



Healthcare Comparison

Willamette University 2024-25

Plan Name & Provider Network	Option 1: Kaiser Medical HMO	Option 2: Added Choice PPO		
	Kaiser Providers	Tier 1 Kaiser Providers	Tier 2 First Choice PPO Providers	Tier 3 Non-Participating Providers
Annual Deductible (January – December) Annual Out-of-Pocket Maximum <i>*Tier 1 & 2 cross accumulate</i>	Individual \$500 Family \$1,500	Individual \$1,000 Family \$3,000	Individual \$2,000 Family \$6,000	Individual \$3,000 Family \$9,000