

2016 Washington Small Group Plan Comparison

Vision and Dental will be quoted separately.

Heritage Signature PPO <i>Dental Choice</i>	Deductible Coinsurance Office Visit Copay	OOPmax	Laboratory Services Retail - (30 days, up to 90 days supply) Mail Order Copay = 3x retail	ER Cost Share Rehab/ Massage
Balance Gold 500	\$500 20% \$25	\$5,000	Deductible/ Coinsurance \$10/\$40/\$80/20%	\$100 Copay, Ded/Coins \$25
Balance Gold 750	\$750 20% \$25	\$4,500	Deductible/ Coinsurance \$10/\$40/\$80/20%	\$100 Copay, Ded/Coins \$25
Balance Gold 1000	\$1000 20% \$30	\$4,500	Deductible/ Coinsurance \$10/\$40/\$80/20%	\$100 Copay, Ded/Coins \$30
Balance Gold 1500	\$1500 20% \$30	\$4,500	Waived Ded, then Coins \$10/\$40/\$80/20%	\$200 Copay, Ded/Coins \$30
Balance Gold 500 PCP	\$500 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$30	\$5,500	Deductible/ Coinsurance \$10/\$40/\$80/D20%	\$150 Copay, Ded/Coins \$30
Balance Gold 750 PCP	\$750 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$35	\$4,500	Deductible/ Coinsurance \$10/\$40/\$80/D20%	\$100 Copay, Ded/Coins \$35
Balance Gold 1000 PCP	\$1000 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$40	\$5,000	Waived Ded, then Coins \$10/\$40/\$80/20%	\$200 Copay, Ded/Coins \$40
Balance Gold 1500 PCP	\$1500 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$40	\$4,500	Waived Ded, then Coins \$10/\$40/\$80/20%	\$200 Copay, Ded/Coins \$40
Balance Silver PPO 2000	\$2000 25% \$35	\$6,850	Deductible/ Coinsurance \$15/\$50/\$75/D30%	\$250 Copay, Ded/Coins Ded, \$35
Balance Silver PCP 2000 (Prior Silver 1700 PCP)	\$2000 20% PCP designated - 2 CIF, then \$20 Spec/non-desig PCP = \$45	\$6,850	Deductible/ Coinsurance \$25/\$65/\$100/D20%	\$250 Copay, Ded/Coins Ded, \$45
Balance Silver PCP 2500 (Prior Silver 2000 PCP)	\$2500 20% PCP designated - 2 CIF, then \$20 Spec/non-desig PCP = \$45	\$6,850	Deductible/ Coinsurance \$25/\$65/\$100/D20%	\$250 Copay, Ded/Coins Ded, \$45
Balance Silver PCP 3000	\$3000 25% PCP designated - 2 CIF, then \$20 Spec/non-desig PCP = \$40	\$6,850	Deductible/ Coinsurance \$1500 - \$25/RxD25%/RxD25%/RxD25%	\$250 Copay, Ded/Coins Ded, \$40
Balance Bronze PCP 5500	\$5500 30% PCP designated - \$30 Spec/non-desig PCP = Ded/\$50	\$6,850	Deductible/ Coinsurance D20%/D50%/D50%/D50%	\$250 Copay, Ded/Coins Ded/Coins
Balance Bronze PCP 6350	\$6350 20% PCP designated - \$25 Spec/non-desig PCP = Ded/\$50	\$6,850	Deductible/ Coinsurance D20%/D20%/D20%/D20%	\$250 Copay, Ded/Coins Ded/Coins
Out - Of - Network	2 x INN Ded 50% OON Ded & Coins	Unlimited	OON Ded & Coins Not Covered	Same as INN OON Ded & Coins

Heritage Signature HRA <i>Dental Choice</i>	Deductible Coinsurance Office Visit Copay	OOPmax	Laboratory Services Retail - (30 days, up to 90 days supply) Mail Order Copay = 3x retail	ER Cost Share Rehab/ Massage
Balance Gold HRA PCP 2000	\$2000 (\$1000 employer contribution) 20% PCP designated \$15 Spec/non-desig PCP = \$45	\$6,850	Waived Ded, then Coins \$25/\$65/\$100/D30%	\$250 Copay, Ded/Coins \$45
Non-Preferred	2 x INN Ded 50% OON Ded & Coins	Unlimited	OON Ded & Coins Not Covered	Same as INN OON Ded & Coins

Heritage Signature HSA <i>Dental Choice Embedded</i>	Deductible Coinsurance Office Visit Copay	OOPmax	Laboratory Services Retail	ER Cost Share Rehab/ Massage
Balance Silver HSA 3000	\$3000 no employer contribution 20% Deductible/Coinsurance	\$4,800	Deductible/ Coinsurance	
Balance Silver HSA 5000 (New Plan)	\$5000 (\$1000 employer contribution 20% Deductible/Coinsurance	\$6,450	Deductible/ Coinsurance	
Balance Bronze HSA 6000	\$6000 no employer contribution 0% Deductible/Coinsurance	\$6,000	Deductible/ Coinsurance	
Out - Of - Network	2 x INN Ded 50% OON Ded & Coins	Unlimited	OON Ded & Coins Not Covered	Same as INN OON Ded & Coins

Heritage Signature EO <i>Dental Choice</i>	Deductible Coinsurance Office Visit Copay	OOPmax	Laboratory Services Retail - (30 days, up to 90 days supply) Mail Order Copay = 3x retail	ER Cost Share Rehab/ Massage
Balance Gold 500 PCP Employee Only	\$500 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$30	\$5,500	Deductible/ Coinsurance \$10/\$40/\$80/D20%	\$150 Copay, Ded/Coins \$30
Balance Gold 750 PCP Employee Only	\$750 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$35	\$4,500	Deductible/ Coinsurance \$10/\$40/\$80/D20%	\$100 Copay, Ded/Coins \$35
Balance Gold 1000 PCP Employee Only	\$1000 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$40	\$5,000	Waived Ded, then Coins \$10/\$40/\$80/20%	\$200 Copay, Ded/Coins \$40
Balance Gold 1500 PCP Employee Only	\$1500 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$40	\$4,500	Waived Ded, then Coins \$10/\$40/\$80/20%	\$200 Copay, Ded/Coins \$40
Out - Of - Network	2 x INN Ded 50% OON Ded & Coins	Unlimited	OON Ded & Coins Not Covered	Same as INN OON Ded & Coins

Heritage Plus <i>Dental Choice</i>	Deductible Coinsurance Office Visit Copay	OOPmax	Laboratory Services Retail - (30 days, up to 90 days supply) Mail Order Copay = 3x retail	ER Cost Share Rehab/ Massage
Choice Gold 500 PCP	\$500 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$30	\$5,500	Deductible/ Coinsurance \$10/\$40/\$80/D20%	\$150 Copay, Ded/Coins \$30
Choice Gold 750 PCP	\$750 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$35	\$4,500	Deductible/ Coinsurance \$10/\$40/\$80/D20%	\$100 Copay, Ded/Coins \$35
Choice Gold 1000 PCP	\$1000 20% PCP designated - 2 CIF, then \$10 Spec/non-desig PCP = \$40	\$5,000	Waived Ded, then Coins \$10/\$40/\$80/20%	\$200 Copay, Ded/Coins \$40
Out - Of - Network	2 x INN Ded 50% OON Ded & Coins	Unlimited	OON Ded & Coins Not Covered	Same as INN OON Ded & Coins

PersonalCare plans only available to companies headquartered in Snohomish Co., King Co. or Pierce County.

PersonalCare Plans ACO <i>Dental Select</i>	Deductible Coinsurance Office Visit Copay	OOPmax	Laboratory Services Retail - (30 days, up to 90 days supply) Mail Order Copay = 3x retail	ER Cost Share Rehab/ Massage
PersonalCare Gold 750	\$750 20% PCP designated = \$15 Spec/non-desig PCP = \$40	\$4,500	\$50 copay Lab O/P \$250 copay on Major \$10/\$40/\$80/\$100	\$200 Copay \$40
PersonalCare Silver 2500	\$2500 20% PCP designated = \$20 Spec/non-desig PCP = \$45	\$6,850	\$100 copay Lab O/P \$500 copay/ Ded on Major \$15/\$50/\$100/D\$150	\$250 Copay, Ded \$45
PersonalCare Bronze 4500	\$4500 25% PCP designated = \$30 Spec/non-desig PCP = \$50/ Ded	\$6,850	\$100 copay/ Ded Lab O/P \$750 copay/ Ded on Major \$1000 - \$25/RXD\$65/RXD\$150/RXD\$250	\$250 Copay, Ded \$50/Ded
Out - Of - Network	2 x INN Ded NC Not Covered	Unlimited	Not Covered Not Covered	Same as INN Not Covered