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2022 Cost Share Changes and Plan Mapping

Compare the benefits between your 2021 plan and the most similar 2022 plan

	Current 2021 Plan	2022 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 ¹	50%/50%/50%/50% all after deductible	50%/50%/50%/50% all 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 ¹	20%/30%/50%/50% all after deductible	20%/30%/50%/50% all after deductible

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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	Primary: \$30 after deductible Specialty: \$60 after deductible	\$60
Retail prescription drugs ¹	\$30/\$60/50%/50% ²	\$30/\$60/50%/50% ²
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	\$8,150 individual/\$16,300 family
Office visit	Primary: \$30 / Specialty: \$60	Primary: \$30 / Specialty: \$60
Urgent care	Primary: \$30 / Specialty: \$60	\$60
Retail prescription drugs ¹	\$25/\$60/50%/50% ²	\$25/\$60/50%/50% ²
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	\$8,150 Individual / \$16,300 family
Office visit	Primary: \$30 / Specialty: \$60	Primary: \$30 / Specialty: \$60
Urgent care	Primary: \$30 / Specialty: \$60	\$60
Retail prescription drugs ¹	\$25/\$60/50%/50% ²	\$25/\$60/50%/50% ²
Lab and basic X-ray	\$50	\$50

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² Tiers 3 and 4 prescription drug cost shares are subject to plan deductible.

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	Current 2021 Plan	2022 Plan
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	Primary: \$15 / Specialty: \$35	\$35
Retail prescription drugs ¹	\$15/\$45/40% ² /40% ²	\$15/\$45/40% ² /40% ²
Lab and basic X-ray	\$20	\$20
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: \$30 / Specialty: \$60
Urgent care	Primary: \$30 / Specialty: \$60	\$60
Retail prescription drugs ¹	\$20/\$45/40% ² /40% ²	\$20/\$45/40% ² /40% ²
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	Primary: \$15 / Specialty: \$35	\$35
Retail prescription drugs ¹	\$15/\$45/40% ² /40% ²	\$15/\$45/40% ² /40% ²
Lab and basic X-ray	\$20	\$20
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	Primary: \$5 / Specialty: \$20	\$20
Retail prescription drugs ¹	\$5/\$15/40% ² /40% ²	\$5/\$15/40% ² /40% ²
Lab and basic X-ray	\$5	\$5

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	Current 2021 Plan	2022 Plan
Connect Network	Virtual Plus Silver	Virtual Plus Silver
Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,100/\$16,200	\$8,100/\$16,200
Office visit	No Charge (Virtual)	No Charge (Virtual)
Urgent care	In Network – Primary: \$20 / Specialty: \$40 Out of Network: 30% after deductible	In Network: \$40 (urgent care center in person with referral) Urgent care outside KPWA: 30% after deductible Virtual: N/A In person without referral: N/A
Retail prescription drugs ¹	\$25/\$60 for a 30-day supply 50% after deductible for a 30-day supply	\$25/\$60 for a 30-day supply 50% after deductible for a 30-day supply
Connect Network	Virtual Plus Gold	Virtual Plus Gold
Deductible	\$600/\$1,200	\$600/\$1,200
Member coinsurance	20%	20%
Out-of-pocket maximum	\$7,900/\$15,800	\$7,900/\$15,800
Office visit	No Charge (Virtual)	No Charge (Virtual)
Urgent care	In Network – Primary: \$20 / Specialty: \$40 Out of Network: 30% after deductible	In Network: \$30 (urgent care center in person with referral) Urgent care outside KPWA: 20% after deductible Virtual: N/A In person without referral: N/A
Retail prescription drugs ¹	\$20/\$50 for a 30-day supply 50% after deductible for a 30-day supply	\$20/\$50 for a 30-day supply 50% after deductible for a 30-day supply

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Access PPO Network	Access PPO Bronze HSA	Access PPO Bronze HSA
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: \$6,950 individual/\$13,900 family Out of Network: \$20,850 individual/\$41,700 family	In Network: \$6,950 individual/\$13,900 family Out of Network: No limit
Office visit	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
Urgent care	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
Retail prescription drugs¹	In Network – Enhanced: 45%/45%/45%/50% all after deductible In Network – Standard: 50%/50%/50%/50% all after deductible Out of Network: Not covered	In Network – Enhanced: 45%/45%/45%/50% all after deductible In Network – Standard: 50%/50%/50%/50% all after deductible Out of Network: Not covered
Access PPO Network	Access PPO Silver HSA	Access PPO Silver HSA
Deductible	In Network: \$3,500 individual/\$7,000 family Out of Network: \$7,000 individual/\$14,000 family	In Network: \$3,500 individual/\$7,000 family Out of Network: \$7,000 individual/\$14,000 family
Member coinsurance	In Network: 20% Out of Network: 50%	In Network: 30% Out of Network: 50%
Out-of-pocket maximum	In Network: \$6,900 individual/\$13,800 family Out of Network: \$19,050 individual/\$38,100 family	In Network: \$6,900 individual/\$13,800 family Out of Network: No limit
Office visit	In Network – Enhanced: 20% after deductible In Network – Standard: 30% after deductible Out of Network: 50% after deductible	In Network – Enhanced: 20% after deductible In Network – Standard: 30% after deductible Out of Network: 50% after deductible
Urgent care	In Network – Enhanced: 20% after deductible In Network – Standard: 30% after deductible Out of Network: 50% after deductible	In Network – Enhanced: 20% after deductible In Network – Standard: 30% after deductible Out of Network: 50% after deductible
Retail prescription drugs¹	In Network – Enhanced: 15%/25%/45%/50% all after deductible In Network – Standard: 20%/30%/50%/50% all after deductible Out of Network: Not covered	In Network – Enhanced: 15%/25%/45%/50% all after deductible In Network – Standard: 20%/30%/50%/50% all after deductible Out of Network: Not covered

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Access PPO Network	Access PPO VisitsPlus Silver LX	Access PPO VisitsPlus Silver LX
Deductible	In Network: \$2,900 individual/\$5,800 family Out of Network: \$5,800 individual/\$11,600 family	In Network: \$2,900 individual/\$5,800 family Out of Network: \$5,800 individual/\$11,600 family
Member coinsurance	In Network: 30% / Out of Network: 50%	In Network: 30% / Out of Network: 50%
Out-of-pocket maximum	In Network: \$8,150 individual/\$16,300 family Out of Network: \$24,450 individual/\$48,900 family	In Network: \$8,150 individual/\$16,300 family Out of Network: No limit
Office visit	In Network – Enhanced: \$25 primary/\$45 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$25 primary/\$45 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible
Urgent care	In Network – Enhanced: \$25 primary/\$45 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$45 In Network – Standard: \$55 Out of Network: 50% after deductible
Retail prescription drugs ¹	In Network – Enhanced: \$20/\$55/45% ² /50% ² In Network – Standard: \$30/\$65/50% ² /50% ² Out of Network: Not covered	In Network – Enhanced: \$20/\$55/45% ² /50% ² In Network – Standard: \$30/\$65/50% ² /50% ² Out of Network: Not covered
Lab and basic X-ray	In Network: Enhanced \$35, Standard \$45 Out of Network: after deductible 50%	In Network: Enhanced \$35, Standard \$45 Out of Network: after deductible 50%
Access PPO Network	Access PPO VisitsPlus Silver LX-EO	Access PPO VisitsPlus Silver LX-EO
Deductible	In Network: \$2,900 individual/\$5,800 family Out of Network: \$5,800 individual/\$11,600 family	In Network: \$2,900 individual/\$5,800 family Out of Network: \$5,800 individual/\$11,600 family
Member coinsurance	In Network: 30% / Out of Network: 50%	In Network: 30% / Out of Network: 50%
Out-of-pocket maximum	In Network: \$8,150 individual/\$16,300 family Out of Network: \$24,450 individual/\$48,900 family	In Network: \$8,150 individual/\$16,300 family Out of Network: No limit
Office visit	In Network – Enhanced: \$25 primary/\$45 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$25 primary/\$45 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible
Urgent care	In Network – Enhanced: \$25 primary/\$45 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$45 In Network – Standard: \$55 Out of Network: 50% after deductible
Retail prescription drugs ¹	In Network – Enhanced: \$20/\$55/45% ² /50% ² In Network – Standard: \$30/\$65/50% ² /50% ² Out of Network: Not covered	In Network – Enhanced: \$20/\$55/45% ² /50% ² In Network – Standard: \$30/\$65/50% ² /50% ² Out of Network: Not covered
Lab and basic X-ray	In Network: Enhanced \$35, Standard \$45 Out of Network: after deductible 50%	In Network: Enhanced \$35, Standard \$45 Out of Network: after deductible 50%

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	Current 2021 Plan	2022 Plan
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: \$2,200 individual/\$4,400 family Out of Network: \$4,400 individual/\$8,800 family
Member coinsurance	In Network: 30% / Out of Network: 50%	In Network: 30% / Out of Network: 50%
Out-of-pocket maximum	In Network: \$8,200 individual/\$16,400 family Out of Network: \$24,600 individual/\$49,200 family	In Network: \$8,200 individual/\$16,400 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: \$25 primary/\$55 specialty In Network – Standard: \$35 primary/\$65 specialty Out of Network: 50% after deductible
Urgent care	In Network – Enhanced: \$25 primary/\$55 specialty In Network – Standard: \$35 primary/\$65 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$45 In Network – Standard: \$55 Out of Network: 50% after deductible
Retail prescription drugs¹	In Network – Enhanced: \$25/\$60/45% ² /50% ² In Network – Standard: \$35/\$70/50% ² /50% ² Out of Network: Not covered	In Network – Enhanced: \$25/\$60/45% ² /50% ² In Network – Standard: \$35/\$70/50% ² /50% ² Out of Network: Not covered
Lab and basic X-ray	In Network: Enhanced \$40, Standard \$55 Out of Network: after deductible 50%	In Network: Enhanced \$40, Standard \$55 Out of Network: after deductible 50%
Access PPO Network	N/A	Access PPO VisitsPlus Silver HD
Deductible	Access PPO VisitsPlus Silver HD is new for 2022	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%
Out-of-pocket maximum		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
Urgent care		In Network – Enhanced: \$55 In Network – Standard: \$65 Out of Network: 50% after deductible
Retail prescription drugs¹		In Network – Enhanced: \$25/\$60/45% ² /50% ² In Network – Standard: \$35/\$70/50% ² /50% ² Out of Network: Not covered
Lab and basic X-ray		In Network: Enhanced after deductible \$30, Standard after deductible \$40 Out of Network: after deductible 50%

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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: \$19,500 individual/\$39,000 family	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: \$10 primary/\$30 specialty In Network – Standard: \$30 primary/\$50 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$30 In Network – Standard: \$50 Out of Network: 50% after deductible
Retail prescription drugs ¹	In Network – Enhanced: \$15/\$45/35% ² /40% ² In Network – Standard: \$20/\$50/40% ² /40% ² Out of Network: Not covered	In Network – Enhanced: \$15/\$45/35% ² /40% ² In Network – Standard: \$20/\$50/40% ² /40% ² Out of Network: Not covered
Lab and basic X-ray	In Network: Enhanced \$20, Standard \$40 Out of Network: after deductible 50%	In Network: Enhanced \$20, Standard \$40 Out of Network: 50%
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: \$1,900 individual/\$3,800 family Out of Network: \$3,800 individual/\$7,600 family
Member coinsurance	In Network: 25% / Out of Network: 50%	In Network: 25% / Out of Network: 50%
Out-of-pocket maximum	In Network: \$8,150 individual/\$16,300 family Out of Network: \$24,450 individual/\$48,900 family	In Network: \$8,150 individual/\$16,300 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: \$20 primary/\$40 specialty In Network – Standard: \$35 primary/\$55 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$40 In Network – Standard: \$55 Out of Network: 50% after deductible
Retail prescription drugs ¹	In Network – Enhanced: \$15/\$45/35% ² /40% ² In Network – Standard: \$20/\$50/40% ² /40% ² Out of Network: Not covered	In Network – Enhanced: \$15/\$45/35% ² /40% ² In Network – Standard: \$20/\$50/40% ² /40% ² Out of Network: Not covered
Lab and basic X-ray	In Network: Enhanced \$20, Standard \$40 Out of Network: after deductible 50%	In Network: Enhanced \$20, Standard \$40 Out of Network: 50%

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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: \$7,500 individual/\$15,000 family	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: \$5 primary/\$20 specialty In Network – Standard: \$20 primary/\$35 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$20 specialty In Network – Standard: \$35 specialty Out of Network: 50% after deductible
Retail prescription drugs ¹	In Network – Enhanced: \$5/\$15/35% ² /40% ² In Network – Standard: \$10/\$20/40% ² /40% ² Out of Network: Not covered	In Network – Enhanced: \$5/\$15/35% ² /40% ² In Network – Standard: \$10/\$20/40% ² /40% ² 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 HD LX	Access PPO VisitsPlus Platinum HD LX
Deductible	In Network: \$400 individual/\$800 family Out of Network: \$1,000 individual/\$2,000 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: \$9,000 individual/\$18,000 family	In Network: \$4,000 individual/\$8,000 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 specialty In Network – Standard: \$35 specialty Out of Network: 50% after deductible	In Network – Enhanced: \$20 specialty In Network – Standard: \$35 specialty Out of Network: 50% after deductible
Retail prescription drugs ¹	In Network – Enhanced: \$5/\$15/35% ² /40% ² In Network – Standard: \$10/\$20/40% ² /40% ² Out of Network: Not covered	In Network – Enhanced: \$5/\$15/35% ² /40% ² In Network – Standard: \$10/\$20/40% ² /40% ² 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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