

## 2019 Medical Plans 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<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN)                  | Tier 2                             |   | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN) | Tier 2                             | Tier 3                                  | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(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                          |
| Annual Deductible                                     | Deductible applies to<br>Emergency Care Only<br>\$500 person<br>\$1,000 family | Preferred Providers<br>in FCHN     | any licensed<br>provider<br>not in FCHN | MCC Clinically Integrated Network (MCC CIN)                   | Preferred Providers<br>in FCHN     | any licensed<br>provider<br>not in FCHN | MCC Clinically Integrated Network (MCC CIN)  | Preferred Providers<br>in FCHN       | any licensed<br>provider<br>not in FCHN |
| Annual Out of Pocket<br>Maximum<br>(Medical services) | \$3,100 person<br>\$6,200 family   | \$1,500 person<br>\$4,500 family   |   | \$600 person<br>\$1,800 family                                | \$1,500 person<br>\$3,000 family   |   | \$1,500 Self Only<br>\$3,000 Family<br><b>Medical and Prescription claims combined<br/>Prior to benefits being paid for any family member,<br/>the entire family deductible must be met.</b> |                                      |   |
|   | A separate Prescription annual out of pocket applies                           | \$6,500 person<br>\$19,500 family  |   | \$3,200 person<br>\$8,300 family                              | \$4,850 person<br>\$12,500 family  |   | \$3,500 Self Only<br>\$6,850 Family  | \$6,500 Self Only<br>\$13,000 Family |   |
|   | A separate Prescription annual out of pocket applies                           |                                    |   | A separate Prescription annual out of pocket applies          |                                    |   | <b>Medical and Prescription claims combined<br/>Prior to benefits being paid at 100% for any family member,<br/>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<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN)       | Tier 2<br>First Choice<br>Health Network<br>(FCHN)<br><br>Out of<br>Network |                                   | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN)       | Tier 2<br>First Choice<br>Health Network<br>(FCHN)                 | Tier 3<br>Out of<br>Network       | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN) | Tier 2<br>First Choice<br>Health Network<br>(FCHN) | Tier 3<br>Out of<br>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 |
|   | 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:<br>\$20- primary care<br>\$35- specialist                    | after deductible, you pay 50%   |                                   | after deductible, copay:<br>\$20- primary care<br>\$35- specialist  | after deductible, copay:<br>\$25- primary care<br>\$40- specialist | after deductible, you pay 50%     | after deductible, you pay 10%                                 | after deductible, you pay 30%                      | after deductible, you pay 50%     |
| Hospital Facility<br>Inpatient & Outpatient<br>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<br>powered by Teladoc (video)<br>MultiCare eVisit (online) | \$10 copay<br>\$5 copay   | N/A   |                                   | \$10 copay<br>\$5 copay   | N/A  |                                   | after deductible,<br>\$10 copay<br>\$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%     |
| Emergency Care<br>(Facility charges & Professional fee)                           | after MCC CIN deductible, \$200 copay<br>(copay waived if admitted) |   |                                   | after MCC CIN deductible, \$200 copay<br>(copay waived if admitted) |  |                                   | after deductible, you pay 10%                                 | after deductible, you pay 30%                      |                                   |

| Provider Network  | MyConnected Care  |   |                                   | Standard PPO  |  |                                       | High Deductible PPO (an HSA eligible plan)                    |  |                                   |
|---|---|---|-----------------------------------|---|--|---------------------------------------|---|--|-----------------------------------|
|   | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN) | Tier 2<br>First Choice<br>Health Network<br>(FCHN)<br><br>Out of<br>Network |                                   | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN) | Tier 2<br>First Choice<br>Health Network<br>(FCHN) | Tier 3<br>Out of<br>Network           | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN) | Tier 2<br>First Choice<br>Health Network<br>(FCHN) | Tier 3<br>Out of<br>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 |
|   | OTHER SERVICES  |   |                                   | OTHER SERVICES  |  |                                       | OTHER SERVICES  |  |                                   |
| 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                               |  |                                   |
| Alcohol and Chemical Dependency<br>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%     |
| Chiropractic Care<br>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                 |  |                                   |
| 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%     |
| 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                               |  |                                   |
| Mental Health<br>Inpatient/Outpatient<br>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%     |
| Rehabilitation Outpatient Therapy<br>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 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                              |  |                                   |

| Provider Network  | MyConnected Care   |  |                   | Standard PPO   |  |                   | High Deductible PPO (an HSA eligible plan)                         |  |                   |
|---|--|--|-------------------|--|--|-------------------|--|--|-------------------|
|   | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN)      | Tier 2                                   |                   | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN)      | Tier 2                                   | Tier 3            | Tier 1<br>MultiCare<br>Connected Care<br>Network<br>(MCC CIN)      | Tier 2                                   | Tier 3            |
| Provider description  | MCC Clinically<br>Integrated Network<br>(MCC CIN)                  | First Choice<br>Health Network<br>(FCHN) | Out of<br>Network | MCC Clinically<br>Integrated Network<br>(MCC CIN)                  | First Choice<br>Health Network<br>(FCHN) | Out of<br>Network | MCC Clinically<br>Integrated Network<br>(MCC CIN)                  | First Choice<br>Health Network<br>(FCHN) | Out of<br>Network |
| Weight Management<br>non-surgical medical benefit   | \$35 copay   | Not Covered                              |                   | Not Covered  |  |                   | After deductible,<br>\$35 copay                                    | Not Covered                              |                   |
| Weight Management<br>surgical benefit   | you pay 10%  | Not Covered                              |                   | Not Covered  |  |                   | After deductible,<br>you pay 10%                                   | Not Covered                              |                   |
| <b>Vision</b>   |  |  |                   |  |  |                   |  |  |                   |
| Vision Exam - Routine eye exam<br>not subject to deductible,<br>one per year  | you pay \$0  |  |                   | you pay \$0  |  |                   | you pay \$0  |  |                   |
| Adult Vision Hardware<br>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<br>(up to 19 yrs)<br>Limited to 1 pair of lenses & frames,<br>or 12 month supply of contact lenses<br>not subject to deductible | Plan pays 80% up to \$225 per plan year,<br>then 60% per plan year |  |                   | Plan pays 80% up to \$225 per plan year,<br>then 60% per plan year |  |                   | Plan Pays 80% up to \$225 per plan year,<br>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><br><i>WellDyneRx Clinical Focus Formulary</i><br>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<br>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<br>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<br>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.