

# 2020 PEBB Medical Benefits Cost Comparison

The chart below briefly compares the per-visit costs of some in-network benefits for PEBB medical plans. Some copays and coinsurance do not apply until after you have paid your annual deductible. Call the plans directly for more information on specific benefits, including preauthorization requirements and exclusions.

Annual Costs (You pay)	Medical deductible Applies to medical out-of-pocket limit	Medical out-of-pocket limit <sup>1</sup> (See separate prescription drug out-of-pocket limit for some plans.)	Prescription drug deductible	Prescription drug out-of-pocket limit <sup>1</sup>
<b>Kaiser Foundation Health Plan of the Northwest</b>				
<b>Kaiser Permanente NW Classic<sup>2</sup></b>	\$300/person \$900/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered services apply.	None	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
<b>Kaiser Permanente NW CDHP<sup>2</sup></b>	\$1,400/person \$2,800/family*	\$5,100/person • \$10,200/family Your deductible, copays, and coinsurance for most covered services apply.	Prescription drug costs apply toward medical deductible.	
<b>Kaiser Foundation Health Plan of Washington</b>				
<b>Kaiser Permanente WA Classic</b>	\$175/person \$525/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	\$100/person \$300/family (Tier 2 and 3 drugs only)	\$2,000/person \$8,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
<b>Kaiser Permanente WA CDHP Individual</b>	\$1,400/person	\$5,100/person Your deductible and coinsurance for all covered services apply.	Prescription drug costs apply toward medical deductible.	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
<b>Kaiser Permanente WA CDHP Family</b>	\$2,800/person \$2,800/family*	\$5,100/person • \$10,200/family Your deductible and coinsurance for all covered services apply.		
<b>Kaiser Permanente WA SoundChoice</b>	\$125/person \$375/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	\$100/person \$300/family Does not apply to value and Tier 1 drugs	\$2,000/person \$8,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
<b>Kaiser Permanente WA Value</b>	\$250/person \$750/family	\$3,000/person • \$6,000/family Your deductible, copays, and coinsurance for all covered services apply.		
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>				
<b>UMP Classic</b>	\$250/person \$750/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.	\$100/person \$300/family (Tier 2 drugs only)	\$2,000/person \$4,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
<b>UMP CDHP</b>	\$1,400/person \$2,800/family*	\$4,200/person • \$8,400/family (\$6,900 per person in a family) <sup>3</sup> Your deductible and coinsurance for most covered services apply.	Prescription drug costs apply toward medical deductible.	Prescription coinsurance applies to the medical out-of-pocket limit.
<b>UMP Plus–PSHVN</b>	\$125/person \$375/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.	None	\$2,000/person \$4,000/family Your coinsurance for all covered prescription drugs applies.
<b>UMP Plus–UW Medicine ACN</b>				

\*Must meet family combined deductible (medical and prescription drug) before plan pays benefits.

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Benefits (You pay)	Ambulance Air or ground, per trip	Diagnostic tests, laboratory, and x-rays	Durable medical equipment, supplies, and prosthetics	Emergency room (Copay waived if admitted)	Hearing		Home health
					Routine annual exam	Hardware	
<b>Kaiser Foundation Health Plan of the Northwest</b>							
Kaiser Permanente NW Classic <sup>2</sup>	15% <sup>4</sup>	\$10 <sup>4</sup>	20% <sup>1</sup>	15% <sup>4</sup>	\$35	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	15% <sup>4</sup>
Kaiser Permanente NW CDHP <sup>2</sup>	15% <sup>4</sup>	15% <sup>4</sup>	20% <sup>4</sup>	15% <sup>4</sup>	\$30 <sup>4</sup>	You pay any amount over \$800 every 36 months after deductible has been met for hearing aid and rental/repair combined.	15% <sup>4</sup>
<b>Kaiser Foundation Health Plan of Washington</b>							
Kaiser Permanente WA Classic	20%	\$0 <sup>4</sup> MRI/CT/PET scan \$30 <sup>4</sup>	20%	\$250 <sup>1</sup>	Primary care \$15 <sup>1</sup> Specialist \$30 <sup>4</sup>	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	\$0
Kaiser Permanente WA CDHP	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>		10% <sup>1</sup>
Kaiser Permanente WA SoundChoice	20%	15% <sup>4</sup>	15% <sup>4</sup>	\$75 + 15% <sup>4</sup>	Primary care \$0 Specialist 15% <sup>4</sup>		15% <sup>4</sup>
Kaiser Permanente WA Value	20%	\$0 <sup>4</sup> MRI/CT/PET scan \$50 <sup>4</sup>	20%	\$300 <sup>4</sup>	Primary care \$30 <sup>4</sup> Specialist \$50 <sup>4</sup>		\$0
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>							
UMP Classic	20%	15%	15%	\$75 + 15%	\$0	You pay any amount over \$800 every three calendar years for hearing aid and rental/repair combined. (CDHP is subject to deductible.)	15%
UMP CDHP	20%	15%	15%	15%	15%		15%
UMP Plus– PSHVN	20%	15%	15%	\$75 + 15%	\$0		15%
UMP Plus– UW Medicine ACN	20%	15%	15%	\$75 + 15%	\$0		15%

<sup>1</sup> Premiums, charges for services in excess of a benefit, charges in excess of the plan's allowed amount, coinsurance for out-of-network providers (UMP)<sup>3</sup>, and charges for non-covered services do not apply to the out-of-pocket limits. Non-covered services include, but are not limited to, member costs above the vision and hearing aid hardware maximums.

<sup>2</sup> Kaiser Foundation Health Plan of the Northwest, offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

<sup>3</sup> UMP Classic and UMP CDHP members who see an out-of-network provider will pay 40% coinsurance of the plan's allowed amount for most services, plus any amount the provider charges over the allowed amount (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.

<sup>4</sup> Amount you pay after deductible.

Benefits (You pay)	Hospital services		Office visit					
	Inpatient	Outpatient	Primary care	Urgent care	Specialist	Mental health	Chemo-therapy	Radiation
<b>Kaiser Foundation Health Plan of the Northwest</b>								
Kaiser Permanente NW Classic <sup>2</sup>	15% <sup>4</sup>	15% <sup>4</sup>	\$25	\$45	\$35	\$25	\$0	\$0
Kaiser Permanente NW CDHP <sup>2</sup>	15% <sup>4</sup>	15% <sup>4</sup>	\$20 <sup>4</sup>	\$40 <sup>4</sup>	\$30 <sup>4</sup>	\$20 <sup>4</sup>	\$0	\$0
<b>Kaiser Foundation Health Plan of Washington</b>								
Kaiser Permanente WA Classic	\$150/day up to \$750 maximum/admission <sup>4</sup>	\$150 <sup>4</sup>	\$15 <sup>4</sup>	\$15 <sup>4</sup>	\$30 <sup>4</sup>	\$15 <sup>4</sup>	\$30 <sup>4</sup>	\$30 <sup>4</sup>
Kaiser Permanente WA CDHP	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>	10% <sup>4</sup>
Kaiser Permanente WA SoundChoice	\$500/admission <sup>4</sup>	15% <sup>4</sup>	\$0	15% <sup>4</sup>				
Kaiser Permanente WA Value	\$250/day up to \$1,250 maximum/admission <sup>4</sup>	\$200 <sup>4</sup>	\$30 <sup>4</sup>	\$30 <sup>4</sup>	\$50 <sup>4</sup>	\$30 <sup>4</sup>	\$50 <sup>4</sup>	\$50 <sup>4</sup>
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>								
UMP Classic	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	15%	15%	15%	15%	15%	15%
UMP CDHP	15%	15%	15%	15%	15%	15%	15%	15%
UMP Plus–PSHVN	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	\$0	15%	15%	15%	15%	15%
UMP Plus–UW Medicine ACN	\$200/day up to \$600 maximum/year per person + 15% professional fees	15%	\$0	15%	15%	15%	15%	15%

(continued)

Benefits (You pay)	Physical, occupational, and speech therapy  (per-visit cost for 60 visits/year combined)	Prescription drugs Retail Pharmacy (up to a 30-day supply)					
		Value Tier	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Kaiser Foundation Health Plan of the Northwest</b>							
Kaiser Permanente NW Classic <sup>2</sup>	\$35	—	\$15	\$40	\$75	50% up to \$150	—
Kaiser Permanente NW CDHP <sup>2</sup>	\$30 <sup>4</sup>	—	\$15 <sup>4</sup>	\$40 <sup>4</sup>	\$75 <sup>4</sup>	50% up to \$150 <sup>4</sup>	—
<b>Kaiser Foundation Health Plan of Washington</b>							
Kaiser Permanente WA Classic	\$30 <sup>4</sup>	\$5	\$20	\$40 <sup>4</sup>	50% up to \$250 <sup>4</sup>	—	—
Kaiser Permanente WA CDHP	10% <sup>4</sup>	\$5 <sup>4</sup>	\$20 <sup>4</sup>	\$40 <sup>4</sup>	50% up to \$250 <sup>4</sup>	—	—
Kaiser Permanente WA SoundChoice	15%* <sup>4</sup>	\$5	\$15	\$60 <sup>4</sup>	50% <sup>4</sup>	\$150 <sup>4</sup>	50% up to \$400 <sup>4</sup>
Kaiser Permanente WA Value	\$50 <sup>4</sup>	\$5	\$25	\$50 <sup>4</sup>	50% <sup>4</sup>	\$150 <sup>4</sup>	50% up to \$400 <sup>4</sup>
<b>Uniform Medical Plan (UMP)</b>							
UMP Classic	15%	5% up to \$10	10% up to \$25	30% up to \$75	—	—	—
UMP CDHP	15%	15%	15%	15%	—	—	—
UMP Plus— PSHVN	15%	5% up to \$10	10% up to \$25	30% up to \$75	—	—	—
UMP Plus— UW Medicine ACN	15%	5% up to \$10	10% up to \$25	30% up to \$75	—	—	—

\*Massage no longer included. Now a separate benefit with 16 visits per year.

Benefits (You pay)	Prescription drugs				
	Mail order (up to a 90-day supply unless otherwise noted)				
	Value tier	Tier 1	Tier 2	Tier 3	Tier 4
<b>Kaiser Foundation Health Plan of the Northwest</b>					
Kaiser Permanente NW Classic <sup>2</sup>	—	\$30	\$80	\$150	50% up to \$150
Kaiser Permanente NW CDHP <sup>2</sup>	—	\$30 <sup>4</sup>	\$80 <sup>4</sup>	\$150 <sup>4</sup>	50% up to \$150 <sup>4</sup>
<b>Kaiser Foundation Health Plan of Washington</b>					
Kaiser Permanente WA Classic	\$10	\$40	\$80 <sup>4</sup>	50% up to \$750 <sup>4</sup>	—
Kaiser Permanente WA CDHP	\$10 <sup>4</sup>	\$40 <sup>4</sup>	\$80 <sup>4</sup>	50% up to \$750 <sup>4</sup>	—
Kaiser Permanente WA SoundChoice	\$10	\$30	\$120 <sup>4</sup>	50% <sup>4</sup>	—
Kaiser Permanente WA Value	\$10	\$50	\$100 <sup>4</sup>	50% <sup>4</sup>	—
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>					
UMP Classic	5% up to \$30	10% up to \$75	30% up to \$225	—	—
UMP CDHP	15%	15%	15%	—	—
UMP Plus–PSHVN	5% up to \$30	10% up to \$75	30% up to \$225	—	—
UMP Plus–UW Medicine ACN	5% up to \$30	10% up to \$75	30% up to \$225	—	—

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Benefits (You pay)	Preventive care See certificate of coverage or check with plan for full list of services.	Spinal manipulations	Vision care <sup>5</sup>	
			Exam (annual)	Glasses and contact lenses
<b>Kaiser Foundation Health Plan of the Northwest</b>				
Kaiser Permanente NW Classic <sup>2</sup>	\$0	\$35 <sup>4</sup> Maximum 12 visits/year additional visits require prior authorization	\$25	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Kaiser Permanente NW CDHP <sup>2</sup>	\$0	\$30 <sup>4</sup> Maximum 12 visits/year additional visits require prior authorization	\$20 <sup>4</sup>	
<b>Kaiser Foundation Health Plan of Washington</b>				
Kaiser Permanente WA Classic	\$0	\$15 <sup>4</sup> Maximum 10 visits/year	\$15 <sup>4</sup>	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Kaiser Permanente WA CDHP	\$0	10% <sup>4</sup> Maximum 10 visits/year	10% <sup>4</sup>	
Kaiser Permanente WA SoundChoice	\$0	\$0 Maximum 10 visits/year	\$0	
Kaiser Permanente WA Value	\$0	\$30 <sup>4</sup> Maximum 10 visits/year	\$30 <sup>4</sup>	
<b>Uniform Medical Plan (UMP)<sup>3</sup></b>				
UMP Classic	\$0	15% Maximum 10 visits/year	\$0 You pay any amount over \$65 for contact lens fitting fees.	You pay any amount over \$150 every two calendar years for frames, lenses, and contacts combined.
UMP CDHP	\$0	15% Maximum 10 visits/year		
UMP Plus–PSHVN	\$0	15% Maximum 10 visits/year		
UMP Plus–UW Medicine ACN	\$0	15% Maximum 10 visits/year		

<sup>5</sup> Contact your plan about costs for children's vision care.

The information in this document is accurate at the time of printing.  
Contact the plans or review the certificate of coverage before making decisions.

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