

2018 Medical Plan Comparison Key Highlights

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 three 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.



	MyConnected Care			Standard PPO			High Deductible PPO (HSA eligible)		
	tier 1 MultiCare Connected Care Network	tier 2 First Choice Health Network (FCHN) Out of Network		tier 1 MultiCare Connected Care Network	tier 2 First Choice Health Network (FCHN)	tier 3 Out of Network	tier 1 MultiCare Connected Care Network	tier 2 First Choice Health Network (FCHN)	tier 3 Out of Network
Provider Network									
Provider description	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN
Annual Deductible	Deductible applies to Emergency Care Only \$500 person \$1,000 family	\$1,500 person \$4,500 family		\$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.		
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
	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.		

	MyConnected Care			Standard PPO			High Deductible PPO (HSA eligible)		
Provider Network	tier 1	tier 2		tier 1	tier 2	tier 3	tier 1	tier 2	tier 3
	MultiCare Connected Care Network	First Choice Health Network (FCHN)	Out of Network	MultiCare Connected Care Network	First Choice Health Network (FCHN)	Out of Network	MultiCare Connected Care Network	First Choice Health Network (FCHN)	Out of Network
Provider description	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN
	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)	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 powered by Teladoc (video) MutiCare eVisit (online)	\$10 copay \$5 copay	N/A		\$10 copay \$5 copay	N/A		after deductible, \$10 copay \$5 copay	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%
RediClinic	\$20 copay	N/A		after deductible, copay: \$20	N/A		after deductible, you pay 10%	N/A	
Emergency Care (Facility charges & Professional fee)	after MCC Network deductible, \$200 copay (copay waived if admitted)			after MCC Network deductible, \$200 copay (copay waived if admitted)			after deductible, you pay 10%	after deductible, you pay 30%	

	MyConnected Care			Standard PPO			High Deductible PPO (HSA eligible)		
Provider Network	tier 1 MultiCare Connected Care Network	tier 2 First Choice Health Network (FCHN) Out of Network		tier 1 MultiCare Connected Care Network	tier 2 First Choice Health Network (FCHN) Out of Network	tier 3	tier 1 MultiCare Connected Care Network	tier 2 First Choice Health Network (FCHN) Out of Network	tier 3
Provider description	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN
	OTHER SERVICES			OTHER SERVICES			OTHER SERVICES		
Acupuncture	in MCC Network or FCHN covered at MCC Network 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		
Alcohol and Chemical Dependency precertification required for inpatient care	in MCC Network or FCHN covered at MCC Network level, you pay 10%		after deductible, you pay 50%	in MCC Network or FCHN after deductible, you pay 10%		after deductible, you pay 50%	in MCC Network or FCHN after deductible, you pay 10%		after deductible, you pay 50%
Chiropractic Care maintenance therapy not covered	in MCC Network or FCHN covered at MCC Network 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		
Durable Medical Equipment	in MCC Network or FCHN covered at MCC Network level, you pay 10%		you pay 50%	in MCC Network or FCHN after deductible, you pay 10%		after Network deductible, you pay 50%	in MCC Network or FCHN after deductible, you pay 10%		after deductible, you pay 50%
Massage Therapy	in MCC Network or FCHN covered at MCC Network 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		
Mental Health Inpatient/Outpatient pre-certification required	in MCC Network or FCHN covered at MCC Network level, you pay 10%		after deductible, you pay 50%	In MCC Network or FCHN after deductible, you pay 10%		after deductible, you pay 50%	in MCC Network or FCHN after deductible, you pay 10%		after deductible, you pay 50%
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%
Skilled Nursing Facility	in MCC Network or FCHN covered at MCC Network 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		

Provider Network	MyConnected Care			Standard PPO			High Deductible PPO (HSA eligible)		
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Provider description	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN	MCC Clinically Integrated Network	Preferred Providers in FCHN	any licensed provider not in FCHN
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	
Vision									
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 or by phone at (800) 226-5116. Services obtained from a First Health Provider/Facility will be covered at the First Choice Health Network 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 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: The highest level of benefits and lowest member out of pocket expense in the three plans is the tier 1, MultiCare Connected Care Clinically Integrated Network (MCC CIN).

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 the 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 (HSA eligible)		
Pharmacy	MultiCare Pharmacy		Navitus Retail Network*	MultiCare Pharmacy		Navitus Retail Network*	MultiCare Pharmacy		Navitus Retail Network*
MultiCare Select Formulary PBM is Navitus Health Solutions 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 Most low-cost high-value generics and select lower cost brands that provide high clinical value	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%
Tier 2 Formulary preferred brands & select generics that are less cost effective	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 & generics that provide least value due to high cost or low clinical value or both	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			
Limited List of mandatory Specialty drugs defined in formulary	limited to dispensing only from MHS; Specialty drugs limited to 34 day supply		not covered	limited to dispensing only from MHS; Specialty drugs limited to 34 day supply		not covered	limited to dispensing only from MHS; Specialty drugs 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		

* 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.

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.

To view the full formulary, access Navitus using the secure member portal, Navi-Gate for Members: <https://members.navitus.com/en-US/Logon/Logon.aspx>