



Plan B (8/1/09 – 7/31/10)

	Regence Blue Shield In-network of PPO plan	Group Health Cooperative (Options Select network)	Kaiser Permanente
Service Area <i>Depending on your home zip code, you may or may not have a choice of plans.</i>	This plan is available statewide	This plan is available in certain locations across the state. Please visit www.ghc.org for providers in WA	The only plan available for workers living in the following counties/zip codes: Clark, Cowlitz, Lewis: 98591,98593, 98596 Wahkiakum: 98612, 98647
Annual Deductible	None	None	None
Plan Pays (coinsurance)	90%	100%	100%
Office Visit Copay	\$10	\$10	\$10
Preventive Care	Covered in full subject to office visit copay	Covered in full when in accordance with well-care schedule established by GHC	Covered in full when provided, prescribed or authorized by Kaiser
Prescription Drug Copays	\$5/\$15/\$30 Generic/ Formulary Brand/ Non-Formulary Brand	\$10/\$20 Generic/Brand	\$10/\$20 Generic/Brand
Inpatient Hospitalization	\$100 copay per day (limited to 5 copays per admit) then 100% coverage	\$100 copay per day (limited to 5 copays per calendar year) then 100% coverage	\$100 copay per admission then 100% coverage
Emergency Room	\$75 copay, waived if admitted	\$50 copay; waived if admitted	\$50 copay
Ambulance	100%	\$50 copay	\$50 copay
Manipulations (Chiropractic)	\$10 copay up to 12 visits per calendar year	\$10 copay; up to 10 visits per calendar year	\$10 copay to 12 visits per calendar year
Mental Health	Inpatient: \$100 copay per day limited to 10 days per year; Outpatient: \$10 copay then 90% limited to 10 visits per year	Inpatient: \$100 copay per day and limited to 10 days per year; Outpatient: \$10 copay to 12 visits per calendar year	Inpatient: \$100 copay per day limited to 10 days per year; Outpatient: \$10 copay to 12 visits per year
Out of Pocket Max	\$1,000 per person	None	\$750 per person
Lifetime Maximum	\$2,000,000	\$2,000,000	None
Vision Plan	Exam: \$10 copay and once each 12 months; Hardware: covered up to \$130 each year	Exam: \$10 copay and once each 12 months; Hardware: covered up to \$200 every two years	Exam: \$10 copay and once each 12 months; Hardware: covered up to \$200 every two years

This is a brief benefit summary only, and does not replace the specifics of the plan contract. If there is a discrepancy, the plan contract presides.