

2025 PEBB Medical Benefits At-A-Glance

Use the following charts to view the deductibles, out-of-pocket Benefits and visit limits listed as per year are based on limits, per-visit out-of-pocket costs, and prescription drug costs for PEBB 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 a consumer-directed health plan (CDHP). You must pay the deductible first for most covered services before copays or coinsurance apply to a CDHP.

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.

Continued on next page →

What you pay ↓	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Annual costs (individual/family)						
Medical deductible	\$300 / \$900	\$1,650 / \$3,300	\$175 / \$525	\$125 / \$375	\$250 / \$750	\$1,650 / \$3,300
Medical out-of-pocket limit	\$2,500 / \$5,000	\$5,100 / \$10,200	\$2,000 / \$4,000		\$3,000 / \$6,000	\$5,100 / \$10,200
Prescription drug deductible	None	Combined with medical deductible	\$100 / \$300 (does not apply to Value or Tier 1 drugs)			Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit		\$2,000 / \$8,000		Combined with medical limit	
Emergency services						
Ambulance	15%		20%*			10%
Emergency room			\$250	\$75 + 15%	\$300	
Hearing services						
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*			Any amount over \$3,000 every 36 months
Routine annual hearing exam	\$35*	\$30	\$15 (\$30#)	\$20* (15%#)	\$30 (\$50#)	10%

Uniform Medical Plan is administered by Regence BlueShield and ArrayRx, formerly known as Washington State Rx Services.

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

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 in the plan's benefits booklet
- ** \$0 for ages 17 and under
- ▲ Out-of-pocket limit not to exceed \$7,000

What you pay ↓	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan			
	Classic	Plus	Select	CDHP
Annual costs (individual/family)				
Medical deductible	\$250 / \$750	\$125 / \$375	\$750 / \$2,250	\$1,650 / \$3,300
Medical out-of-pocket limit	\$2,000 / \$4,000		\$3,500 / \$7,000	\$4,200 / \$8,400▲
Prescription drug deductible	\$100† / \$300†	None	\$250† / \$750†	Combined with medical deductible
Prescription drug out-of-pocket limit	\$2,000 / \$4,000			Combined with medical out-of-pocket limit
Emergency services				
Ambulance	20%			
Emergency room	\$75 + 15%		\$75 + 20%	15%
Hearing services				
Hearing aids (per ear)	Any amount over \$3,000 every 3 years‡*			Any amount over \$3,000 every 3 years‡
Routine annual hearing exam		\$0		15%

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. Employees: Your payroll or benefits office. Retirees and continuation coverage members: Call us at 1-800-200-1004 (TRS: 711)

What you pay ↓	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Hospital care						
Inpatient	15%		\$150 / day up to \$750/ per admission	\$500 /per admission	\$250 /day up to \$1,250/ per admission	10%
Outpatient			\$150	15%	\$200	
Office visits						
Behavioral health	\$25*	\$20	\$15	\$20*	\$30	10%
Preventive care*	\$0		\$0*			
Primary care	\$25*	\$20	\$15	\$20*	\$30	10%
Specialist	\$35*	\$30	\$30	15%	\$50	
Telemedicine / virtual care	\$0*	\$0	\$10* (\$0* virtual care)			
Urgent care	\$45*	\$40	\$15 (\$30#)	15%	\$30 (\$50#)	10%
Therapies (cost/visits per year)						
Acupuncture	\$35*/12	\$30/12	\$15/24	\$20*/24	\$30/24	10%/24
Chiropractic (spinal manipulations)	(no limit with referral)	(no limit with referral)	\$15 (\$30#)/24	\$20* (15%#)/24	\$30 (\$50#)/24	10%/24
Massage	\$25*/12	\$25/12	\$30/24‡	15%/24‡	\$50/24‡	10%/24‡
Physical, occupational, speech, and neurodevelopmental therapy (NDT)	\$35*/60	\$30/60	\$30/60 (no limit NDT)	15%/60 (no limit NDT)	\$50/60 (no limit NDT)	10%/60 (no limit NDT)

What you pay ↓	Preferred Provider Organization (PPO) Plan			
	Uniform Medical Plan			
	Classic	Plus	Select	CDHP
Hospital care				
Inpatient	\$200 /day up to \$600/ 15% professional services ‡		\$200 /day up to \$600/ 20% professional services ‡	15%
Outpatient	15%		20%	
Office visits				
Preventive care*	\$0			
Primary care	15%	\$0	20%	15%
Specialist	15%	15%	20%	15%
Telemedicine / virtual care	Varies‡			
Urgent care	15%		20%	15%
Therapies (cost/visits per year)				
Acupuncture	\$15/24			
Chiropractic (spinal manipulations)				
Massage				
Physical, occupational, speech, and neurodevelopmental therapy	15%/60		20%/60	15%/60

Behavioral health benefits

When accessing behavioral health services such as substance use disorder treatment, mental health counseling, etc. use the charts below to find out what you pay for behavioral health services. Most copays and coinsurance do not apply until after you have paid your annual deductible unless noted that the deductible is waived.

What you pay ↓	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Inpatient treatment						
Hospital facility– Mental health						
Hospital facility– Substance use	15%		\$150 /day up to 750 admission	\$500 / admission	\$250 /day up to \$1,250/ admission	10%
Detoxification						
Residential treatment facility						
Outpatient treatment						
Hospital– Mental health	Not covered‡					
Hospital - Substance use	Not covered‡					
Partial hospitalization (or day treatment program)	\$25* / per office visit or per day**	\$20/ per office visit or per day**	\$150	15%	\$200	10%
Intensive outpatient						
Withdrawal management/ detoxification						
Office visits for accessing outpatient mental health and substance use services						
Mental health	\$25*	\$20	\$15	\$20*	\$30	10%
Substance use						
Primar/Specialist	\$35*	\$30				
Urgent care – mental health & substance use disorder crisis services	\$45*	\$40	\$15 (\$30#)	\$20* (15%#)	\$30 (\$50#)	
Telemedicine / virtual care	\$0*	\$0	\$10* (\$0 virtual care)			
Therapies						
Occupational and Neurodevelopmental (NDT)	\$35/60	\$30/60	\$30/60 (no limit NDT)	15%/60 (no limit NDT)	\$50/60 (no limit NDT)	10%/60 (no limit NDT)

What you pay arrow-down-right	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan			
	Classic	Plus	Select	CDHP
Inpatient treatment				
Hospital – Mental health				15%
Hospital – Substance use	\$200 /day up to \$600‡			
Withdrawal management/ detoxification				
Residential treatment facility				
Outpatient treatment				
Hospital – Mental health				15%
Hospital – Substance use				
Partial hospitalization (or day treatment program)	15%			
Withdrawal management/ detoxification				
Intensive outpatient				
Office visits for accessing outpatient mental health and substance use services				
Mental health				15%
Substance use				
Primary / Specialist	15%	15%‡ (0% and deductible waived for primary care provider)	20%	
Urgent care – mental health & substance use disorder crisis services				
Telemedicine / Telehealth/ virtual care				
Therapies				
Occupational and Neurodevelopmental	15%	15%	20%	15%

Prescription drug benefits

Amounts below 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. All plans cover legally required preventive prescription drugs at 100 percent of the allowed amount with no deductible.

Drug tiers	Kaiser Permanente NW			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Classic	CDHP	Classic	CDHP
Generic	\$15*	\$15	\$30*	\$30
Preferred brand-name	\$40*	\$40	\$80*	\$80
Non-preferred brand-name	\$75*	\$75	\$150*	\$150
Specialty	50% up to \$150*		50% up to \$150 for a 30-day supply	

Drug tiers	Kaiser Permanente WA							
	Retail (up to 30-day supply)				Mail-order (up to 90-day supply)			
	Classic	SoundChoice	Value	CDHP	Classic	SoundChoice	Value	CDHP
Value	\$5*			N / A	\$10*			N / A
Preferred generic	\$20*	\$15*	\$25*	\$20	\$40*	\$30*	\$50*	\$40
Preferred brand-name	\$40	\$60	\$50	\$40	\$80	\$120	\$100	\$80
Non-preferred generic and brand-name	50% up to \$250	50%		50% up to \$250	50% up to \$750	50%		50% up to \$750
Preferred specialty	Not covered	\$150		Not covered	Not covered			
Non-preferred specialty	Not covered	50% up to \$400		Not covered	Not covered			

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