

2021 MONTHLY MEDICAL PREMIUM RATES

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
KAISER WA CLASSIC	\$189	\$388	\$331	\$530
KAISER WA VALUE	\$112	\$234	\$196	\$318
KAISER WA CDHP	\$26	\$62	\$46	\$82
UNIFORM MEDICAL PLAN CLASSIC	\$105	\$220	\$184	\$299
UNIFORM MEDICAL PLAN CDHP	\$25	\$60	\$44	\$79
UMP PLUS - UW	\$72	\$154	\$126	\$208
UMP SELECT	\$37	\$84	\$65	\$112

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PLAN	MEMBER COST	2021
KAISER WA CLASSIC	Annual Deductible	\$175/Individual, \$525/Family
	Rx Deductible	\$100/Individual, \$300/Family
	Out-of-Pocket Limit	\$2,000/Individual, \$4,000/Family
	Office Visit Copay	\$15-\$30
KAISER WA VALUE	Annual Deductible	\$250/Individual, \$750/Family
	Rx Deductible	\$100/Individual, \$300/Family
	Out-of-Pocket Limit	\$3,000/Individual, 6,000/Family
	Office Visit Copay	\$30-\$50
KAISER WA CDHP	Annual Deductible	\$1,400/Individual, \$2,800/Family
	Rx Deductible	Prescription Drug Cost Apply Towards Deductible.
	Out-of-Pocket Limit	\$5,100/Individual, \$10,200/ Family
	Office Visit Co-insurance	10%-30%*Extended Network
UNIFORM MEDICAL PLAN CLASSIC	Annual Deductible	\$250/Individual, \$750/Family
	Rx Deductible	\$100/Individual, \$300/Family
	Out-of-Pocket Limit	\$2000/Individual, \$4,000/Family
	Co-insurance	15%
UNIFORM MEDICAL PLAN CDHP	Annual Deductible	\$1,400/Individual, \$2,800/Family
	Rx Deductible	Prescription Drug Cost Apply Towards Deductible.
	Out-of-Pocket Limit	\$4,200/Individual, \$8,400/Family
	Coinsurance	15%
UMP PLUS – UW ACCOUNTABLE CARE NETWORK	Annual Deductible	\$125/Individual, \$375/Family
	Out-of-Pocket Limit	\$2,000/Individual, \$4,000/Family
	Coinsurance	0% -15%

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UMP SELECT	Annual Deductible	\$750/Individual, \$2250/Family
	Rx Deductible	\$250/Individual, \$750/Family
	Out-of-Pocket Limit	\$3500/Individual, \$7,000/Family
	Coinsurance	20%

**Updated 10/19/2020*