

## SMALL GROUP | WASHINGTON

## 2023 Cost Share Changes and Plan Mapping

Compare the benefits between your 2022 plan and the most similar 2023 plan

	Current 2022 Plan	2023 Plan
Core Network	Bronze HSA	Bronze HSA
Deductible	\$6,000 individual/\$12,000 family	\$6,000 individual/\$12,000 family
Member coinsurance	40%	40%
Out-of-pocket maximum	\$6,950 individual/\$13,900 family	\$6,950 individual/\$13,900 family
Office visit	40% after deductible	40% after deductible
Urgent care	40% after deductible	40% after deductible
Retail prescription drugs <sup>1</sup>	50%/50%/50%/50% all after deductible	50%/50%/50%/50% all after deductible
Lab and basic X-ray	40% after deductible	40% after deductible
Core Network	Silver HSA	Silver HSA
Deductible	\$3,500 individual/\$7,000 family	\$3,500 individual/\$7,000 family
Member coinsurance	20%	20%
Out-of-pocket maximum	\$6,900 individual/\$13,800 family	\$6,900 individual/\$13,800 family
Office visit	20% after deductible	20% after deductible
Urgent care	20% after deductible	20% after deductible
Retail prescription drugs <sup>1</sup>	20%/30%/50%/50% all after deductible	20%/30%/50%/50% all after deductible
Lab and basic X-ray	20% after deductible	20% after deductible

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<sup>1</sup> Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty. One maintenance drug fill allowed at any in-network pharmacy. Subsequent maintenance fills must be filled via mail order or at a Kaiser Permanente pharmacy.

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	Current 2022 Plan	2023 Plan
Core Network	Silver	Silver
Deductible	\$1,800 individual/\$3,600 family	\$1,800 individual/\$3,600 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,400 individual/\$16,800 family	\$8,400 individual/\$16,800 family
Office visit	Primary: \$30 after deductible Specialty: \$60 after deductible	Primary: \$30 after deductible Specialty: \$60 after deductible
Urgent care	\$60	\$60
Retail prescription drugs <sup>1</sup>	\$30/\$60/50% <sup>2</sup> /50% <sup>2</sup>	\$30/\$60/50% <sup>2</sup> /50% <sup>2</sup>
Lab and basic X-ray	30% after deductible	30% after deductible
Core Network	Core VisitsPlus Silver LX	Core VisitsPlus Silver LX
Deductible	\$2,900 individual/\$5,800 family	\$2,900 individual/\$5,800 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,150 individual/\$16,300 family	\$8,900 individual/\$17,800 family
Office visit	Primary: \$30/Specialty: \$60	Primary: \$35/Specialty: \$65
Urgent care	\$60	\$65
Retail prescription drugs <sup>1</sup>	\$25/\$60/50% <sup>2</sup> /50% <sup>2</sup>	\$35/\$65/50% <sup>2</sup> /50% <sup>2</sup>
Lab and basic X-ray	\$50	\$55
Core Network	Core VisitsPlus Silver LX - EO	Core VisitsPlus Silver LX - EO
Deductible	\$2,900 individual/\$5,800 family	\$2,900 individual/\$5,800 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,150 Individual/\$16,300 family	\$8,900 Individual/\$17,800 family
Office visit	Primary: \$30/Specialty: \$60	Primary: \$35/Specialty: \$65
Urgent care	\$60	\$65
Retail prescription drugs <sup>1</sup>	\$25/\$60/50% <sup>2</sup> /50% <sup>2</sup>	\$35/\$65/50% <sup>2</sup> /50% <sup>2</sup>
Lab and basic X-ray	\$50	\$55

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<sup>2</sup> Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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## SMALL GROUP | WASHINGTON

## 2023 Cost Share Changes and Plan Mapping

Compare the benefits between your 2022 plan and the most similar 2023 plan

	Current 2022 Plan	2023 Plan
Core Network	Core VisitsPlus Gold HD LX	Core VisitsPlus Gold HD LX
Deductible	\$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Office visit	Primary: \$30/Specialty: \$60	Primary: \$25/Specialty: \$60
Urgent care	\$60	\$60
Retail prescription drugs <sup>1</sup>	\$20/\$45/40% <sup>2</sup> /40% <sup>2</sup>	\$20/\$45/40% <sup>2</sup> /40% <sup>2</sup>
Lab and basic X-ray	\$20	\$20
Core Network	Core VisitsPlus Gold LX	Core VisitsPlus Gold LX
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Office visit	Primary: \$15/Specialty: \$35	Primary: \$15/Specialty: \$35
Urgent care	\$35	\$35
Retail prescription drugs <sup>1</sup>	\$15/\$45/40% <sup>2</sup> /40% <sup>2</sup>	\$15/\$45/40% <sup>2</sup> /40% <sup>2</sup>
Lab and basic X-ray	\$20	\$25
Core Network	Core VisitsPlus Gold LX - EO	Core VisitsPlus Gold LX - EO
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Office visit	Primary: \$15/Specialty: \$35	Primary: \$15/Specialty: \$35
Urgent care	\$35	\$35
Retail prescription drugs <sup>1</sup>	\$15/\$45/40% <sup>2</sup> /40% <sup>2</sup>	\$15/\$45/40% <sup>2</sup> /40% <sup>2</sup>
Lab and basic X-ray	\$20	\$25
Core Network	Core VisitsPlus Platinum LX	Core VisitsPlus Platinum LX
Deductible	\$250 individual/\$500 family	\$250 individual/\$500 family
Member coinsurance	10%	10%
Out-of-pocket maximum	\$2,500 individual/\$5,000 family	\$2,500 individual/\$5,000 family
Office visit	Primary: \$5/Specialty: \$20	Primary: \$5/Specialty: \$20
Urgent care	\$20	\$20
Retail prescription drugs <sup>1</sup>	\$5/\$15/40% <sup>2</sup> /40% <sup>2</sup>	\$5/\$20/40% <sup>2</sup> /40% <sup>2</sup>
Lab and basic X-ray	\$5	\$10

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	Current 2022 Plan	2023 Plan
Connect Network	Virtual Plus Silver	Virtual Plus Silver
Deductible	\$3,000 individual/\$6,000 family	\$3,000 individual/\$6,000 family
Member coinsurance	30%	35%
Out-of-pocket maximum	\$8,100 individual/\$16,200 family	\$8,900 individual/\$17,800 family
Office visit	Virtual: No charge In person with referral: Primary \$20/Specialty \$40 In person without referral: 30% after deductible	Virtual: No charge In person with referral: Primary \$25/Specialty \$50 In person without referral: 35% after deductible
Urgent care	In-network: Primary \$20/Specialty \$40 Out-of-network: 30% after deductible	Virtual: N/A In-network: \$50 Urgent care outside KPWA: 35% after deductible
Retail prescription drugs <sup>1</sup>	Tier 1 Preferred generic: \$25 for a 30-day supply Tier 2 Preferred brand: \$60 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply	Tier 1 Preferred generic: \$30 for a 30-day supply Tier 2 Preferred brand: \$70 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply
Lab and basic X-ray	30% after deductible	35% after deductible
Connect Network	Virtual Plus Gold	Virtual Plus Gold
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	20%	20%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$8,200 individual/\$16,400 family
Office visit	Virtual: No charge In person with referral: Primary \$15/Specialty \$30 In person without referral: 20% after deductible	Virtual: No charge In person with referral: Primary \$15/Specialty \$30 In person without referral: 20% after deductible
Urgent care	In-network: Primary \$15/Specialty \$30 Out-of-network: 20% after deductible	Virtual: N/A In-network: \$30 Urgent care outside KPWA: 20% after deductible
Retail prescription drugs <sup>1</sup>	Tier 1 Preferred generic: \$20 for a 30-day supply Tier 2 Preferred brand: \$50 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply	Tier 1 Preferred generic: \$25 for a 30-day supply Tier 2 Preferred brand: \$50 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply
Lab and basic X-ray	20% after deductible	20% after deductible

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## 2023 Cost Share Changes and Plan Mapping

Compare the benefits between your 2022 plan and the most similar 2023 plan

	Current 2022 Plan	2023 Plan
Access PPO Network	Access PPO Bronze HSA	Access PPO Bronze HSA
Deductible	<b>In-network:</b> \$6,000 individual/\$12,000 family <b>Out-of-network:</b> \$12,000 individual/\$24,000 family	<b>In-network:</b> \$6,000 individual/\$12,000 family <b>Out-of-network:</b> \$12,000 individual/\$24,000 family
Member coinsurance	<b>In-network:</b> 40% <b>Out-of-network:</b> 50%	<b>In-network:</b> 40% <b>Out-of-network:</b> 50%
Out-of-pocket maximum	<b>In-network:</b> \$6,950 individual/\$13,900 family <b>Out-of-network:</b> No limit	<b>In-network:</b> \$6,950 individual/\$13,900 family <b>Out-of-network:</b> No limit
Office visit	<b>In-network – Enhanced:</b> 30% after deductible <b>In-network – Standard:</b> 40% after deductible <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> 30% after deductible <b>In-network – Standard:</b> 40% after deductible <b>Out-of-network:</b> 50% after deductible
Urgent care	<b>In-network – Enhanced:</b> 30% after deductible <b>In-network – Standard:</b> 40% after deductible <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> 30% after deductible <b>In-network – Standard:</b> 40% after deductible <b>Out-of-network:</b> 50% after deductible
Retail prescription drugs <sup>1</sup>	<b>In-network – Enhanced:</b> 45%/45%/45%/50% all after deductible <b>In-network – Standard:</b> 50%/50%/50%/50% all after deductible <b>Out-of-network:</b> Not covered	<b>In-network – Enhanced:</b> 45%/45%/45%/50% all after deductible <b>In-network – Standard:</b> 50%/50%/50%/50% all after deductible <b>Out-of-network:</b> Not covered
Lab and basic X-ray	40%/40%/50%	40%/40%/50%
Access PPO Network	Access PPO Silver HSA	Access PPO Silver HSA
Deductible	<b>In-network:</b> \$3,500 individual/\$7,000 family <b>Out-of-network:</b> \$7,000 individual/\$14,000 family	<b>In-network:</b> \$3,500 individual/\$7,000 family <b>Out-of-network:</b> \$7,000 individual/\$14,000 family
Member coinsurance	<b>In-network:</b> 30% <b>Out-of-network:</b> 50%	<b>In-network:</b> 30% <b>Out-of-network:</b> 50%
Out-of-pocket maximum	<b>In-network:</b> \$6,900 individual/\$13,800 family <b>Out-of-network:</b> No limit	<b>In-network:</b> \$6,900 individual/\$13,800 family <b>Out-of-network:</b> No limit
Office visit	<b>In-network – Enhanced:</b> 20% after deductible <b>In-network – Standard:</b> 30% after deductible <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> 20% after deductible <b>In-network – Standard:</b> 30% after deductible <b>Out-of-network:</b> 50% after deductible
Urgent care	<b>In-network – Enhanced:</b> 20% after deductible <b>In-network – Standard:</b> 30% after deductible <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> 20% after deductible <b>In-network – Standard:</b> 30% after deductible <b>Out-of-network:</b> 50% after deductible
Retail prescription drugs <sup>1</sup>	<b>In-network – Enhanced:</b> 15%/25%/45%/50% all after deductible <b>In-network – Standard:</b> 20%/30%/50%/50% all after deductible <b>Out-of-network:</b> Not covered	<b>In-network – Enhanced:</b> 15%/25%/45%/50% all after deductible <b>In-network – Standard:</b> 20%/30%/50%/50% all after deductible <b>Out-of-network:</b> Not covered
Lab and basic X-ray	30%/30%/50%	30%/30%/50%

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Compare the benefits between your 2022 plan and the most similar 2023 plan

	Current 2022 Plan	2023 Plan
Access PPO Network	Access PPO VisitsPlus Silver HD	Access PPO VisitsPlus Silver HD
Deductible	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family
Member coinsurance	In-network: 40%/Out-of-network: 50%	In-network: 40%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,450 individual/\$16,900 family Out-of-network: No limit	In-network: \$8,450 individual/\$16,900 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$30 primary/\$55 specialty In-network – Standard: \$40 primary/\$65 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$30 primary/\$55 specialty In-network – Standard: \$40 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$55 In-network – Standard: \$65 Out-of-network: 50% after deductible	In-network – Enhanced: \$55 In-network – Standard: \$65 Out-of-network: 50% after deductible
Retail prescription drugs <sup>1</sup>	In-network – Enhanced: \$25/\$60/45% <sup>2</sup> /50% <sup>2</sup> In-network – Standard: \$35/\$70/50% <sup>2</sup> /50% <sup>2</sup> Out-of-network: Not covered	In-network – Enhanced: \$25/\$60/45% <sup>2</sup> /50% <sup>2</sup> In-network – Standard: \$35/\$70/50% <sup>2</sup> /50% <sup>2</sup> Out-of-network: Not covered
Lab and basic X-ray	In-network – Enhanced: 30% after deductible In-network – Standard: 40% after deductible Out-of-network: 50% after deductible	In-network – Enhanced: 30% after deductible In-network – Standard: 40% after deductible Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Silver LD LX	Access PPO VisitsPlus Silver LD LX
Deductible	In-network: \$2,200 individual/\$4,400 family Out-of-network: \$4,400 individual/\$8,800 family	In-network: \$2,600 individual/\$5,200 family Out-of-network: \$5,200 individual/\$10,400 family
Member coinsurance	In-network: 30%/Out-of-network: 50%	In-network: 35%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,200 individual/\$16,400 family Out-of-network: No limit	In-network: \$8,900 individual/\$17,800 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$25 primary/\$55 specialty In-network – Standard: \$35 primary/\$65 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$30 primary/\$55 specialty In-network – Standard: \$45 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$55 specialty In-network – Standard: \$65 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$55 In-network – Standard: \$65 Out-of-network: 50% after deductible
Retail prescription drugs <sup>1</sup>	In-network – Enhanced: \$25/\$60/45% <sup>2</sup> /50% <sup>2</sup> In-network – Standard: \$35/\$70/50% <sup>2</sup> /50% <sup>2</sup> Out-of-network: Not covered	In-network – Enhanced: \$25/\$60/45% <sup>2</sup> /50% <sup>2</sup> In-network – Standard: \$40/\$75/50% <sup>2</sup> /50% <sup>2</sup> Out-of-network: Not covered
Lab and basic X-ray	In-network – Enhanced: \$40 In-network – Standard: \$55 Out-of-network: 50% after deductible	In-network – Enhanced: \$40 In-network – Standard: \$55 Out-of-network: 50% after deductible

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Compare the benefits between your 2022 plan and the most similar 2023 plan

	Current 2022 Plan	2023 Plan
Access PPO Network	Access PPO VisitsPlus Silver LX	Access PPO VisitsPlus Silver LX
Deductible	<b>In-network:</b> \$2,900 individual/\$5,800 family <b>Out-of-network:</b> \$5,800 individual/\$11,600 family	<b>In-network:</b> \$3,000 individual/\$6,000 family <b>Out-of-network:</b> \$6,000 individual/\$12,000 family
Member coinsurance	<b>In-network:</b> 30%/Out-of-network: 50%	<b>In-network:</b> 35%/Out-of-network: 50%
Out-of-pocket maximum	<b>In-network:</b> \$8,150 individual/\$16,300 family <b>Out-of-network:</b> No limit	<b>In-network:</b> \$8,900 individual/\$17,800 family <b>Out-of-network:</b> No limit
Office visit	<b>In-network – Enhanced:</b> \$25 primary/\$45 specialty <b>In-network – Standard:</b> \$35 primary/\$55 specialty <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> \$25 primary/\$45 specialty <b>In-network – Standard:</b> \$45 primary/\$65 specialty <b>Out-of-network:</b> 50% after deductible
Urgent care	<b>In-network – Enhanced:</b> \$45 <b>In-network – Standard:</b> \$55 <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> \$45 <b>In-network – Standard:</b> \$65 <b>Out-of-network:</b> 50% after deductible
Retail prescription drugs <sup>1</sup>	<b>In-network – Enhanced:</b> \$20/\$55/45% <sup>2</sup> /50% <sup>2</sup> <b>In-network – Standard:</b> \$30/\$65/50% <sup>2</sup> /50% <sup>2</sup> <b>Out-of-network:</b> Not covered	<b>In-network – Enhanced:</b> \$25/\$55/45% <sup>2</sup> /50% <sup>2</sup> <b>In-network – Standard:</b> \$40/\$75/50% <sup>2</sup> /50% <sup>2</sup> <b>Out-of-network:</b> Not covered
Lab and basic X-ray	<b>In-network:</b> Enhanced \$35, Standard \$45 <b>Out-of-network:</b> 50% after deductible	<b>In-network:</b> Enhanced \$35, Standard \$50 <b>Out-of-network:</b> 50% after deductible
Access PPO Network	Access PPO VisitsPlus Silver LX-EO	Access PPO VisitsPlus Silver LX-EO
Deductible	<b>In-network:</b> \$2,900 individual/\$5,800 family <b>Out-of-network:</b> \$5,800 individual/\$11,600 family	<b>In-network:</b> \$3,000 individual/\$6,000 family <b>Out-of-network:</b> \$6,000 individual/\$12,000 family
Member coinsurance	<b>In-network:</b> 30%/Out-of-network: 50%	<b>In-network:</b> 35%/Out-of-network: 50%
Out-of-pocket maximum	<b>In-network:</b> \$8,150 individual/\$16,300 family <b>Out-of-network:</b> No limit	<b>In-network:</b> \$8,900 individual/\$17,800 family <b>Out-of-network:</b> No limit
Office visit	<b>In-network – Enhanced:</b> \$25 primary/\$45 specialty <b>In-network – Standard:</b> \$35 primary/\$55 specialty <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> \$25 primary/\$45 specialty <b>In-network – Standard:</b> \$45 primary/\$65 specialty <b>Out-of-network:</b> 50% after deductible
Urgent care	<b>In-network – Enhanced:</b> \$45 <b>In-network – Standard:</b> \$55 <b>Out-of-network:</b> 50% after deductible	<b>In-network – Enhanced:</b> \$45 <b>In-network – Standard:</b> \$65 <b>Out-of-network:</b> 50% after deductible
Retail prescription drugs <sup>1</sup>	<b>In-network – Enhanced:</b> \$20/\$55/45% <sup>2</sup> /50% <sup>2</sup> <b>In-network – Standard:</b> \$30/\$65/50% <sup>2</sup> /50% <sup>2</sup> <b>Out-of-network:</b> Not covered	<b>In-network – Enhanced:</b> \$25/\$55/45% <sup>2</sup> /50% <sup>2</sup> <b>In-network – Standard:</b> \$40/\$75/50% <sup>2</sup> /50% <sup>2</sup> <b>Out-of-network:</b> Not covered
Lab and basic X-ray	<b>In-network:</b> Enhanced \$35, Standard \$45 <b>Out-of-network:</b> 50% after deductible	<b>In-network:</b> Enhanced \$35, Standard \$50 <b>Out-of-network:</b> 50% after deductible

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	Current 2022 Plan	2023 Plan
Access PPO Network	Access PPO VisitsPlus Gold LX	Access PPO VisitsPlus Gold LX
Deductible	In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family	In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family
Member coinsurance	In-network: 20%/Out-of-network: 50%	In-network: 20%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$6,500 individual/\$13,000 family Out-of-network: No limit	In-network: \$6,500 individual/\$13,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$10 primary/\$30 specialty In-network – Standard: \$30 primary/\$50 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$10 primary/\$30 specialty In-network – Standard: \$30 primary/\$50 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$30 In-network – Standard: \$50 Out-of-network: 50% after deductible	In-network – Enhanced: \$30 In-network – Standard: \$50 Out-of-network: 50% after deductible
Retail prescription drugs <sup>1</sup>	In-network – Enhanced: \$15/\$45/35% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$20/\$50/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered	In-network – Enhanced: \$15/\$45/35% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$25/\$50/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$20, Standard \$40 Out-of-network: 50% after deductible	In-network: Enhanced \$20, Standard \$40 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Gold HD LX	Access PPO VisitsPlus Gold HD LX
Deductible	In-network: \$1,900 individual/\$3,800 family Out-of-network: \$3,800 individual/\$7,600 family	In-network: \$1,500 individual/\$3,000 family Out-of-network: \$3,000 individual/\$6,000 family
Member coinsurance	In-network: 25%/Out-of-network: 50%	In-network: 20%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,150 individual/\$16,300 family Out-of-network: No limit	In-network: \$8,000 individual/\$16,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$20 primary/\$40 specialty In-network – Standard: \$35 primary/\$55 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$20 primary/\$40 specialty In-network – Standard: \$35 primary/\$55 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$40 In-network – Standard: \$55 Out-of-network: 50% after deductible	In-network – Enhanced: \$40 In-network – Standard: \$55 Out-of-network: 50% after deductible
Retail prescription drugs <sup>1</sup>	In-network – Enhanced: \$15/\$45/35% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$20/\$50/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered	In-network – Enhanced: \$15/\$25/30% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$20/\$50/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$20, Standard \$40 Out-of-network: 50% after deductible	In-network: Enhanced \$20, Standard \$40 Out-of-network: 50% after deductible

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<sup>1</sup> Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

<sup>2</sup> Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.



## SMALL GROUP | WASHINGTON

## 2023 Cost Share Changes and Plan Mapping

Compare the benefits between your 2022 plan and the most similar 2023 plan

	Current 2022 Plan	2023 Plan
Access PPO Network	Access PPO VisitsPlus Platinum HD LX	Access PPO VisitsPlus Platinum HD LX
Deductible	In-network: \$400 individual/\$800 family Out-of-network: \$800 individual/\$1,600 family	In-network: \$400 individual/\$800 family Out-of-network: \$800 individual/\$1,600 family
Member coinsurance	In-network: 20%/Out-of-network: 50%	In-network: 20%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$4,000 individual/\$8,000 family Out-of-network: No limit	In-network: \$3,000 individual/\$6,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$5 primary/\$20 specialty In-network – Standard: \$20 primary/\$35 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$5 primary/\$10 specialty In-network – Standard: \$15 primary/\$25 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$20 In-network – Standard: \$35 Out-of-network: 50% after deductible	In-network – Enhanced: \$10 In-network – Standard: \$25 Out-of-network: 50% after deductible
Retail prescription drugs <sup>1</sup>	In-network – Enhanced: \$5/\$15/35% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$10/\$20/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered	In-network – Enhanced: \$5/\$10/30% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$10/\$20/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$5, Standard \$20 Out-of-network: 50% after deductible	In-network: Enhanced \$5, Standard \$20 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Platinum LX	Access PPO VisitsPlus Platinum LX
Deductible	In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family	In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family
Member coinsurance	In-network: 10%/Out-of-network: 50%	In-network: 10%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit	In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$5 primary/\$20 specialty In-network – Standard: \$20 primary/\$35 specialty Out-of-network: 50% after deductible	In-network – Enhanced: \$5 primary/\$20 specialty In-network – Standard: \$20 primary/\$35 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$20 In-network – Standard: \$35 Out-of-network: 50% after deductible	In-network – Enhanced: \$20 In-network – Standard: \$35 Out-of-network: 50% after deductible
Retail prescription drugs <sup>1</sup>	In-network – Enhanced: \$5/\$15/35% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$10/\$20/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35% <sup>2</sup> /40% <sup>2</sup> In-network – Standard: \$10/\$20/40% <sup>2</sup> /40% <sup>2</sup> Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$5, Standard \$20 Out-of-network: 50% after deductible	In-network: Enhanced \$5, Standard \$20 Out-of-network: 50% after deductible

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