**2025 Medical Plans Comparison – City of Seattle Police Retirees**The purpose of this document is to help you make decisions; it is not a contract. Details are provided in your medical plan booklet at http://bit.ly/polret1.

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*			
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network		
Deductible (per calend	lar year)						
No deductible	\$200 per person \$600 per family Deductible applies, except for prescriptions, preventive visits, ambulance, and DME.	\$100 per person \$300 per family	\$150 per person \$450 per family	Does not apply	\$250 per person \$750 per family		
	Maximum (OOP Max) incl						
	nedical copays		s copays		s copays		
\$750 per person \$1,500 per family	\$2,000 per person \$6,000 per family	\$400 per person. Applie to 20% coinsurance.	es \$1,600 per person. Applies to 40% coinsurance. **	\$500 per person \$1,000 per family	\$3,000 per person** \$6,000 per family**		
Total Out of Pocket M	aximum includes medical of	coinsurance and the ded	uctible. Excludes prescri	ption drug copays/coinsu	rance.		
Includes m	nedical copays	Excludes copays		Excludes copays			
\$750 per person \$1,500 per family	\$2,000 per person \$6,000 per family	\$500 per person	\$1,750 per person	\$500 per person \$1,000 per family	\$3,250 per person \$6,750 per family		
Hospital Copay							
None	None, deductible applies.	None	None	None	None		
<b>Hospital Pre-admission</b>	Hospital Pre-admission Authorization						
	or emergency admissions, by Kaiser Permanente	Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission	Member responsible for obtaining precertification of out-of-network care	Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission	Member responsible for obtaining precertification of out-of-network care		

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*		
Standard Plan Deductible Plan		Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network	
Choice of Providers						
All care and services provided at Kaiser Permanente Facilities or network providers Members may self-refer to most Kaiser Permanente specialists.		Aetna contracted provider members. No primary care physician selection required. No referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on recognized charges**. You pay the difference between recognized and billed charges.	Aetna contracted provider member. No primary care physician selection required. No referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on recognized charges**. You pay the difference between recognized and billed charges.	
COVERED EXPENSES						
Abortion						
Covered in full	Paid at 100% after \$20 copay, deductible applies	Paid at 80% after deductible. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence.	deductible. Plan will pay up to \$10 K travel and lodging allowance	Paid at 100%. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence.	Paid at 70% after deductible. Plan will pay up to \$10 K travel and lodging allowance if service not available within 100 miles of your residence.	
Acupuncture						
Paid at 100%. 8 visits per condition per year self-referred. Additional visits when approved by plan.	Paid at 100% after \$20 copay. 8 visits per condition per year self-referred. Additional visits when approved by plan. Deductible applies.	Paid at 80% after deductible Maximum of 12 visit for in- and out-of-n	deductible s per calendar year	Paid at 100% after \$5 copay All acupuncture services review and appro medical r	oval by Aetna for	
Alcohol/Drug Abuse Tr				T		
Inpatient: paid at 100% Outpatient: paid at 100%	Inpatient: Paid at 100%, deductible applies Outpatient: \$20 copay, deductible applies		Paid at 80% after deductible	Inpatient: Paid at 100% Outpatient: Paid at 100% after \$5 copay.	Inpatient: Paid at 70% after deductible  Outpatient: Paid at 70% after deductible	
Contraceptives						
	drugs and devices, on Drug benefit		deductible	Paid at 100% after copay See Prescription	Paid at 70% after copay on Drug benefit	

Paid at 80% Paid at 80% after deductible  Emergency Medical Care  > Urgent Care Clinic Paid at 100% Paid at 100% after \$20 copay, deductible applies.  Emergency Room (copays waived if admitted) Kaiser Permanente Raility. Paid at 100% after \$35 copay (waived if admitted). Non-Kaiser Permanente Raility. Paid at 100% after \$35 copay (waived if admitted). Non-Kaiser Permanente Raility. Paid at 100% after \$35 copay (waived if admitted). Non-Kaiser Permanente Raility. Paid at 100% after \$35 copay (waived if admitted). Non-Kaiser Permanente Raility. Paid at 100% after \$35 copay (waived if admitted). Deductible after \$35 copay (waived if admitted). Deductible after \$35 copay (waived if admitted). Non-Exiser Permanente Raility. Paid at 100% after \$35 copay (waived if admitted). Deductible after \$35 copay (waived if adm	Kaiser Permanente*		City of Seattle Ti	raditional Plan*	City of Seattle Preventive Plan*	
Paid at 80% Paid at 80% after deductible Paid at 100% Paid at 70% after deductible  Emergency Medical Care  > Urgent Care Clinic Paid at 100% Paid at 100% after \$20 copay, deductible applies.  Emergency Room (copays waived if admitted) Kaiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). So copay (waived if admitted). Non-caiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Non-caiser Permanente facility: Paid at 100% after \$150 copay (waived if admitted). Deductible applies.  Ambulance Paid at 80%.  Paid at 80% when medically necessary after deductible.  Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Paid at 100% when medically necessary advance by Aetna.  Non-emergency transport must be approved	Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Emergency Medical Care  > Urgent Care Clinic  Paid at 100% Paid at 100% after \$20 copay, deductible applies.  Emergency Room (copays waived if admitted)  Kaiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). Non-taiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). Non-taiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). Non-taiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). Non-taiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). Deductible applies.  Ambulance  Paid at 80%. Paid at 80%. Kaiser Permanente facility: Paid at 100% after \$35 copay (waived if admitted). Deductible applies.  Ambulance  Paid at 80%. Paid at 80%. Kaiser Permanente-initiated, non-emergency transfers are paid at 100% after \$35 copay (waived if admitted). Non-emergency transport must be approved in advance by Aetna.  Paid at 80% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when purchased in- or out-of-network. Deductible ones not apply.  Home Health Care  Paid at 100% when Paid at 100% when authorized. No visit limit  Maximum benefit of 130 visits per calendar year for in- and out-of-network. Defuctible of Maximum benefit of 130 visits per calendar year for in- and out-of-network contents of the facility paid at 100 waiter paid at 100 waiting per calendar year for in- and out-of-network contents paid at 100 waiting per calendar year for in- and out-of-network contents paid at 100 waiting per calendar year for in- and out-of-network contents paid at 100 waiting per calendar year for in- and out-of-network contents p	Durable Medical Equip	ment (DME)				
Paid at 100% Paid at 100% after \$20 copay, deductible applies.  Emergency Room (copays waived if admitted)  Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Deductible applies.  Ambulance  Paid at 80% after deductible  All at 80% after deductible  Non-Raiser Permanente facility: Paid at 100% after \$50 copay (waived if admitted). Deductible applies.  Ambulance  Paid at 80% when medically necessary after deductible. Non-emergency transfers are paid at 100% after \$125 copay (waived if admitted, non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transport must be approved in advance by Aetna.  Paid at 80% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when advance applies whether purchased in- or out-of-network. Deductible does not apply.  Home Health Care  Paid at 100% when authorized. No visit limit  No visit limit  No visit limit  No visit limit  Admitted).  Paid at 80% after deductible  Admitted).  Paid at 100% after deductible  Admitted).  Paid at 100% after deductible  Admitted).  Paid at 10	Paid at 80%	Paid at 80%	Paid at 80% af	ter deductible	Paid at 100%	
Paid at 100% Paid at 100% after \$20 copay, deductible applies.  Emergency Room (copays waived if admitted)  Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted). Deductible applies.  Ambulance  Paid at 80% after deductible  All at 80% after deductible  Non-Raiser Permanente facility: Paid at 100% after \$50 copay (waived if admitted). Deductible applies.  Ambulance  Paid at 80% when medically necessary after deductible. Non-emergency transfers are paid at 100% after \$125 copay (waived if admitted, non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transfers are paid at 100% after \$40 copay. Non-emergency transport must be approved in advance by Aetna.  Paid at 80% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when advance applies whether purchased in- or out-of-network. Deductible does not apply.  Home Health Care  Paid at 100% when authorized. No visit limit  No visit limit  No visit limit  No visit limit  Admitted).  Paid at 80% after deductible  Admitted).  Paid at 100% after deductible  Admitted).  Paid at 100% after deductible  Admitted).  Paid at 10	Emergency Medical Ca	ire				
Emergency Room (copays waived if admitted)  Kaiser Permanente facility: Paid at 100% after Paid at 80% after deductible deductible deductible applies.  Paid at 80% after Permanente facility: Paid at 100% after \$75 copay (waived if admitted).  Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived if admitted).  Non-Kaiser Permanente facility: Paid at 100% after \$50 copay (waived if admitted).  Non-Kaiser Permanente facility: Paid at 100% after \$50 copay (waived if admitted).  Non-Kaiser Permanente facility: Paid at 100% after \$50 copay (waived if admitted).  Non-Kaiser Permanente facility: Paid at 100% after \$50 copay copay.  Ambulance  Paid at 80%.  Kaiser Permanente facility: Paid at 100% after \$50 copay (waived if admitted).  Ambulance  Paid at 80%.  Kaiser Permanente initiated, non-emergency transfers are paid at 100% transfers are paid at 100% after \$50 copay copay.  Non-emergency transfers are paid at 100% when medically necessary after deductible.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  100%  Hearing Aids (per ear, every 36 months)  Up to \$1,000  Up to \$1,000  Up to \$1,000  Up to \$1,000  In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.  Home Health Care  Paid at 100% when authorized.  No visit limit  Associated Raiser Permanente deductible deductible deductible material at 80% after deductible deductible material 80% after 80% after deductible material 80% after 80% after 80% after						
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Paid at 80%. Kaiser Permanente- initiated, non- emergency transfers are paid at 100%  Hearing Aids (per ear, every 36 months)  Up to \$1,000  Up to \$1,000  In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.  Home Health Care  Paid at 100% when medically necessary after deductible authorized.  Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when medically necessary after deductible. Non-emergency transport must be approved in advance by Aetna.  Paid at 100% when padvance by Aetna.  Paid at 100% Up to \$1,000  In-network coinsurance applies whether purchased in- or out-of-network. Deductible not apply.  Paid at 100% Paid at 70% after deductible Maximum benefit of 130 visits per calendar year for in- and out-of-network combined.	facility: Paid at 100% after \$25 copay (waived if admitted). Non-Kaiser Permanente facility: Paid at 100% after \$75 copay (waived	facility: Paid at 100% after \$75 copay (waived if admitted). Non-Kaiser Permanente facility: Paid at 100% after \$125 copay (waived if admitted.). Deductible	deductible	deductible Non-emergency, paid at 60% after		Paid at 100% after \$50 copay. Non-emergency paid 70% after \$50 co-pay.
Kaiser Permanente- initiated, non- emergency transfers are paid at 100%  Hearing Aids (per ear, every 36 months)  Up to \$1,000  In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.  Home Health Care  Paid at 100% when authorized. No visit limit  Kaiser Permanente- initiated, non-emergency transport must be approved advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  Pald at 100% Paid at 100% Paid at 100% Approved in advance by Aetna.  Non-emergency transport must be approved in advance by Aetna.  100%  Non-emergency transport must be approved in advance by Aetna.  100%  Non-emergency transport must be approved in advance by Aetna.  100%  Non-emergency transport must be approved in advance by Aetna.  100%  Non-emergency transport must be approved in advance by Aet	Ambulance	•				
Up to \$1,000 In-network coinsurance applies whether purchased in- or out-of-network. Deductible purchased in- or out-of-network collaborated in- or out-of-netwo	Kaiser Permanente- initiated, non- emergency transfers	Kaiser Permanente- initiated, non-emergency transfers are paid at	deduc Non-emergency transpo	tible. ort must be approved in	Non-emergency transp	oort must be approved in
In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.  Home Health Care  Paid at 100% when authorized.  No visit limit  In-network coinsurance applies whether purchased in- or out-of-network. Deductible not apply.  Paid at 90% after deductible Maximum benefit of 130 visits per calendar year for in- and out-of-network combined.  In-network coinsurance applies whether purchased in- or out-of-network. Deductible and apply.  Paid at 100% Paid at 70% after deductible Maximum benefit of 130 visits per calendar year for in- and out-of-network combined.						
Home Health Care  Paid at 100% when authorized.  No visit limit  Paid at 100% when authorized.  Paid at 90% after deductible authorized.  Paid at 90% after deductible paid at 100% Paid at 70% after deductible deductible paid at 100% Paid at 70% after deductible deductible paid at 100% Paid at 70% after deductible paid at 100% Paid at 70% after deductible deductible paid at 100% Paid at 70% after deductible paid at 100% Paid at 100% Paid at 70% after deductible paid at 100% Paid at 70% after deductible paid at 100% Paid at 100% Paid at 70% after deductible paid at 100% Paid at 100% Paid at 70% after deductible paid at 100% Paid at 100% Paid at 70% after deductible paid at 100% Paid at 100% Paid at 100% Paid at 70% after deductible paid at 100% Paid at	Up to \$1,000	Up to \$1,000	In-network coinsurance applies whether purchased in- or out-of-network. Deductible		In-network coinsura purchased in- or out-of-	ance applies whether network. Deductible does
authorized. authorized. Maximum benefit of 130 visits per calendar year deductible  No visit limit for in- and out-of-network combined. Maximum benefit of 130 visits per calendar year	Home Health Care					
Hospital Inpatient for in- and out-of-network combined.	authorized. No visit limit	authorized.	Maximum benefit of 130	visits per calendar year	Maximum benefit of 130	deductible 0 visits per calendar year

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Covered in full.	Paid at 100%,	Paid at 80% after	Paid at 60% after	Paid at 100%	Paid at 70% after
	deductible applies	deductible	deductible		deductible
Hospital Outpatient					
Covered in full		Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70% after deductible

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Hospice			•	•	
Paid at 100% when authorized	Paid at 100% when authorized	Paid at 90% a	fter deductible	Paid at 100%	Paid at 70% after deductible
Maternity Care (delive	ry & related hospital)				
Paid at 100%	Paid at 100%, deductible applies.	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70% after deductible
Maternity Care (prena	tal and postpartum)				
Paid at 100%	Paid at 100% after \$20 copay. deductible applies. Routine care not subject to outpatient services copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid 100% after \$5 copay	Paid at 70% after deductible
Mental Health Care (in					
Covered in full.	Covered in full, deductible applies	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100%	Paid at 70% after deductible
Mental Health Care (o					
Paid at 100%	Paid at 100% after \$20 copay, deductible applies	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$5 copay	Paid at 70% after deductible
<b>Physician Office Visit</b>					
Paid at 100%	Paid at 100% after \$20 copay, deductible applies	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$5 copay	Paid at 70% after deductible
Prescription Drugs (n					
Mailing service available, subject to a \$9 copay per 90-day supply.  Contraceptive drugs and devices are covered subject to the pharmacy copay	Mailing service available, Generic: \$30 copay per 90-day supply. Brand: \$60 copay per 60-day supply.  Contraceptive drugs and devices are covered subject to the pharmacy copay	For 90-day supply: Generic: \$10 copay Preferred Brand name: \$20 copay Non-preferred drugs: \$50 copay	Not Covered	For 90-day supply: Generic: \$10 copay Preferred Brand name: \$20 copay Non-preferred drugs: \$50 copay	Not Covered

Kaiser Pe	Kaiser Permanente*		raditional Plan*	City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Prescription Drugs (ret	ail)				
For a 30-day supply: \$3 copay.	Generic: \$15 copay Brand: \$30 copay	For a 34-day supply: <b>Generic</b> : \$5 copay Some generic	Not covered	For a 31-day supply: Generic: \$5 copay Preferred brand name:	Not covered
devices are covered	subject to the pharmacy copay.	maintenance drugs dispensed as greater of 34-day supply or 100 units. Preferred brand-name: \$10 copay. Non-preferred: \$25 copay. Many contraceptive products are covered. IUD and Depo Provera are covered under the medical plan benefits.  Pharmacy out-of-pocket maximum of \$1,200 per individual or \$3,600 per family		\$10 copay. Non-preferred drugs: \$25 copay. Many contraceptive products are covered. IUD and Depo Provera are covered under the medical plan benefit.  Pharmacy out-of-pocket maximum of \$1,200 per individual or \$3,600 per family	
Preventive Care		<u> </u>			
Paid at 100%. Covers adult physical and well-child exams, most immunizations, digital rectal exam/prostate-specific antigen test, colorectal cancer screening, pap smear exam, and mammogram.	copay. Covers adult physical and well-child	Paid at 80% after deductible for mammograms. Other preventive services not covered.	Paid at 60% after deductible for mammograms. Other preventive services not covered.	Paid at 100% for routine physical exams, well child care, immunizations, well woman care and mammograms.	Paid at 70% after deductible for well woman care and mammograms. No other preventive services are covered.

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network Out-of-Network Oetna In-Network O		Out-of-Network	
Rehabilitation Services	(inpatient)				
Paid at 100%	Paid at 100%	Paid at 80% after	Paid at 60% after	Paid at 100%	Paid at 70%
	Deductible applies	deductible	deductible		
	r Maximum of 60 days per				s per calendar year
calendar year for	calendar year for				rehab services in- and
occupational, speech,	occupational, speech,			out-of-netwo	ork combined
and physical therapy.	and physical therapy.	<u> </u>			
Rehabilitation Services					
Paid at 100%	Paid at 100% after \$20	Paid at 80% after	Paid at 60% after	Paid at 100% after	Paid at 70% after
	copay, deductible	deductible	deductible	\$5 copay	deductible
	applies				
Massinas of CO stigita	Mandianova of CO violta	0-1	4	Damafit in alcodo a mlacca	i
Maximum of 60 visits	Maximum of 60 visits	Coinsurance does no			ical/massage, speech,
per calendar year for	per calendar year for occupational, speech,	out-of-pocket maximur			iac/pulmonary therapy. each of the above listed
occupational, speech, and physical therapy	and physical therapy	year benefit of 35 visits speech, occupational a	. ,		year for in-network and
and physical therapy	and physical therapy	therapy for in-			rk combined.
		out-of-networ		Out-01-Netwo	rk combined.
Skilled Nursing Facility	ı	out of flotwor	R COMBINED.		
Paid at 100%. 60-day	Paid at 100%; 60-day	Paid at 80% after	Paid at 60% after	Paid at 100%	Paid at 70% after
maximum per	maximum per calendar	deductible	deductible		deductible
calendar year.	year, deductible applies.	Maximum of 90 days		Maximum of 120 days	s per calendar year for
Jan. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	усы, шешение аррисс	in- and out-of-net			etwork combined
Smoking Cessation					
Paid at 100% for individu	ual/group sessions	Lifetime maximum of	Not covered	Not covered	Not covered
through Quit For Life.	3 1	one 90-day supply of			
		smoking cessation aids			
Nicotine replacement the	erapy included in	or drugs. See			
Prescription Drugs bene	fit. No copay for all	Prescription Drugs,			
smoking cessation preso	cription drugs through	retail.			
mail-order.					
Spinal Manipulations					
Paid at 100%	Paid at 100% after \$20	Paid at 80% at	fter deductible	Paid at 100% after	Paid at 70% after
	copay, deductible			\$5 copay	deductible
	applies.				
Calf vafavval to 1/-:	Darmananta dasimatad	Maximum of 10 viisit	- nor oalonder voc:	Maximum of 00 visi	ta nan aalandan vaa:
	Permanente designated	Maximum of 10 visits per calendar year for in-network and out-of-network combined		Maximum of 20 visits per calendar year for in-network and out-of-network combined.	
	et Kaiser Permanente		-oi-network combined	ioi in-network and out	-oi-network combined.
protocol. Maximum of 10 visits per calendar year.					

Kaiser Permanente*		City of Seattle Traditional Plan*		City of Seattle Preventive Plan*	
Standard Plan	Deductible Plan	Aetna In-Network	Out-of-Network	Aetna In-Network	Out-of-Network
Sterilization Procedure	es				
Covered in full	\$20 copay, deductible	Paid at 80% after	Paid at 60% after	Inpatient: Paid at 100%	Paid at 70% after
	applies	deductible	deductible	Outpatient: Paid at 100% after \$5 copay.	deductible
Tooth Injury/Oral Surg	ery (due to accident)				
Not covered	Not covered	Paid at 80% aft	ter deductible	Inpatient: Paid at 100% Paid at 70% after Outpatient: Paid at 100% deductible after \$5 copay.	
Vision Exam/Hardware					
Vision exam every 12 months: Covered in full Additional coverage provided under VSP	Vision exam every 12 months: Paid at 100% after a \$20 copay  Hardware: not covered  Additional coverage provided under VSP	Routine Exam: Paid at 100% once per calendar year Hardware: Two lenses per calendar year; The lenses are between \$40 - \$130 Single vision lens \$40 per lens Bifocal vision lens \$60 per lens Trifocal vision lens \$80 per lens Lenti vision lens \$130 per lens Frames; \$30 every other year		Vision Screening with your PCP: Paid at 100% once per calendar year	Vision Screening with your PCP: paid at 70% after deductible
X-ray and Lab Tests (C	Outpatient)		* *	•	
Paid at 100%	Paid at 100%, deductible	Paid at 80% after	Paid at 60% after	Paid at 100%	Paid at 70% after
	applies	deductible	deductible		deductible

<sup>\*</sup> Coverage for any service is subject to the carrier's determination of medical necessity and adherence to their clinical policy guidelines.

Plan details are in your medical plan booklet at http://bit.ly/polret1. This document is not a contract.

<sup>\*\*</sup> Applies to Aetna -- Recognized charges are the lower of the provider's usual charge for performing a service, and the charge Aetna determines to be the recognized charge percentage in the geographic area where the service is provided.