The purpose of this document is to help you make decisions; it is not a contract. Details are provided in medical plan booklet which can be found at [www.seattlehousing.org](http://www.seattlehousing.org) under “Work at SHA”.

<table>
<thead>
<tr>
<th>Duterte (per calendar year)</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Plan</td>
<td>Aetna In-Network</td>
<td>Aetna In-Network</td>
</tr>
<tr>
<td>Deductible Plan</td>
<td>Out-of-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>No Deductible</td>
<td>$400 per person</td>
<td>$100 per person</td>
</tr>
<tr>
<td>$200 per person</td>
<td>$1,000 per person</td>
<td>$450 per person</td>
</tr>
<tr>
<td>Deductible applies as noted except for prescriptions, preventive visits, ambulance, and durable medical equipment.</td>
<td>$1,200 per family</td>
<td>$300 per family</td>
</tr>
<tr>
<td>Deductible applies to most services, except as noted. Deductible does not apply for prescriptions or when the Inpatient co-pay or emergency room co-pay applies.</td>
<td>$3,000 per family</td>
<td>$1,000 per person</td>
</tr>
</tbody>
</table>

**Annual Out of Pocket Maximum (OOP Max)** includes medical coinsurance. Excludes the deductible and prescription drug copays/coinsurance.

<table>
<thead>
<tr>
<th>Includes medical copays</th>
<th>Excludes copays</th>
<th>Excludes copays</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 per person</td>
<td>$2,000 per person</td>
<td>$2,000 per person**</td>
</tr>
<tr>
<td>$4,000 per family</td>
<td>$6,000 per family</td>
<td>$3,000 per person*</td>
</tr>
</tbody>
</table>

**Total Out of Pocket Maximum** includes medical coinsurance and the deductible. Excludes prescription drug copays/coinsurance.

<table>
<thead>
<tr>
<th>Includes medical copays</th>
<th>Excludes copays</th>
<th>Excludes copays</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 per person</td>
<td>$2,000 per person</td>
<td>$2,100 per person</td>
</tr>
<tr>
<td>$4,000 per family</td>
<td>$6,000 per family</td>
<td>$3,400 per family</td>
</tr>
</tbody>
</table>

**Hospital Copay**

<table>
<thead>
<tr>
<th>$200 per admission</th>
<th>Deductible applies $200 copay per admission</th>
<th>$200 copay per admission</th>
</tr>
</thead>
</table>

**Hospital Pre-admission Authorization**

- Except for maternity or emergency admissions, must be authorized 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.
<table>
<thead>
<tr>
<th>Choice of Providers</th>
<th>Kaiser Permanente*</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Plan</td>
<td>Deductible Plan</td>
<td>Aetna In-Network</td>
</tr>
<tr>
<td>All care and services provided at Kaiser Permanente Facilities or network providers. Members may self-refer to most Kaiser Permanente specialists.</td>
<td>Aetna contracted providers. No primary care physician selection or referrals required. Aexcel*** specialists must be used in designated specialty areas to receive the maximum benefit.</td>
<td>Any licensed, qualified provider of your choice. Expenses paid based on recognized charges*. You pay the difference between recognized and billed charges.</td>
<td>Aetna contracted providers. No primary care physician selection or referrals required. Aexcel** specialists must be used in designated specialty areas to receive the maximum benefit.</td>
</tr>
</tbody>
</table>

**COVERED EXPENSES**

**Acupuncture**

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente*</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved.</td>
<td>$15 copay for up to 8 visits per medical diagnosis per calendar year. Additional visits when approved. Deductible applies.</td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td></td>
<td>Up to 12 visits per calendar year in- and out-of-network combined</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | | | Paid at 100% after $15 copay  
Up to 20 visits per calendar year in- and out-of-network combined |

**Alcohol/Drug Abuse Treatment (inpatient)**

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente*</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid at 100% after $200 copay per admission</td>
<td>Paid at 100% after deductible</td>
<td>Paid at 80% after $200 copay</td>
<td>Paid at 60% after $200 copay</td>
</tr>
<tr>
<td>Review and coordination of care in complex situations including residential treatment centers and partial hospitalization</td>
<td></td>
<td></td>
<td>Review and coordination of care in complex situations including residential treatment centers and partial hospitalization</td>
</tr>
</tbody>
</table>

**Alcohol/Drug Abuse Treatment (outpatient)**

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Permanente*</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid at 100% after $15 copay</td>
<td>Paid at 100% after $15 co-pay Deductible applies</td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td>Additional focus on review and coordination of care in complex situations including psychological testing, neurological testing and intensive outpatient.</td>
<td></td>
<td></td>
<td>Additional focus on review and coordination of care in complex situations including psychological testing, neurological testing and intensive outpatient.</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente*</td>
<td>City of Seattle Traditional Plan**</td>
<td>City of Seattle Preventive Plan**</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Contraceptives</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>For contraceptive drugs and devices, see Prescription Drug benefit</td>
<td>IUDs and Depo Provera covered as medical benefits. See Prescription Drug benefit.</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td></td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast pump covered at 100% through DME provider</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Medical Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paid at 100% after $15 copay</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$15 copay Deductible applies</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room (copays waived if admitted)</strong></td>
<td></td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast pump covered at 100% through DME provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paid at 80% after $150 copay</td>
<td>Paid at 90% after $150 copay If non-emergency, paid at 60% after copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150 copay Deductible applies</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td>Paid at 80% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.</td>
<td>Paid at 90% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Gender Reassignment Services</strong></td>
<td>Covered as any other service; copays/coinsurance depend on type and location of service provided.</td>
<td>Covered as any other service; copays/coinsurance depend on type and location of service provided.</td>
<td>Covered as any other service; copays/coinsurance depend on type and location of service provided.</td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Hearing Aids (per ear, every 36 months)</strong></td>
<td></td>
<td>Up to $1,000</td>
<td>Up to $1,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-network coinsurance applies whether purchased in- or out-of-network. Deductible does not apply.</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td></td>
<td>Paid at 100% when authorized. No visit limit</td>
<td>Paid at 80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined</td>
<td>Paid at 60%</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Maximum benefit of 130 visits per calendar year for in- and out-of-network combined</td>
<td></td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>Kaiser Permanente* Standard Plan</td>
<td>Deductible Plan</td>
<td>City of Seattle Traditional Plan* Aetna In-Network</td>
</tr>
<tr>
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<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Paid at 100% after $200 copay per admission</td>
<td>Paid at 100% after deductible</td>
<td>Paid at 80% after $200 copay. Physician services paid at 70% if Aexcel** specialist not used in specialty areas.</td>
<td>Paid at 60% after $200 copay</td>
</tr>
</tbody>
</table>

| Hospital Outpatient | | | | |
|---------------------|-----------------|-----------------|---------------------------------------------------|----------------|---------------------------------------------------|----------------|
| Paid at 100% after $15 copay | $15 copay Deductible applies | Paid at 80% after deductible. Physician services paid at 70% if Aexcel** specialist is not used in specialty areas. | Paid at 60% after satisfaction of deductible | Paid at 90% after deductible. Physician services paid at 80% if Aexcel** specialist is not used in specialty areas. | Paid at 60% after satisfaction of deductible |

| Hospice | | | |
|-----------------|-----------------|-----------------|---------------------------------------------------|----------------|---------------------------------------------------|----------------|
| Paid at 100% when authorized | Paid at 100% when authorized | Paid at 80% | Paid at 60% | Paid at 90% | Not covered |

| Infertility Services | | | |
|----------------------|-----------------|-----------------|---------------------------------------------------|----------------|---------------------------------------------------|----------------|
| Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. $10,000 lifetime maximum benefit. | Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. $10,000 lifetime maximum benefit. | Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. $10,000 lifetime maximum benefit. | Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. $10,000 lifetime maximum benefit. | Procedures covered are artificial insemination and ovulation induction. Copays/coinsurance depend on type and location of service provided. $10,000 lifetime maximum benefit. |

<p>| Maternity Care (delivery &amp; related hospital) | | | |
|---------------------------------------------|-----------------|-----------------|---------------------------------------------------|----------------|---------------------------------------------------|----------------|
| Paid at 100% after $200 copay per admission | Deductible applies. | Paid at 80% after $200 copay | Paid at 60% after $200 copay | Paid at 90% after $200 copay | Paid at 60% after $200 copay |
| Paid at 100% after $15 copay Routine care not subject to outpatient services copay. | $15 copay Deductible applies. Routine care not subject to outpatient services copay. | Paid 100% after one $15 copay | Paid 60% | Paid 100% after one $15 copay | Paid 60% |</p>
<table>
<thead>
<tr>
<th>Mental Health Care (inpatient)</th>
<th>Kaiser Permanente*</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Plan</td>
<td>Deductible Plan</td>
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<tr>
<td></td>
<td>Aetna In-Network</td>
<td>Out-of-Network</td>
<td>Aetna In-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Mental Health Care</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Paid at 100% after $200</td>
<td>Paid at 80% after</td>
<td>Paid at 90% after $200</td>
<td></td>
</tr>
<tr>
<td>copay</td>
<td>$200 copay</td>
<td>Paid at 60% after $200 copay</td>
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<tr>
<td></td>
<td></td>
<td>Review and coordination of care</td>
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<td></td>
<td></td>
<td>in complex situations including</td>
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<td></td>
<td></td>
<td>residential treatment centers</td>
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<td></td>
<td></td>
<td>and partial hospitalization.</td>
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<tr>
<td><strong>Mental Health Care</strong> (outpatient)</td>
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<tr>
<td>Paid at 100% after $15</td>
<td>$15 copay per</td>
<td>Paid at 100% after $15 copay</td>
<td></td>
</tr>
<tr>
<td>copay per individual, family,</td>
<td>individual, family,</td>
<td>Paid at 100% after $15 copay</td>
<td></td>
</tr>
<tr>
<td>or couple session</td>
<td>or couple session</td>
<td>Paid at 100% after $15 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deductible applies.</td>
<td>Deductible applies.</td>
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<tr>
<td></td>
<td></td>
<td>Ongoing consultation with a</td>
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<tr>
<td></td>
<td></td>
<td>behavioral health provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>by web, phone or mobile device</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>through Teledoc.</td>
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<tr>
<td></td>
<td></td>
<td>Additional focus on review and</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>coordination of care in complex</td>
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<td></td>
<td></td>
<td>situations including psychological testing, neurological testing and intensive outpatient.</td>
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</tr>
<tr>
<td><strong>Physician Office Visit</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Paid at 100% after $15</td>
<td>Paid at 80%</td>
<td>Paid at 100% after $15 copay</td>
<td></td>
</tr>
<tr>
<td>copay per visit (waived for preventive care)</td>
<td></td>
<td>Paid at 60%</td>
<td></td>
</tr>
<tr>
<td>Deductible applies</td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional access</td>
<td>Additional access to medical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to medical</td>
<td>consultation with a physician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>consultation with</td>
<td>by web, phone or mobile device</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a physician by</td>
<td>for selected short-term services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>web, phone or</td>
<td>through Teledoc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mobile device</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>for selected short-term services through Teledoc.</td>
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<tr>
<td></td>
<td>Standard Plan</td>
<td>Deductible Plan</td>
<td>City of Seattle Traditional Plan*</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Prescription Drugs (retail)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For a 30-day supply:</td>
<td>Generic: $15 copay. Generic contraceptive drugs paid at 100%. Brand: $30 copay</td>
<td>Generic: $15 copay. Generic contraceptive drugs paid at 100%. Brand: $30 copay</td>
<td>For a 31-day supply: Not covered Generic: 30% coinsurance. Generic contraceptive drugs paid at 100%. Brand: 40% coinsurance The minimum coinsurance is $10, or actual cost of the drug if less. Maximum is $100 per drug.</td>
</tr>
<tr>
<td>Smoking cessation prescription drugs not subject to pharmacy copay.</td>
<td>Smoking cessation prescription drugs not subject to pharmacy copay.</td>
<td>Smoking cessation prescription drugs not subject to pharmacy copay.</td>
<td>Smoking cessation prescription drugs not subject to pharmacy copay.</td>
</tr>
<tr>
<td><strong>Prescription Drugs (mail order)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For a 90-day supply:</td>
<td>Generic: $45 copay. Generic contraceptive drugs paid at 100%. Brand: $90 copay</td>
<td>Generic: $30 copay. Generic contraceptive drugs paid at 100%. Brand: $60 copay</td>
<td>For a 90-day supply: Not Covered Generic: 30% coinsurance. Generic contraceptive drugs paid at 100%. Brand: 40% coinsurance Minimum is $20 or double the cost of the drug if less. The maximum is $200 per drug.</td>
</tr>
<tr>
<td>Contraceptive drugs and devices are covered subject to the pharmacy copay.</td>
<td>Contraceptive drugs and devices are covered subject to the pharmacy copay.</td>
<td>Contraceptive drugs and devices are covered subject to the pharmacy copay.</td>
<td>Contraceptive drugs and devices are covered subject to the pharmacy copay.</td>
</tr>
<tr>
<td>Kaiser Permanente*</td>
<td>City of Seattle Traditional Plan*</td>
<td>City of Seattle Preventive Plan*</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
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<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plan</td>
<td>Deductible Plan</td>
<td>Aetna In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Paid at 100% after $15 copay</td>
<td>Paid at 100% after $15 copay</td>
<td>Mammograms paid at 80%</td>
<td>Mammograms paid at 60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No other preventive services are covered</td>
<td>Paid at 100% (copay waived)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Covers adult physical and well child exams, immunizations, digital rectal exams/prostate-specific antigen test, colorectal cancer screening.</td>
</tr>
<tr>
<td><strong>Rehabilitation Services (inpatient)</strong></td>
<td></td>
<td></td>
<td>Paid at 90% after $200 copay</td>
</tr>
<tr>
<td>Paid at 100% after $200 copay per admission after deductible. Maximum of 60 days per calendar year (combined with other therapy benefits)</td>
<td>Paid at 80% after $200 copay</td>
<td>Paid at 60% after $200 copay</td>
<td>Maximum of 120 days per calendar year for skilled nursing and rehab services in- and out-of-network combined</td>
</tr>
<tr>
<td>Paid at 100% after $15 copay Deductible applies. Maximum of 60 visits per calendar year (combined with other therapy benefits)</td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
<td></td>
</tr>
<tr>
<td><strong>Rehabilitation Services (outpatient)</strong></td>
<td></td>
<td></td>
<td>Paid at 100% after $15 copay</td>
</tr>
<tr>
<td>Paid at 100% after $15 copay</td>
<td>Paid at 80%</td>
<td>Paid at 60%</td>
<td>Twenty-five visits per calendar year for physical, massage and occupational therapy. Additional visits may be covered if deemed medically necessary. Coinsurance does not apply to OOP Max.</td>
</tr>
<tr>
<td></td>
<td>Twenty-five visits per calendar year for physical, massage and occupational therapy. Additional visits may be covered if deemed medically necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td></td>
<td></td>
<td>Paid at 90% after $200 copay</td>
</tr>
<tr>
<td>Paid at 100%. 60-day maximum per calendar year.</td>
<td>Paid at 100% after deductible. 60-day maximum per calendar year.</td>
<td>Paid at 80% after $200 copay</td>
<td>Paid at 60% after $200 copay</td>
</tr>
<tr>
<td></td>
<td>Maximum of 90 days per calendar year for in- and out-of-network combined</td>
<td>Maximum of 120 days per calendar year for rehab services and skilled nursing in- and out-of-network combined</td>
<td></td>
</tr>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td></td>
<td></td>
<td>Paid at 100%</td>
</tr>
<tr>
<td>Paid at 100% for individual or group sessions</td>
<td>Paid at 100% for individual or group sessions</td>
<td>Lifetime maximum of one 90-day supply of aids or drugs.</td>
<td></td>
</tr>
<tr>
<td>Nicotine replacement therapy included in Prescription Drug benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>Not covered</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Smoking cessation prescription drugs covered subject to 10% generic, 20% brand drug coinsurance.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not covered

Generic, 20% brand drug coinsurance.
<table>
<thead>
<tr>
<th>Kaiser Permanente*</th>
<th>City of Seattle Traditional Plan*</th>
<th>City of Seattle Preventive Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Plan</strong></td>
<td><strong>Deductible Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Spinal Manipulations</td>
<td>Paid at 100% after $15 copay</td>
<td>Paid at 80%</td>
</tr>
<tr>
<td></td>
<td>$15 copay. Deductible applies.</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td>Sterilization Procedures</td>
<td>Inpatient: Paid at 100% after $200 copay</td>
<td>Inpatient: Paid at 80% after $200 copay</td>
</tr>
<tr>
<td></td>
<td>Outpatient: Paid at 100% after $15 copay</td>
<td>Outpatient: Paid at 80%</td>
</tr>
<tr>
<td></td>
<td>$15 copay Deductible applies</td>
<td>Outpatient: Paid at 60%</td>
</tr>
<tr>
<td>Temporomandibular Joint Services</td>
<td>Covered as any other service; copays/coinsurance depend on type and location of service provided.</td>
<td>Covered as any other service; copays/coinsurance depend on type and location of service provided.</td>
</tr>
<tr>
<td>Tooth Injury (due to accident)</td>
<td>Not covered</td>
<td>Inpatient: Paid at 80% after $200 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient: Paid at 80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Exam/Hardware</td>
<td>Exam: Paid at 100% after $15 copay. One exam every 12 months. Hardware: Not covered.</td>
<td>Covered under VSP.</td>
</tr>
<tr>
<td></td>
<td>Exam: Paid at 100% after $15 copay. One exam every 12 months. Hardware: Not covered.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente*</td>
<td>City of Seattle Traditional Plan*</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>Standard Plan</td>
<td>Aetna In-Network</td>
</tr>
<tr>
<td></td>
<td>Deductible Plan</td>
<td></td>
</tr>
<tr>
<td>X-ray and Lab Tests</td>
<td>Paid at 100%</td>
<td>Paid at 80%</td>
</tr>
<tr>
<td></td>
<td>Paid at 100%</td>
<td>Paid at 60%</td>
</tr>
<tr>
<td></td>
<td>Deductible applies</td>
<td>Provider responsible for obtaining precertification of high tech radiology</td>
</tr>
</tbody>
</table>

* Coverage for any service is subject to the carrier’s determination of medical necessity and adherence to their clinical policy guidelines.

** 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.

*** Applies to Aetna – Aexcel network, a specialty network of doctors in 13 specialty areas. The coinsurance level will drop 10% for non-Aexcel doctors in the 13 specialty areas (coinsurance applies to in-network, out-of-pocket maximum). Call 1-877-292-2480 for more information about the Aexcel network.

Plan details are in your medical plan booklet at [www.seattlehousing.org](http://www.seattlehousing.org) under the “Work at SHA.” This document is not a contract.