

Whitman College
Comparison of Benefits
Great-West Life and Premera Blue Cross

	Great-West PPO Network	Great-West Out-of-Network Provider*	Premera Heritage PPO Network	Premera Out-of-Network Provider*
Annual Deductible	Combined with out-of-network:	Combined with in-network:	Combined with out-of-network:	Combined with in-network:
Individual	\$350	\$350	\$350	\$350
Family	\$700	\$700	\$700	\$700
Coinsurance	80%	60%	80%	60%
Out-of-Pocket Maximum, including the deductible**	If all treatment were received in network:	If all treatment were received out of network:	Combined with out-of-network:	Combined with in-network:
Individual	\$2,350	\$4,350	\$2,350	\$2,350
Family	\$4,700	\$8,700	\$4,700	\$4,700
Lifetime Maximum	\$2,000,000	Combined	\$2,000,000	Combined
Pre-Treatment Authorization	Required for hospitalizations, surgeries outside a physician's office, high technology radiology, home health care, dialysis, skilled nursing facility, transplant evaluations, durable medical equipment over \$500. 50% penalty if pre-treatment authorization is not received. PPO provider will manage.	Same requirement as PPO providers but responsibility for obtaining falls on the patient not the provider.	Not Required	Not Required
Hospital Facility				
Inpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Birthing Center Facility	100% no deductible	100% no deductible	80% after deductible	60% after deductible
Pre-Admission Testing	100% no deductible	100% no deductible	80% after deductible	60% after deductible
Physician Services				
In-Hospital Visits	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	100% no deductible	100% no deductible	100% no deductible	60% after deductible
Inpatient Surgery	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Office Visits	100% after \$20 copay per visit, no deductible	60% after deductible	100% after \$20 copay per visit, no deductible	60% after deductible

	Great-West PPO Network	Great-West Out-of-Network Provider*	Premera Heritage PPO Network	Premera Out-of-Network Provider*
Alternative Medicine Naturopathic Care	100% after \$20 copay per visit, no deductible	60% after deductible	100% after \$20 copay per visit, no deductible	60% after deductible
Chiropractic Manipulations	80% no deductible, limited to 30 visits per CY	80% no deductible, limit combined	100% after \$20 copay per visit, no deductible, limited to 30 visits per CY	60% after deductible, limit combined
Acupuncture	80% no deductible	80% no deductible	100% after \$20 copay per visit, no deductible, limited to 12 visits per CY	60% after deductible, limit combined
X-Ray/Lab	80% after deductible. Deductible waived if part of an office visit or at an Independent lab.	80% after deductible. Deductible waived if part of an office visit or at an Independent lab.	80% no deductible	60% after deductible
Preventive Care	100% after \$20 copay per visit, no deductible	60% after deductible	100% after \$20 copay per visit, no deductible.	Not Covered
Physical Rehabilitative Services	80% after deductible	80% after deductible	Includes PT, OT, speech therapy, massage. 100% after \$20 copay per visit, no deductible for outpatient and 80% after deductible inpatient.	60% after deductible
Maternity	Covered as an other condition	Covered as any other condition	Covered as any other condition	Covered as any other condition
Well Newborn Care	Covered as an other condition	Covered as any other condition	Covered as any other condition	Covered as any other condition
Skilled Nursing Facility	100% no deductible, limited to 90 days per CY	100% no deductible, combined maximum	80% after deductible, limited to 90 days per CY	60% after deductible, limit combined
Chemical Dependency***	100% no deductible, limited to \$14,500 in any 24 month period	100% no deductible, combined maximum	Outpatient 100% after \$20 copay per visit, no deductible, inpatient 80% after deductible. Limited to \$14,500 in any 24 month period.	60% after deductible, combined maximum
Mental Health*** Inpatient	80% after deductible, limited to 20 days per year, 50 days lifetime	60% after deductible, limits combined	80% after deductible limited to 20 days per CY. No lifetime maximum.	60% after deductible, limits combined
Outpatient	100% after \$20 copay, no deductible, limited to 20 visits per CY	60% after deductible, limit combined	100% after \$20 copay, no deductible, limited to 20 visits per CY + 3-5%	60% after deductible, limit combined

	Great-West PPO Network	Great-West Out-of-Network Provider*	Premera Heritage PPO Network	Premera Out-of-Network Provider*
Home Health Care	100% no deductible limited to 100 visits per CY	100% no deductible, limit combined	80% after deductible, limited to 130 visits per CY	60% after deductible, limit combined
Hospice Care	100% no deductible	100% no deductible	80% after deductible limited to 10 days inpatient, 240 hours respite care	60% after deductible, limit combined
Ambulance	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Durable Medical Equipment	80% after deductible	80% after deductible	80% after deductible	60% after deductible
Vision Exam	100% after \$20 copay per exam, no deductible	100% after \$20 copay per exam, no deductible	100% after \$20 copay per exam, no deductible	100% after \$20 copay per exam, no deductible
Vision Materials	100% no deductible to a maximum of \$150 per CY	100% no deductible to a maximum of \$150 per CY	100% no deductible to a maximum of \$150 per CY	100% no deductible to a maximum of \$150 per CY
Prescription Drugs	Express Scripts Pharmacy	Out-of-network Pharmacy	Medco Pharmacy	Out-of-network Pharmacy
Retail – up to 30 day supply	No deductible	No deductible	No deductible	No deductible
Generic	100% after \$10 copay	50% of the network	100% after \$10 copay	60% of the network
Preferred Brand	100% after \$20 copay	pharmacy cost after the	100% after \$20 copay	pharmacy cost after the
Non-Preferred Brand	100% after \$40 copay	in-network copay	100% after \$40 copay	in-network copay
Retail – up to 90 day supply	No deductible	Not Allowed	No deductible	Not Allowed
Generic	100% after \$30 copay		100% after \$30 copay	
Preferred Brand	100% after \$60 copay		100% after \$60 copay	
Non-Preferred Brand	100% after \$120 copay		100% after \$120 copay	
Mail Order-up to 90 day supply	No deductible	N/A	No deductible	N/A
Generic	100% after \$20 copay		100% after \$20 copay	
Preferred Brand	100% after \$40 copay		100% after \$40 copay	
Non-Preferred Brand	100% after \$80 copay		100% after \$80 copay	

*Great West pays treatment received where there are no preferred providers at 80% of usual and customary. Premera covers it the same as in-network.

**The out of pocket maximum does not include copayments, amounts that exceed benefit limits and non-covered services.

***Effective 1/1/2010 federal mental health parity becomes effective. At that time, mental health and chemical dependency treatment will have to be covered the same as any other illness. Estimated increase in claim cost is 3 to 5%.

CY = Calendar Year