

## 2025 MEDICAL PLAN COMPARISON: employees designated as Puget Sound Region and Capital Pacific Region

PLAN	ADMINISTERED BY	HOW IT DIFFERS FROM OTHER PLANS
MyConnected 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 received by providers and facilities within MCC CIN and FCHN/FHN (Tier1).
High Deductible PPO	First Choice Health	Designed to meet the requirements for employees who want to contribute to a Health Savings Account (HSA).

### 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](http://www.fchn.com/multicare) and use the *PPO Network Search dropdown* to identify providers in-network.

The **plans** include the following networks:

PROVIDER NETWORKS	DESCRIPTION OF PROVIDERS WITHIN THE NETWORK
MultiCare Connected Care Clinically Integrated Network (MCC CIN)	MultiCare providers and independent community providers contracted with MCC CIN within Washington state and Idaho
First Choice Health Network (FCHN)	Contracted providers in Alaska, Idaho, Oregon, Washington, Montana, Wyoming, Iowa, Nebraska, North Dakota and South Dakota
First Health Network (FHN)	Contracted providers in all other states / areas not served by First Choice Health Network
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
Out of Network	Any licensed provider NOT in the First Choice Health or First Health Network

- **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. Search for providers at [www.fchn.com/multicare](http://www.fchn.com/multicare) or contact First Choice Health at 888-889-1112. Services obtained from a First Health Provider/Facility will be covered at the First Choice Health Network (FCHN) benefit level.

- **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.**

**Side-by-Side Comparison of Plan Features:**

	MyConnected Care				Standard PPO			High Deductible PPO (an HSA eligible plan)				
Network Tier	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 4	
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) and FCHN or 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	
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) and Preferred Providers in FCHN / FHN excluding providers in Tier 2	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	
Annual Deductible	<b>Deductible applies to emergency care</b> \$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		\$1,650 Self Only \$3,300 Family		\$2,500 Self Only \$5,000 Family		
		The deductibles for Tiers 2-4 are inclusive of each other. How you access care determines whether you accumulate annual deductibles in two benefit tiers.		The deductible for Tier 1 is exclusive of the deductible for Tiers 2-3.	The deductible for Tiers 2-3 is exclusive of the deductible for Tier 1.		<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	\$3,100 person \$6,200 family	\$6,500 person \$15,000 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			
	The out-of-pocket and coinsurance maximums for Tiers 1-4 are inclusive of each other.				The out-of-pocket and coinsurance maximums for Tiers 1-3 are inclusive of each other.				The out-of-pocket and coinsurance maximums for Tiers 1-4 are inclusive of each other.			
	<b>A separate prescription annual out-of-pocket applies:</b> \$1,500 person, \$3,000 family				<b>A separate prescription annual out-of-pocket applies</b> \$1,500 person, \$3,000 family				<b>Medical and Prescription claims combined.</b> Each individual will meet no more than the individual out-of-pocket maximum, but the family will meet no more than the stated family out-of-pocket maximum amount (regardless of family size).			

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Network Tier	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 4
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) and FCHN or 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
Preventive Care	You pay \$0	You pay \$0		After deductible, you pay 50%	You pay \$0	You pay \$0	After deductible, you pay 50%	You pay \$0	You pay \$0		After deductible, you pay 50%
Professional Services <small>(Primary &amp; specialty care office visits - includes naturopath office visits)</small>	Copay: \$20- primary care \$35- specialist	After deductible, you pay 50%			After deductible, copay: \$20- primary care \$35- specialist	After deductible, you pay 50%		After deductible, you pay 10%	After deductible, you pay 30%	After deductible, you pay 50%	
MultiCare Indigo Online Care <small>(Virtual Care)</small>	\$20 copay	N/A			After deductible, \$20 copay	N/A		After deductible, you pay 10%	N/A		
Urgent Care <small>(Freestanding clinic)</small>	\$20 copay	After deductible, you pay 50%			After deductible, copay: \$20	After deductible, you pay 50%		After deductible, you pay 10%	After deductible, you pay 30%	After deductible, you pay 50%	
Emergency Care <small>(Facility charges)</small>	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%		
Hospital Facility <small>Inpatient &amp; Outpatient</small>	You pay 10%	After deductible, you pay 50%			After deductible, you pay 20%	After deductible, you pay 50%		After deductible, you pay 10%	After deductible, you pay 30%	After deductible, you pay 50%	
Mental Health / Chemical Dependency	You pay 10%	You pay 10%	After deductible, you pay 50%		After deductible, you pay 20%	After deductible, you pay 50%		After deductible, you pay 10%		After deductible, you pay 50%	

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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) and FCHN or 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	
<b>Acupuncture</b>	You pay 10%		After deductible, you pay 50%		After deductible, you pay 20%		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*			
<b>Chiropractic Care</b> <small>(Manipulations are covered; maintenance not covered)</small>	You pay 10%		After deductible, you pay 50%		After deductible, you pay 20%		After deductible, you pay 50%		After deductible, you pay 10%		After deductible, you pay 50%	
	Maximum 16 spinal manipulations per plan year*				Maximum 16 spinal manipulations per plan year*				Maximum 16 spinal manipulations per plan year*			
<b>Massage Therapy</b>	You pay 10%		After deductible, you pay 50%		After deductible, you pay 20%		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*			
<b>Rehabilitation Outpatient Therapy</b>	You pay 10%	After deductible, you pay 50%			After deductible, you pay 20%		After deductible, you pay 50%		After deductible, you pay 10%	After deductible, you pay 30%	After deductible, you pay 50%	
	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			
<b>Weight Management</b> <small>non-surgical medical benefit (visits 13-20)</small>	\$35 copay	Not Covered			After deductible, \$35 copay		Not Covered		After deductible, \$35 copay	Not Covered		
<b>Weight Management</b> <small>Surgical benefit</small>	You pay 10%	Not Covered			Not Covered			After deductible, You pay 10%	Not Covered			

\*When alternative care providers (Acupuncture, Massage Therapy, Chiropractor) bill non-alternative 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 Pharmacy Plan Features:

Pharmacy Drugs are subject to tier and status changes throughout the year	MyConnected Care			Standard PPO			High Deductible PPO (an HSA eligible plan)		
	MultiCare Pharmacy (mail-order available)		Ventegra Retail Network <sup>2</sup>	MultiCare Pharmacy (mail-order available)		Ventegra Retail Network <sup>2</sup>	MultiCare Pharmacy (mail-order available)		Ventegra Retail Network <sup>2</sup>
	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
<b>Tier 0 Wellness Medications</b>	Per Wellness Drug List: When dispensed at MultiCare pharmacy, covered at 100% (\$0 copay)		Limited ACA list, \$0 copay	Per Wellness Drug List: When dispensed at MultiCare pharmacy, covered at 100% (\$0 copay)		Limited ACA list, \$0 copay	Per Wellness Drug List: When dispensed at MultiCare pharmacy, covered at 100% (\$0 copay) <sup>3</sup>		Limited ACA list, \$0 copay
<b>Tier 1 Generic Medications</b>	You pay 20%, minimum \$10 <sup>1</sup>	You pay 20%, minimum \$20 <sup>1</sup>	You pay 40%, minimum \$20 <sup>1</sup>	You pay 20%, minimum \$10 <sup>1</sup>	You pay 20%, minimum \$20 <sup>1</sup>	You pay 40%, minimum \$20 <sup>1</sup>	After deductible, you pay 20%, minimum \$10 <sup>1</sup>	After deductible, you pay 20%, minimum \$20 <sup>1</sup>	After deductible, you pay 40%, minimum \$20 <sup>1</sup>
<b>Tier 2 Preferred Brands &amp; High-Cost Generics</b>	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>	After deductible, you pay 10%		After deductible, you pay 30%,
<b>Tier 3 Non-Preferred Brands</b>	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>			
<b>Tier 4 Specialty Medications</b>	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
<b>Compound Drugs</b>	Compound drugs over \$400 require precertification			Compound drugs over \$400 require precertification			Compound drugs over \$400 require precertification		
<b>Annual Prescription Out-of-Pocket Maximum</b>	\$1,500 per person, \$3,000 family			\$1,500 per person, \$3,000 family			N/A - RX combined with medical services claims		

<sup>1</sup> For example, if your plan benefit is 20% 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

<sup>2</sup>Refill maintenance medications must be filled at a preferred pharmacy based on state of residence. Refer to the Maintenance Medication List at [www.fchn.com/multicare](http://www.fchn.com/multicare) under the Pharmacy section.

- For members residing in WA and ID refill of maintenance medications is required at MultiCare Health System pharmacies.

- For members residing outside of WA and ID refill of maintenance medications is required at Costco Mail Order Pharmacy.

<sup>3</sup> Benefit rules apply for specific drugs listed, see official PDL list. Under section 223(c)(2) of the Internal Code, HDHP members may not receive benefits outside the expanded preventive coverage until the deductible is satisfied. Neither MultiCare nor Ventegra can guarantee that all medications to which the internal code is applicable are identified on this list.

## Additional Notes about FCH medical plans:

- Medical Benefit and Provider Network Questions Contact:

### **First Choice Health**

Phone: (888) 889-1112

Email: [benefitguidance@fchn.com](mailto:benefitguidance@fchn.com)

Web: [www.fchn.com/multicare](http://www.fchn.com/multicare)

- **MyConnected Care Plan:** Provider Waivers are available to MyConnected Care plan members when services are not available within MultiCare or the MultiCare MyConnected Care Clinically Integrated Network (MCC CIN). This must be initiated proactively to the services by your MultiCare/MCC CIN provider. All Provider Waivers are reviewed by the MCC Medical Director for approval. Members will receive a determination letter for each Provider Waiver. Provider Waivers are not approved retrospectively.
- **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.
- **Balance Billing:** 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.
- **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.
- **Life Event and Regional Transfer Note:** A change in plan will result in a new deductible and out-of-pocket maximum, as applicable.



## Additional Notes about Ventegra Pharmacy:

- Pharmacy Benefit Questions Contact Info:

### **Ventegra**

Phone: (833) 393-0445

Web: [www.myventegra.com](http://www.myventegra.com)

- No coverage for out of network pharmacies
- Refer to the **Wellness Drug List** posted on [www.fchn.com/multicare](http://www.fchn.com/multicare).
- Refer to the **Ventegra Premium Formulary** posted on [www.fchn.com/multicare](http://www.fchn.com/multicare).
- Applicable to the MyConnected and Standard PPO Plans: 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 Costco Mail Order.
- When a generic formulary equivalent drug is available, you will be responsible for paying the difference in price between the brand name drug and the generic, plus the applicable coinsurance. This difference in price does not apply to the annual deductible and out-of-pocket maximum applicable to the plan in which you are enrolled. The difference will continue to apply even after you meet your annual out-of-pocket maximum.

**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.**