

# 2024 SEBB Medical Benefits At-A-Glance

Use the following charts to view the deductibles, out-of-pocket limits, per-visit out-of-pocket costs, and prescription drug costs for SEBB medical plans.

You must pay your annual deductible before most coinsurance (%) applies, unless noted that the deductible is waived. The deductible does not apply to most copays (\$), unless enrolled in UMP High Deductible. You must pay the deductible first for most covered services before copays or coinsurance apply to UMP High Deductible.

Some costs are separate for single subscribers and families. These costs are shown in order as individual/family.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31). Call the plans directly for specific benefit information, including preauthorization requirements and exclusions. If anything in these charts conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

**Note:** Some benefits include symbols to represent additional information that is described on the next page.

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What you pay ↴	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Foundation Health Plan of the Northwest			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
<b>Annual costs</b> (individual/family)								
Medical deductible	\$1,250/ \$2,500	\$750/ \$1,500	\$125/ \$250	\$1,250/ \$3,750	\$750/ \$2,250	\$250/ \$750	\$125/ \$375	\$750/ \$1,500
Medical out-of-pocket limit	\$4,500/ \$9,000	\$4,000/ \$8,000	\$2,500/ \$5,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$2,000/ \$4,000		\$3,500/ \$7,000
Prescription drug deductible	None			None				None
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit				Combined with medical limit

Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.

Uniform Medical Plan (UMP) is administered by Regence BlueShield and Washington State Rx Services.

Kaiser Foundation Health Plan of Washington Options costs shown are for Tier 1 providers and pharmacies only.

**Some benefits include symbols to represent additional information as described below:**

- \* Deductible is waived
- # Specialist copay/coinsurance
- † Applies to Tier 2 drugs only, except covered insulins
- ‡ See additional terms and conditions listed in the plan's benefits booklet
- ▲ Out-of-pocket limit not to exceed \$7,000 per member
- ▽ Neurodevelopmental therapy

What you pay ↘	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options			Premera Blue Cross		Uniform Medical Plan			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible
<b>Annual Costs</b> (individual/family)									
Medical deductible	\$1,250/ \$2,500	\$750/ \$1,500	\$250/ \$500	\$750/ \$1,875	\$1,250/ \$3,125	\$750/ \$2,250	\$250/ \$750	\$125/ \$375	\$1,600/ \$3,200
Medical out-of-pocket limit	\$4,500/ \$9,000	\$3,500/ \$7,000	\$2,500/ \$5,000	\$3,500/ \$7,000	\$5,000/ \$10,000	\$3,500/ \$7,000	\$2,000/ \$4,000		\$4,200/ \$8,400▲
Prescription drug deductible	None			\$125/ \$312	\$250/ \$750	\$250†/ \$750†	\$100†/ \$300†	None	Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit		\$2,000/\$4,000			Combined with medical limit

What you pay ↘	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Foundation Health Plan of the Northwest			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
<b>Emergency services</b>								
Ambulance	20%			20%*				20%
Emergency room	20%			\$150 + 20%			\$150 + 15%	\$150 + 20%
<b>Hearing services</b>								
Hearing aids (per ear)	Any amount over \$3,000 every 36 months			Any amount over \$3,000 every 36 months				Any amount over \$3,000 every 36 months
Routine annual hearing exam	\$40	\$35	\$30	\$30 (\$40#) + 20%	\$25 (\$35#) + 20%	\$20 (\$30#) + 20%	\$20 (\$30#) + 15%	\$0
<b>Hospital services</b>								
Inpatient	20%			20%			15%	20%
Outpatient	20%			20%			15%	20%
<b>Office visits</b>								
Behavioral health	\$30	\$25	\$20	\$30 + 20%	\$25 + 20%	\$20 + 20%	\$20 + 15%	\$10*
Preventive care*	\$0			\$0				\$0
Primary care	\$30‡	\$25‡	\$20‡	\$30 + 20%	\$25 + 20%	\$20 + 20%	\$20 + 15%	\$10
Specialist	\$40	\$35	\$30	\$40 + 20%	\$35 + 20%	\$30 + 20%	\$30 + 15%	\$40
Urgent care	\$50	\$45	\$40	\$30 (\$40#) + 20%	\$25 (\$35#) + 20%	\$20 (\$30#) + 20%	\$30# + 15%	\$25
Telemedicine/virtual care	\$0			\$10 (\$0 virtual care)				\$5 to \$40‡
<b>Therapies (price/visits per year)</b>								
Acupuncture	\$40/20	\$35/20	\$30/20	\$30 + 20%/24	\$25 + 20%/24	\$20 + 20%/24	\$20 + 15%/24	\$10/24
Chiropractic (spinal manipulations)	\$40/no limit	\$35/no limit	\$30/no limit	\$30 (\$40#) + 20%/24	\$25 (\$35#) + 20%/24	\$20 (\$30#) + 20%/24	\$20 (\$30#) + 15%/24	
Massage therapy	\$25/20			\$40# + 20%/24	\$35# + 20%/24	\$30# + 20%/24	\$30# + 15%/24	
Physical, occupational, speech, and NDT ▽	\$40/60	\$35/60	\$30/60	\$40# + 20%/60 (no limit NDT)	\$35# + 20%/60 (no limit NDT)	\$30# + 20%/60 (no limit NDT)	\$30# + 15%/60 (no limit NDT)	\$40/45‡

What you pay ↘	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options			Premera Blue Cross		Uniform Medical Plan			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible

### Emergency services

Ambulance	10%			25%	20%	20%			
Emergency room	\$100 + 10%			\$150 + 25%	\$150 + 20%	\$75 + 20%	\$75 + 15%		15%

### Hearing services

Hearing aids	Any amount over \$3,000 every 3 years*			Any amount over \$3,000 every 36 months*		Any amount over \$3,000 every 3 years‡			
Routine annual hearing exam	\$20 (\$40#) + 10%	\$10 (\$20#) + 10%		\$0		\$0			15%

### Hospital services

Inpatient	10% (30% for Tier 2 hospitals)			25%	20%	\$200/day up to \$600‡			15%
Outpatient						20%	15%		

### Office visits

Behavioral health	\$20 + 10%	\$10 + 10%		\$25		20%	15%		
Preventive care*	\$0			\$0		\$0			
Primary care	\$20 + 10%	\$10 + 10%		\$25		20%	15%	\$0	15%
Specialist	\$40 + 10%	\$20 + 10%		\$50	15%			15%	
Urgent care	\$20 (\$40#) + 10%	\$10 (\$20#) + 10%		25%	20%				
Telemedicine/telehealth/virtual care	\$10 (\$0 virtual care)			\$5 to \$50‡		Varies‡			

### Therapies (price/visits per year)

Acupuncture	\$20 + 10%/24	\$10 + 10%/24		\$25/24		\$15/24			
Chiropractic (spinal manipulations)	\$20 (\$40#) + 10%/24	\$10 (\$20#) + 10%/24							
Massage therapy	\$40 + 10%/24‡	\$20 + 10%/24‡							
Physical, occupational, speech, and NDT ▽	\$40# + 10%/60 (no limit NDT)	\$20# + 10%/60 (no limit NDT)		\$50/45‡		20%/80	15%/80	15%/60	15%/80

## Prescription drug benefits

Amounts in the following tables show what you pay for prescription drugs. Under the prescription drug benefit, most copays and coinsurance do not apply until after you have paid your annual deductible unless noted that the deductible is waived.

**Note:** All plans cover legally required preventive prescription drugs at 100 percent of allowed amount with no deductible.

**Deductible is waived for covered insulins and you pay no more than \$35 per 30-day supply.**

Drug tiers	Kaiser Foundation Health Plan of the Northwest					
	Retail (30-day supply)			Mail-order (90-day supply)		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Generic	\$20	\$15	\$10	\$40	\$30	\$20
Preferred brand-name	\$40	\$30	\$20	\$80	\$60	\$40
Non-preferred brand-name	50% up to \$100			50% up to \$200		
Specialty	50% up to \$150			Not covered		

Drug tiers	Kaiser Foundation Health Plan of Washington							
	Retail (30-day supply)				Mail-order (90-day supply)			
	Core 1	Core 2	Core 3	SoundChoice	Core 1	Core 2	Core 3	SoundChoice
Preferred generic	\$5	\$10			\$10	\$20		
Preferred brand-name	\$25				\$50			
Non-preferred generic and brand-name	\$50				\$100			
Specialty	50% up to \$150				50% up to \$150			

Drug tiers	Premera Blue Cross					
	Retail (30-day supply)			Mail-order (90-day supply)		
	HMO	High PPO	Standard PPO	HMO	High PPO	Standard PPO
Preferred generic	\$9	\$9*		\$18*	\$18*	
Preferred brand-name	\$40	\$40	30%	\$80	\$80	30%
Non-preferred generic and brand-name	50%	50%		50%	50%	
Specialty (30-day supply only)	Not covered	Not covered		\$75‡	\$75‡	40%‡

Drug tiers	Kaiser Foundation Health Plan of Washington Options					
	Retail (30-day supply)			Mail-order (90-day supply)		
	Summit PPO 1	Summit PPO 2	Summit PPO 3	Summit PPO 1	Summit PPO 2	Summit PPO 3
Preferred generic	\$10	\$5		\$20	\$10	
Preferred brand-name	\$20	\$30		\$40	\$60	
Non-preferred generic and brand-name	\$30	\$65		\$60	\$130	
Non-preferred specialty	30%			Not covered		
Specialty	\$150					

Drug tiers	Uniform Medical Plan							
	Retail and mail-order (30-day supply)				Retail and mail-order (90-day supply)			
	Achieve 1	Achieve 2	UMP Plus	High Deductible	Achieve 1	Achieve 2	UMP Plus	High Deductible
Value	5% up to \$10			15%; insulins 5% up to \$10	5% up to \$30			15%; insulins 5% up to \$30
Tier 1 (Primarily low-cost generic)	10% up to \$25			15%; insulins 10% up to \$25	10% up to \$75			15%; insulins 10% up to \$75
Tier 2 (Preferred brand-name, high-cost generic, and specialty drugs)	30% up to \$75			15%; insulins 30% up to \$35	30% up to \$225			15%; insulins 30% up to \$105