

Kitsap County

Most County Medical Plan Summary

Most County	PBC CLASSIC	PBC VALUE	PBC HDHP
Annual deductible	\$300/person \$900/family	\$500/person \$1,500/family	\$1,500/person \$3,000/family
Annual out-of-pocket maximum	\$2,500/person \$7,500/family	\$3,000/person \$9,000/family	\$3,000/person \$6,000/family
Plan Coinsurance	Plan generally pays 90% You pay 10%	Plan generally pays 80% You pay 20%	Plan generally pays 80% You pay 20%
Hospital services - (inpatient)	Plan pays 90% You pay 10% after deductible	Plan pays 80% You pay 20% after deductible	Plan pays 80% You pay 20% after deductible
Office visits	\$25 copay Deductible waived	\$25 copay Deductible waived	Plan pays 80% You pay 20% after deductible
Rx - Retail - Tier 1	\$10 copay	\$20 copay	Plan pays 80% You pay 20% after deductible
Rx - Retail - Tier 2	\$30 copay	\$40 copay	
Rx - Retail - Tier 3	\$50 copay	\$60 copay	
Preventive care	Covered in full	Covered in full	Covered in full

Most County	KPWA CLASSIC	KPWA VALUE	KPWA HDHP
Annual deductible	\$250/person \$750/family	\$350/person \$1,050/family	\$1,500/person \$3,000/family
Annual out-of-pocket maximum	\$1,000/person \$3,000/family	\$2,000/person \$6,000/family	\$3,000/person \$6,000/family
Plan Coinsurance	NONE	NONE	Plan generally pays 80% You pay 20%
Hospital services - (inpatient)	\$200 copay/day \$600 max per admit Then deductible applies	\$350 copay/day \$1,050 max per admit Then deductible applies	Plan pays 80% You pay 20% after deductible
Office visits	First 4 visits covered in full. Then, \$25 copay after deductible	\$30 copay after deductible	Plan pays 80% You pay 20% after deductible
Rx - Retail - Tier 1	\$15 copay	\$20 copay	Plan pays 80% You pay 20% after deductible
Rx - Retail - Tier 2	\$30 copay	\$40 copay	
Rx - Retail - Tier 3	Does not apply	Does not apply	
Preventive care	Covered in full	Covered in full	Covered in full

This plan comparison is intended as a brief summary of benefits. For full plan provisions, including limitations and required preauthorizations, refer to the applicable certificate of coverage.

Premera coverage levels listed are based on In-Network benefits.