

MEDICAL PLANS		KAISER HMO CORE DISCONTINUED)		KAISER PPO (BUY-UP)		AETNA ACPOSII		KAISER HDHP PPO		AETNA ACPOSII HDHP	
BENEFITS		IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
Primary Care Physician (PCP) Office Visit		\$25 copay; then 20% after deductible	\$25 (\$15 enhanced benefit); then 20% after deductible	40% after deductible	20% after \$25 copay; after deductible( <i>office or virtual care</i> )	40% after deductible	20% (10% enhanced benefit) after deductible	40% after deductible	20% after deductible	40% after deductible	
Deductible – Individual / Family		\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	
Out-of-Pocket Maximum – Individual / Family (includes deductible and copays)		\$4,000 / \$8,000	\$4,000 / \$8,000	No limit	\$4,000 / \$8,000	No limit	\$4,500 / \$8,500	No limit	\$4,500 / \$8,500	No limit	
Coinsurance (member's share)		20%	20%	40%	20%	40%	20%	40%	20%	40%	
Preventive Services		Covered at 100% <sup>a</sup>	Covered at 100% <sup>a</sup>	40% after deductible	Covered at 100% <sup>a</sup>	40% after deductible	Covered at 100% <sup>a</sup>	40% after deductible	Covered at 100% <sup>a</sup>	40% after deductible	
Specialist Office Visit		\$25 copay; then 20% after deductible; PCP referral required	\$25 copay; then 20% after deductible	40% after deductible	\$25 copay; then 20% after deductible ( <i>office or virtual care</i> )	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Lab / X-Ray		20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency Room		\$200 copay (waived if admitted); deductible and coinsurance apply	\$200 copay (waived if admitted); deductible and coinsurance apply		\$100 copay (waived if admitted); deductible and coinsurance apply		\$200 copay (waived if admitted); deductible and coinsurance apply		\$200 copay (waived if admitted); deductible and coinsurance apply		
Hospital Services		Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
		Outpatient	\$25 copay; then 20% after deductible	\$25 copay; then 20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Acupuncture		\$25 copay; then 20% after deductible	\$25 copay; then 20% after deductible ( <i>8 visits/yr</i> )	40% after deductible	\$25 copay; then 20% after deductible ( <i>20 visits/yr</i> )	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Manipulative Therapy		\$25 copay; then 20% after deductible	\$25 copay; then 20% after deductible ( <i>10 visits/yr</i> )	40% after deductible	20% after \$25 copay; after deductible ( <i>20 visits/yr</i> )	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Mental Health / Chemical Dependency		Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
		Outpatient	\$25 copay; then 20% after deductible	\$25 copay; then 20% after deductible	40% after deductible	\$25 copay; then 20% after deductible ( <i>office or virtual care</i> )	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Rehabilitation		Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
		Outpatient	\$25 copay; then 20% after deductible	\$25 copay; then 20% after deductible	40% after deductible	\$25 copay; then 20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Temporomandibular Joint (TMJ) services		Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
		Outpatient	\$25 copay; then 20% after deductible	\$25 copay; then 20% after deductible	40% after deductible	\$25 copay; then 20% after deductible	40% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Annual Vision Exam		\$25 copay	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	
Hearing Aids		Not covered	Not covered		20% after deductible; limited to \$6,000 per pair for 36 months		Not covered		20% after deductible; limited to \$6,000 per pair for 36 months		
		\$20 copay	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay after deductible	Not covered	\$10 copay after deductible	Not covered	
Prescription Drugs		\$40 copay	\$35 copay	Not covered	\$35 copay	Not covered	\$35 copay / \$30 copay (enhanced) after deductible	Not covered	\$35 copay after deductible	Not covered	
		N/A	\$70 copay	Not covered	\$70 copay	Not covered	\$70 copay / \$65 copay (enhanced) after deductible	Not covered	\$70 copay after deductible	Not covered	
Prescription Drugs (90-day supply)		\$5 discount from Rx cost share for each 30-day supply	2x retail prescription drug copay	Not covered	2x retail prescription drug copay	Not covered	2x retail prescription drug copay	Not covered	2x retail prescription drug copay	Not covered	
Health Reimbursement Arrangement (HRA) or Health Saving Account (HSA)		HRA: \$1,000 individual; \$2,000 family maximum rollover \$2,000 individual; \$4,000 family			HRA: \$1,000 individual; \$2,000 family maximum rollover \$2,000 individual; \$4,000 family			HSA: \$500 individual; \$1,000 family maximum rollover: no limit		HSA: \$700 individual; \$1,400 family maximum rollover: no limit	
Owned by		Whitworth University			Whitworth University			Employee		Employee	
Funded by		Whitworth University			Whitworth University			Whitworth University		Whitworth University	
Employee may contribute?		No			No			Yes, in 2024 up to \$4,150 individual; \$8,300 family inclusive of WU's contribution		Yes, in 2024 up to \$4,150 individual; \$8,300 family inclusive of WU's contribution	