SOUND HEALTH & WELLNESS TRUST

MEDICAL, PRESCRIPTION DRUG AND VISION OPTIONS

FOR

SOUNDPLUS PLAN

2026 OPEN ENROLLMENT

Sound Health & Wellness Trust

Comparison of Medical/Prescription Drug/Vision Benefits Effective January 1, 2026

	SoundPlus PPO Plan	SoundPlus Kaiser Permanente Plan	SoundPlus ACO Plan
Definition and Service Area	The PPO Plan's Preferred Provider Network is the Aetna Choice POS II Network. When you use Preferred Providers for medical services, your benefits will be greater. All services provided by non-preferred providers are paid at the lower out of Network level and are subject to Usual, Customary and Reasonable (UCR) charges.	When you choose In-Network care, you get access to all Kaiser Permanente providers. In addition, you have access to a number of contracted community physicians in the area. If you choose Out of Network care, you can see First Choice Health Network or First Health providers at a discounted rate. Or you can see any licensed provider you want for most covered services. Your out of pocket costs will be higher than if you choose care inside the Kaiser network.	The ACO Plan uses a Network of providers and facilities that are part of or affiliated with the Providence-Swedish health care system. You will receive the highest level of benefits when you use an ACO provider or facility. If you use a Preferred Provider from the Aetna Choice POS II Network for medical services, your benefits may be paid at the lower out of Network level if those services are available through the ACO unless your ACO provider refers you. All services provided by non-preferred providers are subject to Usual, Customary and Reasonable (UCR) charges.
Weekly Employee Premium Deductions	Employee only - $11 Employee & spouse - $23 Employee & child(ren) - $17 Family - $25	Employee only - $7 Employee & spouse - $17 Employee & child(ren) - $11 Family - $21	Employee only - $7 Employee & spouse - $17 Employee & child(ren) - $11 Family - $21

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	SoundPlus PPO Plan	SoundPlus Kaiser Permanente Plan	SoundPlus ACO Plan
Annual net deductible (per calendar year)			
▪ Employee Only	$250 for Preferred Providers $500 for non-preferred providers	$250 for Kaiser (In-Network) Providers $500 for Out of Network Providers	$250 for ACO Providers and Aetna Network Providers when services are not available through an ACO Provider $500 for non-ACO Providers, Aetna Network Providers when services are available through the ACO and Out of Network Providers
▪ Family	$500 for Preferred Providers $1,000 for non-preferred providers For family coverage, the deductible applies to the family as a whole. Note: If you (and your enrolled spouse) do not update your contact information, take your Personal Health Assessment (PHA), choose a Primary Care Physician (PCP) and complete health actions during the available time period, your deductible will be higher.	$500 for Kaiser (In-Network) Providers $1,000 for Out of Network Providers For family coverage, the deductible applies to the family as a whole. Note: If you (and your enrolled spouse) do not update your contact information, take your Health Profile, choose a Primary Care Physician (PCP) and complete health actions during the available time period, your deductible will be higher.	$500 for ACO Providers and Aetna Network Providers when services are not available through an ACO Provider $1,000 for non-ACO Providers, Aetna Network Providers when services are available through the ACO and Out of Network Providers For family coverage, the deductible applies to the family as a whole. Note: If you (and your enrolled spouse) do not update your contact information, take your Personal Health Assessment (PHA), choose a Primary Care Physician (PCP) and complete health actions during the available time period, your deductible will be higher.
Annual Out of Pocket (OOP) Maximum (per calendar year)			
▪ Employee Only	$2,250 for Preferred Providers $4,500 for non-preferred providers	$2,250 for Kaiser (In-Network) Providers $4,500 for Out of Network Providers	$2,250 for ACO Providers and Aetna Network Providers when services are not available through an ACO Provider $4,500 for non-ACO Providers, Aetna Network Providers when services are available through the ACO and Out of Network Providers

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▪ Family Deductible and co-insurance apply to the OOP maximum.	$4,500 for Preferred Providers $9,000 for non-preferred providers Overall in-network out-of-pocket limit on Essential Health Benefits: $9,100 person / $18,200 family For employees with Family coverage, the "Employee Only coverage" maximum will apply to each covered individual until the "Family coverage" maximum is met. Note: If you (and your enrolled spouse) do not update your contact information, take your Personal Health Assessment (PHA), choose a Primary Care Physician (PCP) and complete health actions during the available time period, your out of pocket will be higher.	$4,500 for Kaiser (In-Network) Providers $9,000 for Out of Network Providers Overall in-network out-of-pocket limit on Essential Health Benefits: $9,100 person / $18,200 family For employees with Family coverage, the "Employee Only coverage" maximum will apply to each covered individual until the "Family coverage" maximum is met. Note: If you (and your enrolled spouse) do not update your contact information, take your Health Profile, choose a Primary Care Physician (PCP) and complete health actions during the available time period, your deductible will be higher.	$4,500 for ACO Providers and Aetna Network Providers when services are not available through an ACO Provider $9,000 for non-ACO Providers, Aetna Network Providers when services are available through the ACO and Out of Network Providers Overall in-network out-of-pocket limit on Essential Health Benefits: $9,100 person / $18,200 family For employees with Family coverage, the "Employee Only coverage" maximum will apply to each covered individual until the "Family coverage" maximum is met. Note: If you (and your enrolled spouse) do not update your contact information, take your Personal Health Assessment (PHA), choose a Primary Care Physician (PCP) and complete health actions during the available time period, your out of pocket will be higher.
	All benefits described below are paid at the percentage indicated after satisfaction of the annual deductible unless otherwise noted.	All benefits described below are paid at the percentage indicated after satisfaction of the annual deductible unless otherwise noted.	All benefits described below are paid at the percentage indicated after satisfaction of the annual deductible unless otherwise noted.
Hospital ▪ Inpatient and Outpatient	85% for preferred hospitals 60% for non-preferred hospitals ($250 penalty if hospitalization is not pre-certified – does not apply to OOP maximums.)	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% for ACO hospitals 60% for Aetna Network (unless referred by an ACO provider) or Out of Network hospitals ($250 penalty if hospitalization is not pre-certified – does not apply to OOP maximums.)
▪ Emergency Room (Copay applies only to the Essential Health Benefits OOP maximum)	$100 copay, waived if admitted. 85% for preferred hospitals 60% for non-preferred hospitals Life endangering medical emergency at non-preferred hospital covered as if preferred hospital	$100 copay at Kaiser and non-designated facilities, waived if admitted. Worldwide emergency care is covered.	$100 copay, waived if admitted. 85% for ACO or Aetna Network hospitals 60% for Out of Network hospitals Life endangering medical emergency at non-preferred hospital covered as if preferred hospital (subject to

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	(subject to UCR).		UCR).
Ambulance (air/ground)	85% for preferred providers 60% for non-preferred providers	85% for preferred providers 60% for non-preferred providers	85% for ACO or Aetna Network Providers 60% for Out of Network Providers
Surgical Services (PCP, non-PCP, inpatient or outpatient)	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% for ACO providers 60% for Aetna Network (unless referred by an ACO provider) or Out of Network providers
Anesthesia (including supplies)	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% for ACO providers 60% for Aetna Network (unless referred by an ACO provider) or Out of Network providers
Second Surgical Opinion	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% for ACO or Aetna Network Providers 60% for Out of Network Providers
Ambulatory Surgical Center	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% for ACO providers 60% for Aetna Network (unless referred by an ACO provider) or Out of Network providers
Physician Inpatient Visits	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% for ACO or Aetna Network Providers 60% for Out of Network Providers
Physician Office Visits • primary care services by PCP • non-preventive or non-primary care services	85% for preferred providers 60% for non-preferred providers 85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers 85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	100% ACO Network PCP- no deductibles or coinsurance 60% Aetna Network PCP 60% Aetna Network provider 60% non-ACO/non-Aetna Network provider 85% ACO Network PCP 85% other ACO Network provider 85% Referred by ACO provider to Aetna Network

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	SoundPlus PPO Plan	SoundPlus Kaiser Permanente Plan	SoundPlus ACO Plan
			provider 60% Aetna Network PCP 60% Aetna Network provider 60% non-ACO/non-Aetna Network provider
Preventive Care: ▪ Physical Exam ▪ Preventive Screenings, Lab Tests ▪ Immunizations and Flu Shots	All covered preventive services covered in accordance with the Plan's preventive care schedule (refer to the Summary Plan Description booklet): 100% for preferred providers - no deductibles or coinsurance 60% for non-preferred providers - after deductible	All preventive services covered in accordance with Kaiser well care schedule: 100% for Kaiser (In-Network) Providers (no deductible) 60% for Out of Network Providers (after deductible)	All covered preventive services covered in accordance with the Plan's preventive care schedule (refer to the Summary Plan Description booklet): 100% ACO Network PCP - no deductible 100% other ACO Network provider - no deductible 60% Aetna Network PCP 60% Aetna Network provider 60% non-ACO/non-Aetna Network provider
Diagnostic X-ray and Lab • primary care services through your PCP	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	100% ACO Network - no deductible 85% Referred by ACO provider to Aetna Network provider 60% Aetna Network PCP for primary care services
• non-preventive or non-primary care services	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% ACO Network provider 85% Aetna Network provider 60% non-ACO/non-Aetna Network provider
Imaging	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% ACO Network provider 85% Aetna Network provider 60% non-ACO/non-Aetna Network provider
Dental Treatment	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers for treatment for	85% Aetna Network provider 60% non-Aetna Network provider

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	SoundPlus PPO Plan	SoundPlus Kaiser Permanente Plan	SoundPlus ACO Plan
	for treatment for accidental injuries to natural teeth or fractured jaw if treatment is performed within six months from the date of accident. Routine dental treatment is not covered.	accidental injuries to natural teeth or fractured jaw if treatment is performed within six months from the date of accident. Routine dental treatment is not covered.	for treatment for accidental injuries to natural teeth or fractured jaw if treatment is performed within six months from the date of accident. Routine dental treatment is not covered.
Medical Supplies, Equipment and Prosthetic Devices	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% Aetna Network provider 60% non-Aetna Network provider
Mental and Nervous Disorder			
• Inpatient	85% for preferred providers 60% for non-preferred providers	85% at Kaiser approved facility 60% for Out of Network facilities ▪ Excess does not apply to OOP maximum	85% ACO Network facility 85% Aetna Network facility 85% Referred by ACO provider to Aetna Network facility 60% non-ACO/non-Aetna Network facility
• Outpatient	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers ▪ Excess does not apply to OOP maximum	85% ACO Network provider 85% Aetna Network provider 60% non-ACO/non-Aetna Network provider
Chiropractic Care (Excess of the $60 per visit applies only to the Essential Health Benefits OOP maximum. Excess of the 20 visits per calendar year does not apply to the OOP maximums-PPO/ACO.)	85% for preferred providers 60% for non-preferred providers ▪ Benefit limited to $60 per visit ▪ PPO providers provide a discount ▪ Maximum of 20 visits per calendar year Chiropractic x-rays limited to one set from one chiropractic visit, per calendar year	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers ▪ Maximum of 10 self-referral visits for manipulative therapy of the spine and extremities per calendar year; additional visits available when approved by Kaiser (In-Network)	85% Aetna Network provider 60% non-Aetna Network provider ▪ Benefit limited to $60 per visit ▪ PPO providers provide a discount ▪ Maximum of 20 visits per calendar year Chiropractic x-rays limited to one set from one chiropractic visit, per calendar year
Podiatry (Excess of the $80 per visit and 12 visits per calendar year applies only to the Essential Health Benefits OOP maximum-	85% for preferred providers 60% for non-preferred providers ▪ Benefit limited to $80 per visit ▪ Maximum of 12 visits per calendar year	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers ▪ Routine foot care not covered, except in the presence of a non-related medical condition affecting the lower limbs	85% Aetna Network provider 60% non-Aetna Network provider ▪ Benefit limited to $80 per visit ▪ Maximum of 12 visits per calendar year

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PPO/ACO.)			
Acupuncture (9th through the 12th non-covered visit applies only to the Essential Health Benefits OOP maximum.)	85% for preferred providers 60% for non-preferred providers ▪ Maximum of 8 visits per calendar year	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers ▪ Maximum of 8 self-referral visits per calendar year; additional visits available when approved by Kaiser (In-Network)	85% Aetna Network provider 60% non-Aetna Network provider ▪ Maximum of 8 visits per calendar year
Naturopaths (Excess does not apply to OOP maximum)	85% for preferred providers 60% for non-preferred providers ▪ Maximum of 5 visits per calendar year	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers Maximum of 5 self-referral visits per calendar year; additional visits available when approved by Kaiser (in Network)	85% Aetna Network provider 60% non-Aetna Network provider ▪ Maximum of 5 visits per calendar year
Hearing Aid (Excess does not apply to OOP maximum)	85% for preferred providers 60% for non-preferred providers ▪ Maximum of $2,000 in any 3 consecutive calendar years for exam and hearing aid ▪ Rental charges covered for up to 30 days	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers for exams to determine hearing loss ▪ Hearing aids, including hearing aid exams, are covered up to a maximum of $1,000 per ear, limited to one aid per ear during any 3-year period when authorized by a Kaiser physician (In-Network) or with a physician prescription (Out of Network)	85% Aetna Network provider 60% non-Aetna Network provider ▪ Maximum of $2,000 in any 3 consecutive calendar years for exam and hearing aid ▪ Rental charges covered for up to 30 days
Skilled Nursing Facility	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers ▪ Maximum of 60 days per calendar year	85% ACO Network facility 85% Aetna Network facility 60% non-ACO/non-Aetna Network facility
Home Health Care	100% for preferred providers (no deductible) 60% for non-preferred providers ▪ Must be in lieu of confinement in hospital or skilled nursing facility	Covered in full (Out of Network subject to UCR) ▪ Must be in lieu of confinement in hospital or skilled nursing facility	100% ACO Network provider (no deductible) 100% Aetna Network provider (no deductible) 60% non-ACO/non-Aetna Network provider ▪ Must be in lieu of confinement in hospital or skilled nursing facility

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Hospice	100% for preferred providers (no deductible) 60% for non-preferred providers	Covered in full (Out of Network subject to UCR)	100% ACO Network provider (no deductible) 100% Aetna Network provider (no deductible) 60% non-ACO/non-Aetna Network provider
Transplant Benefit	85% for preferred providers 60% for non-preferred providers Covers only listed procedures	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers	85% ACO Network provider 85% Aetna Network provider 60% non-ACO/non-Aetna Network provider Covers only listed procedures
Rehabilitation ▪ Outpatient Services	85% for preferred providers 60% for non-preferred providers Maximum of 45 visits per condition per calendar year for physical, occupational, restorative speech, hand and cardiac therapy combined, including services for neurodevelopmentally disabled children age 6 and under	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers Maximum of 45 visits per condition per calendar year for physical, occupational and restorative speech therapy combined, including services for neurodevelopmentally disabled children age 6 and under	85% ACO Network provider 85% Aetna Network provider 60% non-ACO/non-Aetna Network provider Maximum of 45 visits per condition per calendar year for physical, occupational and restorative speech therapy combined, including services for neurodevelopmentally disabled children age 6 and under
▪ Inpatient Services	85% for preferred providers 60% for non-preferred providers Maximum of 30 days per condition per calendar year for physical, occupational, restorative speech, hand and cardiac therapy combined, including services for neurodevelopmentally disabled children age 6 and under	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers Maximum of 30 days per condition per calendar year for physical, occupational and restorative speech therapy combined, including services for neurodevelopmentally disabled children age 6 and under	85% ACO Network provider 85% Aetna Network provider 60% non-ACO/non-Aetna Network provider Maximum of 30 days per condition per calendar year for physical, occupational and restorative speech therapy combined, including services for neurodevelopmentally disabled children age 6 and under
Substance Abuse Treatment ▪ Inpatient	85% for preferred providers 60% for non-preferred providers	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers 85% for Kaiser (In-Network) Providers	85% Aetna Network provider 60% non-Aetna Network provider

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	SoundPlus PPO Plan	SoundPlus Kaiser Permanente Plan	SoundPlus ACO Plan
▪ Outpatient	85% for preferred providers 60% for non-preferred providers	60% for Out of Network Providers	85% Aetna Network provider 60% non-Aetna Network provider

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Prescription Drug Benefits			
Copays and all prescription drug benefit requirements are the same for both the PPO Plan and the ACO Plan. If you do not identify yourself or dependents as a member of the Sound Health & Wellness Trust to the pharmacist when your prescription is filled, you will be assessed a processing fee in addition to the co-pay. The processing fee for generic is $10; the processing fee for Brand is $20. Copays apply only to the Essential Health Benefits OOP maximum. Processing fees do not apply to the OOP maximums.			
Retail (30-day supply)	Purchased at a "Trust Network" Pharmacy – copay per 30-day supply:	Copay per 30-day supply (no deductible):	Purchased at a "Trust Network" Pharmacy – copay per 30-day supply:
Tier 0: Some highly cost-effective medications ▪ Cholesterol Lowering Medications (Simvastatin) ▪ Proton Pump Inhibitors (Omeprazole – generic of Prilosec OTC, with physician Rx) ▪ Non-sedating Antihistamines (Loratadine - generic of Claritin OTC, with physician RX) ▪ Diabetes products (Metformin and lancets)	$0 copay	$0 copay	$0 copay
Tier 1: Current Generics, some future generics	$6 copay	$6 copay for Generics if on formulary	$6 copay
Tier 2: Most brand drugs, and costlier or less desirable future generics	$22 copay	$22 copay for Brand if on formulary	$22 copay
Tier 3: Non-Preferred brand drugs and some undesirable future generics	$35 copay	$35 copay if not on formulary (Brand or Generic)	$35 copay
Brand Name Drug with Generic Available: If you fill a prescription for a brand name drug when there is a generic	Generic copay plus the actual difference in cost between the generic and the brand name drug	Generic copay plus the actual difference in cost between the generic and the brand name drug.	Generic copay plus the actual difference in cost between the generic and the brand name drug.

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Maintenance "Mail" at Retail ▪ Tier 3 maintenance drugs	Purchased at certain "Trust Network" pharmacies: $66 for a 90-day supply	Not available	Purchased at certain "Trust Network" pharmacies: $66 for a 90-day supply
Mail Order ▪ Tier 0 ▪ Tier 1 ▪ Tier 2 ▪ Tier 3 Brand Name Drug with Generic Available	Optional (up to 90-day supply) (copays listed are for a 90-day supply) $0 copay $18 copay $66 copay $70 copay Generic copay plus the actual difference in cost between the generic and the brand name drug	Optional (90-day supply) (copays listed are for a 90-day supply) ▪ Must use Mail Order Program $0 copay $18 copay for Generic if on formulary $66 copay for Brand if on formulary $105 copay if not on formulary (brand or generic) Generic copay plus the actual difference in cost between the generic and the brand name drug	Optional (90-day supply) (copays listed are for a 90-day supply) $0 copay $18 copay $66 copay $70 copay Generic copay plus the actual difference in cost between the generic and the brand name drug

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Exam	100% at a VSP provider, up to $50 at a non-VSP provider after a $10 copay, once each 12 months from last date of service	85% for Kaiser (In-Network) Providers 60% for Out of Network Providers (no deductible), once each 12 consecutive months	100% at a VSP provider, up to $50 at a non-VSP provider after a $10 copay, once each 12 months from last date of service
Vision Hardware			
▪ Lenses	100% at a VSP provider, from $50 to $125 at a non-VSP provider; depending on the lenses, once each 12 months from last date of service	Up to $200 (no deductible); once each 12 consecutive months (Amounts over $200 apply to the Essential health Benefits OOP maximum)	100% at a VSP provider, from $50 to $125 at a non-VSP provider; depending on the lenses, once each 12 months from last date of service
▪ Frames	Up to $170 allowance at a VSP provider, up to $90 at a non-VSP provider; once each 24 months from last date of service		Up to $170 allowance at a VSP provider, up to $90 at a non-VSP provider; once each 24 months from last date of service
▪ Contact lenses	Up to $60 copay for contact lens exam (fitting and evaluation) $170 allowance contact lenses at a VSP provider, up to $145 at a non-VSP provider; once each 12 months from last date of service (contacts are in lieu of lenses)		Up to $60 copay for contact lens exam (fitting and evaluation) $170 allowance contact lenses at a VSP provider, up to $145 at a non-VSP provider; once each 12 months from last date of service (contacts are in lieu of lenses)

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FURTHER QUESTIONS?

SoundPlus PPO or ACO Plan
206-282-4500 or 800-225-7620
(Choose member, then option 2)

SoundPlus Kaiser Permanente Plan
888-901-4636