Fred Hutch Cancer Center

Comparing Your Health Plans
July 1, 2025

Health Care Options

The following table summarizes your health plan options. The calendar year deductible applies unless otherwise noted.

Note on Premera: The benefits covered by Premera Plan A and Plan B are identical; the only difference between the two Premera plans is the provider network. Plan A uses the *Heritage Network*, which offers the widest choice of providers between the two plans and includes access to UW, Swedish, CHI Franciscan, Providence, Virginia Mason, Everett Clinic and more. Plan B uses the *Prime Network*, which includes access to UW, Virginia Mason and Everett Clinic but excludes access to Swedish, CHI Franciscan, and Providence.

	Premera PPO Plans (Plan A & Plan B)		Kaiser Permanente HMO Plan*
	In-Network Providers	**Non-Network Providers**	**Core Network (Kaiser Permanente)**
Calendar year deductible *-Per person* *-Per family*	(deductible waived for office visits) $450 $1,350	 $650 $1,950	 None None
Calendar year out-of-pocket maximum *-Per person* *-Per family*	(including deductible, copays with some exceptions) $1,750 $5,250	(including deductible, copays with some exceptions) $4,000 $12,000	(including copays) $1,500 $3,000
Lifetime maximum	Unlimited	Unlimited	Unlimited
Preventive care (e.g., well-child/well-adult office visits, immunizations)	Covered in full	Not covered	Covered in full
Office visits	100% after $25 copay per visit	70% of allowable charge	100% after $25 copay per visit
Outpatient services (e.g., outpatient surgery and therapies)	90% of allowable charge	70% of allowable charge	100% after $25 copay per visit
Lab test and x-ray services	90% of allowable charge	70% of allowable charge	100%
Hospital care	90% of allowable charge	70% of allowable charge	100%
Emergency care	90% after $150 copay per emergency visit, copay waived if admitted	90% after $150 copay per emergency visit, copay waived if admitted	100% after $150 copay per emergency visit, copay waived if admitted

	Premera PPO Plans (Plan A & Plan B)		Kaiser Permanente HMO Plan*
	In- Network Provider	**Non-Network Provider**	**Core Network (Kaiser Permanente)**
Prescription drugs (some prescriptions may require preauthorization)	Preferred Generic: $10 copay Preferred Brand: $30 copay Preferred Specialty: $50 copay Non-Preferred: plan pays 70% Retail: 1 copay per 30-day supply Mail Order: 2x copay 90-day supply (No Specialty Mail Order)	Non-participating retail pharmacy: Plan pays 60% after the applicable in-network member cost share Non-participating mail-order pharmacy: not covered	Preferred Generic: $10 copay Preferred Brand: $30 copay Non-Preferred: $50 copay Retail: 1 copay per 30-day supply Mail Order: 2x copay per 90-day supply
Mental health services *-Inpatient* *-Outpatient*	90% of allowable charge Subject to office visit copay	70% of allowable charge	100% Subject to office visit copay
Vision coverage *-Exam* - 1 per calendar year *-Hardware (eyeglasses or contacts)* - 1 per calendar year	100% after $25 copay Hardware up to $200 Members under 19 Hardware covered at 100%	70% of allowable charge after deductible Members under 19 Exam paid at 100% after $25 copay Hardware allowance shared with in-network	100% after $25 copay Hardware up to $200 Members under 19 Frames and lenses paid at 100% or 50% for contacts
Alternative Medicine (combined 60 visits per calendar year - acupuncture, chiropractic and massage visits)	100% after $25 copay	70% of allowable charge	100% after $25 copay
Cancer treatment at Fred Hutch	Deductible, copay and coinsurance waived for cancer screening and treatment services	N/A – Fred Hutch is In-Network	$25 copay for services **after** active cancer diagnosis by Kaiser, Preauthorization needed for some services (see booklet)

***Out-of-State Employees:** Kaiser Permanente Core HMO health plan is not offered in all states and when offered outside of WA, certain services and benefits are not available. Prior to enrolling in the Core HMO health plan, please contact the Benefits team at benefitsteam@fredhutch.org.