

# 2025 PEBB Medicare Benefits At-A-Glance

Use the following charts to view the per-visit costs for some in-network benefits, as well as prescription drug costs for PEBB Medicare plans. You must pay your annual deductible before most copays (\$) or coinsurance (%) apply, unless noted that the deductible is waived. All PEBB Medicare plans cover hospital, primary and specialist care, as well as outpatient surgery.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31).

Call the plans directly for more information on specific benefits, including preauthorization requirements and exclusions. If anything in these tables conflicts with the plan's benefits booklet (also called

evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

- Uniform Medical Plan (UMP) with Part D (PDP) is administered by Regence BlueShield and ArrayRx, formerly known as Washington State RX services
- Kaiser Permanente NW and Kaiser Permanente WA offer Medicare Advantage plans with Part D, but not in all areas.
- Kaiser Permanente NW (KPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.
- KPNW Medicare Advantage with Part D plans have a larger service area.

- Premera Blue Cross offers Medicare Supplement Plan F and Medicare Supplement Plan G. Plan F is closed to new enrollees.

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

- \* Deductible is waived
- † Deductible is waived on Tier 1, Tier 2, and Tier 6
- ‡ See additional terms and conditions in the plan's benefits booklet
- ▲ Visit [cms.gov](https://www.cms.gov) for updates
- # Specialist copay

What you pay ↘	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan	Premera Blue Cross	Kaiser Permanente WA	Kaiser Permanente NW	UnitedHealthcare	
	UMP Classic Medicare with Part D (PDP)	Plan G	Medicare Advantage with Part D	Senior Advantage with Part D	PEBB Balance	PEBB Complete

**Annual costs**

Medical deductible	\$250/\$750	Part B deductible ▲	\$0	\$0	\$0	
Medical out-of-pocket limit	\$2,500/\$5,000		\$2,500	\$1,500	\$2,000	\$500
Prescription drug deductible	\$100†	N/A	\$0	\$0	\$100 (Tiers 2, 3, and 4)	
Prescription drug out-of-pocket limit	\$2,000		\$2,000	\$2,000	\$2,000‡	

**Emergency services**

Ambulance	20%	\$0	\$150	\$50	\$100	\$0
Emergency room	\$75 + 15%		\$65		\$65	

What you pay ↘	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan  UMP Classic Medicare with Part D (PDP)	Premiera Blue Cross  Plan G	Kaiser Permanente WA  Medicare Advantage with Part D	Kaiser Permanente NW  Senior Advantage with Part D	UnitedHealthcare  PEBB Balance   PEBB Complete	

### Hospital care

Inpatient	\$200/day up to \$600/admission‡	\$0	\$200/day up to \$1,000/admission‡	\$500/admission	\$500/admission	\$0
Outpatient	15%		\$200	\$50	\$250	

### Office visits

Primary care	15%	\$0	\$15	\$25	\$15	\$0	
Specialist			\$30	\$35	\$30		
Urgent care			\$15 (\$30#)		\$15	\$15	
Preventive care			\$0	\$0	\$0	\$0	\$0
Behavioral health			15%	\$15	\$25	\$30‡	
Telemedicine/virtual care			Varies‡	\$0	\$0	\$0‡	

### Hearing services

Hearing aids	Any amount over \$3,000 per ear every 3 years‡	Not covered	Any amount over \$3,000 per ear every 36 months	Any amount over \$3,000 per ear every 36 months	Any amount over \$3,000 per ear every 3 years (only from UnitedHealthcare Hearing Network)
Routine annual hearing exam	\$0*		\$15 (\$30#)	\$35	\$0

### Vision care

Glasses and contact lenses	Any amount over \$200 every 2 years‡	Not covered	Any amount over \$300 every 24 months	Any amount over \$200 every 24 months	Any amount over \$300 every 24 months
Routine annual eye exam	\$0‡		\$15‡	\$25	\$0

## 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 ↴	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan	Premera Blue Cross	Kaiser Permanente WA	Kaiser Permanente NW	UnitedHealthcare	
	UMP Classic with Part D (PDP)	Plan G	Medicare Advantage with Part D	Senior Advantage with Part D	PEBB Balance	PEBB Complete

### Inpatient

Hospital  
– Mental health

Hospital  
– Substance use

Residential  
treatment facility

			\$200 per day for 1-5 of a hospital stay	\$500 per admission; Up to 190 days/lifetime in a Medicare-certified psychiatric hospital		
	Facility copay: \$200/day up to \$600/admission† plus Professional services: 0%	\$0	Up to 190 days / lifetime in a Medicare-certified psychiatric hospital	Medicare-certified psychiatric hospital	\$500 per admission	\$0
			Not Covered	\$250 per admission		

What you pay ↘	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan	Premera Blue Cross	Kaiser Permanente WA	Kaiser Permanente NW	UnitedHealthcare	
	UMP Classic with Part D (PDP)	Plan G	Medicare Advantage with Part D	Senior Advantage with Part D	PEBB Balance	PEBB Complete

### Outpatient treatment

Hospital – Mental health	15%	\$0	\$15 per individual therapy or group visit	\$25 per individual therapy visit \$12 per group therapy visit	\$55/day‡	\$0
Hospital – Substance use			\$30 per visit \$0 per individual therapy or group visit			
Partial hospitalization (or day treatment program)	15%	\$0	\$15 per individual or group therapy visit	\$25 per day	\$55/day‡	\$0
Intensive outpatient – mental health			\$0 \$15 per individual or group therapy visit			
Intensive outpatient – substance use			\$30 per visit			

### Office visits for outpatient mental health and substance use services

Mental health	15%	\$0	\$15*	\$25*	\$15‡	\$0
Substance use			\$30*			
Primary care/ specialist			\$30*	\$35*	\$15	\$15
Urgent care – mental health & substance use disorder crisis services			\$15* (\$30#)			
Telemedicine/ telehealth/ virtual care			\$0*			

### Therapies

Occupational and Neurodevelopmental	15%	\$0	\$30 per visit	\$35 per visit	\$15	\$0
-------------------------------------	-----	-----	----------------	----------------	------	-----

## Therapeutic service benefits

The therapies listed in the tables below are limited by the number of visits per year. Please refer to the plan's benefits booklet for specific details of the therapy you are seeking. Neurodevelopmental therapy is abbreviated as NDT.

What you pay ↘	Original Medicare	Medicare Supplement	Medicare Advantage with Part D			
	Uniform Medical Plan	Premera Blue Cross	Kaiser Permanente WA	Kaiser Permanente NW	UnitedHealthcare	
	UMP Classic with Part D (PDP)	Plan G	Medicare Advantage with Part D	Senior Advantage with Part D	PEBB Balance	PEBB Complete

### Therapies (cost/visits per year)

Acupuncture	\$15/24	Medicare-covered only	\$15/24‡	\$35/12‡	\$15/24‡	\$0/24‡
Chiropractic (spinal manipulations)	\$15/24		\$15‡	\$35/12‡	\$15/24‡	\$0/24‡
Massage therapy	\$15/24	Not covered	\$30/24‡	\$25/12‡	\$15/30	\$0/30
Physical, speech, occupational, NDT	15%/60	\$0‡	\$30‡	\$35‡	\$15‡	\$0‡

## 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.

All plans cover legally-required preventive prescription drugs at 100 percent of allowed amount with no deductible. See the plan's benefits booklet for details. For all plans, you pay no more than \$35 per 30-day supply for covered insulins. Prices shown for UnitedHealthcare 90-day supply are only for the preferred mail-order pharmacy, Optum Rx.

**Note:** Premera Blue Cross Medicare Supplement Plan G does not cover prescription drugs.

Drug tiers	UMP Classic Medicare with Part D (PDP)	
	Retail/Mail-order (up to 30-day supply)	Retail/Mail-order (up to 90-day supply)
Preferred generic	\$0	\$0
Generic	\$10	\$20
Preferred brand-name	\$40	\$80
Non-preferred	\$75	\$150
Specialty	\$90	Not offered
Vaccines	\$0	Not offered

Drug tiers	Kaiser Permanente WA Medicare Advantage with Part D	
	Retail/Mail-order (up to 30-day supply)	Retail/Mail-order (up to 90-day supply)
Preferred generic	\$20	\$40
Generic	\$20	\$40
Preferred brand-name	\$40	\$80
Non-preferred	\$100	\$200
Specialty	\$250	\$250 (limited to 30-day supply)

Drug tiers	Kaiser Permanente NW Senior Advantage with Part D	
	Retail/Mail-order (up to 30-day supply)	Retail/Mail-order (up to 90-day supply)
Preferred generic & generic	\$20	\$40
Generic	\$20	\$40
Preferred brand-name	\$40	\$80
Non-preferred brand name	\$100	\$200
Specialty	\$200	\$200 (limited to 30-day supply)

Drug tiers	UnitedHealthcare			
	Retail/Mail-order (up to 30-day supply)		Retail/Mail-order (up to 90-day supply)	
	PEBB Balance	PEBB Complete	PEBB Balance	PEBB Complete
Tier 1: Preferred generic	\$5		\$10	
Tier 2: Preferred brand	\$45		\$90	
Tier 3: Non-preferred	\$100		\$200	
Tier 4: Specialty	\$100		\$100 (limited to 30-day supply)	