

# Highlights of your Health Care Coverage

City of Kent

Group Number: 1018212

Effective Date: 01/01/2019

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN	HSA MEDICAL	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
<b>MEDICAL COST SHARE OPTIONS</b>		
<b>Individual Deductible PCY</b> (Family aggregate deductible 2x Individual)	\$2,000 Individual \$4,000 Family Aggregate	Shared with In Network Deductible
<b>Coinsurance (Member's percentage of costs after deductible based on allowable charges)</b>	0%	0%
<b>Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable</b> (Family aggregate OOP max 2x Individual)	\$2,000 Individual \$4,000 Family Aggregate	Shared with In Network Out of Pocket Maximum
<b>Office Visit Cost Share</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION</b>		
<b>Preventive Office Visit</b> (Unlimited)	Covered in Full	Covered in Full
<b>Immunizations</b> (Unlimited)	Covered in Full	Covered in Full
<b>Health Education (HE)</b> (Unlimited)	Covered in Full	Covered in Full
<b>Nicotine Dependency Programs (ND)</b> (Unlimited)	Covered in Full	Covered in Full
<b>Diabetes Health Education (DE)</b> (Unlimited)	Covered in Full	Covered in Full
<b>PROFESSIONAL CARE</b>		
<b>Professional Office Visit</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum

<b>MEDICAL PLAN</b>		
	<b>HSA MEDICAL</b>	
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient Professional Services</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Contraceptive Management Services (Unlimited)</b>	Covered In Full	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>DIAGNOSTIC SERVICE OPTIONS</b>		
<b>Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA</b>	Covered in Full	Covered in Full
<b>Other Professional Diagnostic Imaging</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Professional Diagnostic Major Imaging</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Other Professional Diagnostic Laboratory/Pathology</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Diagnostic Mammography</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>FACILITY CARE OPTIONS</b>		
<b>Inpatient Facility</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Outpatient Surgery Facility</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Skilled Nursing Facility (60 days PCY; includes room and board, and facility billed professional and ancillary fees)</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum

MEDICAL PLAN	HSA MEDICAL	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
<b>Hospice Inpatient Facility</b> (10 days Inpatient; within the 6 month lifetime maximum)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>EMERGENCY CARE AND TRANSPORTATION OPTION</b>		
<b>Emergency Care</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Emergency Room Physician</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Urgent Care Center</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Ambulance Transportation</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Air Ambulance</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>OTHER SERVICES</b>		
<b>Allergy/Therapeutic Injections</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Mental Health Inpatient Facility Care</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Mental Health Outpatient Professional Care</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum

MEDICAL PLAN	HSA MEDICAL	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Rehab Inpatient Facility</b> (30 days PCY)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy, and Chronic Pain</b> (45 visits PCY; Massage: 15 visits PCY)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Rehab Outpatient Care Chronic Conditions, Including Cardiac, Pulmonary Rehab, and Cancer</b>	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Medical Supplies, Equipment, Prosthetics</b> (Unlimited)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Foot Orthotics, Orthopedic Shoes and Accessories</b> (Unlimited, covered for diabetes only.)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Home Health Visits</b> (130 visits PCY)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Hospice Care</b> (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>TMJ (Temporomandibular Joint Disorders)</b> (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	Covered as any other service
<b>Transplants</b> (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered
<b>Drug List</b>	Open A1	Open A1
<b>Prescription Drugs - Retail</b> (Specific preventive drugs and legend Retail: 90 day supply/Mail: 90 day supply/Specialty: 30 day supply)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Prescription Drugs - Mail</b> (Specific preventive drugs and legend Retail: 90 day supply/Mail: 90 day supply/Specialty: 30 day supply)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	Not Covered

MEDICAL PLAN	HSA MEDICAL	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
<b>Specialty Pharmacy</b> (Mandatory - Exclusive)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	Not covered
<b>ALTERNATIVE CARE</b>		
<b>Manipulations (Spinal and other)</b> (20 Visits PCY)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>Acupuncture</b> (10 Visits PCY)	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family Aggregate Deductible, then 0% Coinsurance, applies to \$2,000 Individual/\$4,000 Family Aggregate Out of Pocket Maximum
<b>ANNUAL PLAN MAXIMUM</b>		
<b>Annual Plan Maximum</b>	Unlimited	Unlimited

\*This plan is self-funded by City of Kent, which means that this group is financially responsible for the payment of plan benefits. The group has contracted with Premera Blue Cross, an independent Licensee of the Blue Cross Blue Shield Association, to perform administrative duties, including the processing of claims, under the plan. Premera Blue Cross does not insure the benefits of this plan.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue cross. Members are responsible for amounts in excess of the allowable charge.

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.*

