Prov/Swed/VMFH/PacMed | Out of Network | Premera Tahoma Network or BlueCard PPO Network | Out of Network NOT COVERED |
| Provider Description | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | MCC Clinically Integrated Network (MCC CIN) | Preferred Providers in FCHN / FHN excluding providers in Tier 3 | Any provider or facility within Providence (WA) Swedish Virginia Mason Franciscan Health Pacific Medical Centers | Any licensed provider not in FCHN / FHN | Exclusive Providers in Premera Tahoma (WA state only) or BlueCard PPO Network (outside WA state) | Any provider not in Premera Tahoma or BlueCard PPO Network |
| Weight Management Obesity Screening and counseling (visits 13-20) The first 12 Obesity Screening and counseling visits PCY are considered preventive. | \$35 copay | Not covered | | | Not covered | | | | After deductible, \$35 copay | Not covered | | | \$35 copay | Not covered |
| Weight Management (surgical benefit) \$50,000 lifetime maximum | You pay 10% | Not covered | | | Not covered | | | | After deductible, you pay 10% | Not covered | | | You pay 10% | Not covered |
| Vision | | | | | | | | | | | | | | |
| Adult 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 (Limited to one pair of lenses & frames or 12-month supply of contact lenses – not subject to deductible, under age 19) | 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 | |

Side-by-Side Comparison of Plan Pharmacy Benefits:

| |   | | |   | | |   | | |   | | | |
|---|--|--|--|--|--|--|--|---------------------|-------------------------------|--|--|--|--|
| | MyConnected Care | | | Standard PPO | | | High Deductible PPO (an HSA eligible plan) | | | Peak Care (an EPO Plan) | | | |
| Pharmacy | MultiCare Pharmacy | | Ventegra Retail Network | MultiCare Pharmacy | | Ventegra Retail Network | MultiCare Pharmacy | | Ventegra Retail Network | MultiCare Pharmacy | | Express Scripts Pharmacy | |
| Drugs are subject to tier and 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 | |
| Tier 0 Preventive Medications specific Preventive Drug List with 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 & High-Cost Generics | 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 | After deductible, you pay 10% | | After deductible, you pay 30% | | 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 | After deductible, you pay 10% | | After deductible, you pay 30% | | You pay 20%, minimum \$40 ¹ | You pay 20%, minimum \$80 ¹ | You pay 40%, minimum \$80 ¹ |
| Tier 4 Specialty Medications | 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 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 copays and coinsurance amounts 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. MultiCare Pharmacy currently mails prescriptions to Washington and Idaho only. All other states - use the network pharmacy in the local area.

- First Choice / Ventegra Pharmacy Notes:**
- No coverage for out of network pharmacies
 - Refer to the **Ventegra Preventive Drug List** posted on the Employee Resource Center.
 - Refer to the **Ventegra Premium 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 total drug price 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.