




2023 Regence PPO 500 Premium Cost & Coverage Summary

|  | (Vision and Dental are now separate policies) | | | |
|---|---|----------------------|-----------------------|-------------------|
| | Employee Only | Employee + Spouse/DP | Employee + Child(ren) | Employee + Family |
| Total Monthly Premium | \$ 487.92 | \$ 1,025.49 | \$ 878.53 | \$ 1,416.10 |
| All Good Northwest's Monthly Contribution | \$ 487.92 | \$ 500.00 | \$ 500.00 | \$ 500.00 |
| Employee's Monthly Contribution | \$ - | \$ 525.49 | \$ 378.53 | \$ 916.10 |
| Employee's PER PAY PERIOD Contribution | \$ - | \$ 262.75 | \$ 189.27 | \$ 458.05 |
| NETWORK | | | | |
| Regence PPO 500 | | | | |
| DEDUCTIBLE (Individual/Family) | \$500/\$1,000 | | | |
| OUT OF POCKET (Individual/Family) | \$4,000/\$8,000 | | | |
| CO-INSURANCE (in-network, after deductible) | 20% | | | |
| PCP/SPECIALIST | \$20/20%, no referral needed for specialists | | | |
| URGENT CARE | \$20/20% | | | |
| MENTAL HEALTH (in network, in office, outpatient) | \$20 | | | |
| CHIROPRACTIC/ACCUPUNCTURE | \$20 (12 visits/year) | | | |
| LABS/X-RAYS (in network) | First \$400 covered, then 20% | | | |


2023 Regence PPO 1000 Premium Cost & Coverage Summary

|  | (Vision and Dental are now separate policies) | | | |
|---|---|----------------------|-----------------------|-------------------|
| | Employee Only | Employee + Spouse/DP | Employee + Child(ren) | Employee + Family |
| Total Monthly Premium | \$ 451.28 | \$ 947.47 | \$ 812.01 | \$ 1,310.20 |
| All Good Northwest's Monthly Contribution | \$ 451.28 | \$ 500.00 | \$ 500.00 | \$ 500.00 |
| Employee's Monthly Contribution | \$ - | \$ 447.47 | \$ 312.01 | \$ 810.20 |
| Employee's PER PAY PERIOD Contribution | \$ - | \$ 223.74 | \$ 156.01 | \$ 405.10 |
| NETWORK | | | | |
| Regence PPO 1000 | | | | |
| DEDUCTIBLE (Individual/Family) | \$1,000/\$2,000 | | | |
| OUT OF POCKET (Individual/Family) | \$5,500/\$11,000 | | | |
| CO-INSURANCE (in-network, after deductible) | 20% | | | |
| PCP/SPECIALIST | \$30/20%, no referral needed for specialists | | | |
| URGENT CARE | \$30/20% | | | |
| MENTAL HEALTH (in network, in office, outpatient) | \$30 | | | |
| CHIROPRACTIC/ACCUPUNCTURE | \$30 (12 visits/year) | | | |
| LABS/X-RAYS | First \$400 covered, then 20% | | | |

2023 Regence High Deductible Premium Cost & Coverage Summary

|  | (Vision and Dental are now separate policies) | | | |
|---|---|----------------------|-----------------------|-------------------|
| | Employee Only | Employee + Spouse/DP | Employee + Child(ren) | Employee + Family |
| Total Monthly Premium | \$ 397.57 | \$ 838.29 | \$ 718.09 | \$ 1,157.27 |
| All Good Northwest's Monthly Contribution | \$ 397.57 | \$ 500.00 | \$ 500.00 | \$ 500.00 |
| Employee's Monthly Contribution | \$ - | \$ 338.29 | \$ 218.09 | \$ 657.27 |
| Employee's PER PAY PERIOD Contribution | \$ - | \$ 169.15 | \$ 109.05 | \$ 328.64 |
| NETWORK | Regence High Deductible PPO | | | |
| DEDUCTIBLE (Individual/Family) | \$1,500/\$3,000 (includes \$600 HSA) | | | |
| OUT OF POCKET (Individual/Family) | \$4,500/\$9,000 | | | |
| CO-INSURANCE (in-network, after deductible) | 20% | | | |
| PCP/SPECIALIST | 20%, no referral needed for specialists | | | |
| URGENT CARE | 20% | | | |
| MENTAL HEALTH (in network, in office, outpatient) | 20% | | | |
| CHIROPRACTIC/ACCUPUNCTURE | 20% | | | |
| LABS/X-RAYS | 20% | | | |

2023 Kaiser Premium Cost & Coverage Summary

|  | (Vision and Dental are now separate policies) | | | |
|---|---|----------------------|-----------------------|-------------------|
| | Employee Only | Employee + Spouse/DP | Employee + Child(ren) | Employee + Family |
| Total Monthly Premium | \$ 390.09 | \$ 897.21 | \$ 741.17 | \$ 1,190.14 |
| All Good Northwest's Monthly Contribution | \$ 390.09 | \$ 500.00 | \$ 500.00 | \$ 500.00 |
| Employee's Monthly Contribution | \$ - | \$ 397.21 | \$ 241.17 | \$ 690.14 |
| Employee's PER PAY PERIOD Contribution | \$ - | \$ 198.61 | \$ 120.59 | \$ 345.07 |
| NETWORK | Option Advantage Plus | | | |
| DEDUCTIBLE (Individual/Family) | \$500/\$1,000 | | | |
| OUT OF POCKET (Individual/Family) | \$2,000/\$4,000 | | | |
| CO-INSURANCE (in-network, after deductible) | 20% | | | |
| PCP/SPECIALIST | \$20/\$30, referral required for most specialists | | | |
| URGENT CARE | \$45 | | | |
| MENTAL HEALTH (in network, in office, outpatient) | \$20 | | | |
| CHIROPRACTIC/ACCUPUNCTURE | \$30 | | | |
| LABS/X-RAYS | \$20 diagnostic, \$100 imaging | | | |