Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

2020 Medicare Plan Benefits 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. Kaiser Permanente NW and Kaiser Permanente WA offer Medicare Advantage plans, but not in all areas. If you are in an area where a Medicare Advantage plan is not available, your plan will enroll you in its Medicare coordination plan.

Annual Costs	Kaiser Permanente NW Senior Advantage	Kaiser Permanente WA Medicare Plan		UMP Classic
		Medicare Advantage	Original Medicare (coordinates with Medicare)	Medicare
	You pay	You pay		You pay
Medical deductible	$0	$0	$250/person $750/family	$250/person $750/family
Medical out-of-pocket limit[1] (See separate prescription drug out-of-pocket limit for UMP Classic)	$1,500/person Your copays and coinsurance for most covered services apply (except prescription drug costs).	$2,500/person Your copays and coinsurance for most covered services apply (except prescription drug costs).	$2,000/person $4,000/family Your medical deductible, copays, and coinsurance for all covered services apply.	$2,500/person $5,000/family Your medical deductible, copays, and coinsurance for most covered services apply.
Prescription drug deductible	None	None	None	$100/person $300/family (Tier 2)
Prescription drug out-of-pocket limit[1]	None	None	Prescription copays and coinsurance apply to the medical out-of-pocket limit.	$2,000/person $4,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply.

[1] 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 Classic), 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.

Benefits	Kaiser Permanente NW Senior Advantage	Kaiser Permanente WA Medicare Plan		UMP Classic
		Medicare Advantage	Original Medicare (coordinates with Medicare)	Medicare
	You pay	You pay		You pay
Ambulance Per trip, air or ground	$50	$150	20%	20%
Diagnostic tests, laboratory, and x-rays	$0	$0	$0 MRI/CT/PET scan $30	15%
Durable medical equipment, supplies, and prosthetics	$0	20%	20%	15%
Emergency room Copay waived if admitted	$50	$65	$250	$75 + 15%
Hearing Routine annual exam	$30	$20	Primary care $15 Specialist $30	$0
Hardware	You pay any amount over $800 every 36 months for hearing aid rental/repair combined.			You pay amount over $800 every three calendar years for hearing aid rental/repair combined.

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(continued)

Benefits	Kaiser Permanente NW Senior Advantage	Kaiser Permanente WA Medicare Plan		UMP Classic
		Medicare Advantage	Original Medicare (coordinates with Medicare)	Medicare
	You pay	You pay		You pay
Hospital services Inpatient	$500/admission	$200/day for the first 5 days, up to $1,000 maximum/ admission	$150/day, up to $750 maximum/ admission	$200/day, up to $600 maximum/ admission + 15% professional fees
Outpatient	$50	$200	$150	15%
Office visit	$30			
Primary care		$20	$15	15%
Urgent care	$35	$20	$15	15%
Specialist	$30	$20	$30	15%
Mental health	$30	$20	$15	15%
Chemotherapy	$0	$0	$30	15%
Radiation	$0	$0	$30	15%
Physical, occupational, and speech therapy	$30	$20	$30 (Per-visit cost for 60 visits/year combined)	15% (60 combined visits per year)
Prescription drugs	—			
Retail pharmacy (up to a 30-day supply) — includes Medicare-approved diabetic disposable supplies				
Value tier		—	$5	5% up to $10
Tier 1	$20	$20	$20	10% up to $25
Tier 2	$40	$40	$40	30% up to $75
Tier 3	—	50% up to $250	50% up to $250	n/a
Tier 4 (preventive)	—	$0	$0	n/a
Mail order (up to a 90-day supply)	—			
Value tier		—	$10	5% up to $30
Tier 1	$40	$40	$40	10% up to $75
Tier 2	$80	$80	$80	30% up to $225
Tier 3	—	50% up to $750	50% up to $750	n/a
Preventive care	$0	$0	$0	$0
	See certificate of coverage or check with plan for full list of services.			
Spinal manipulations	$30 up to 12 visits per year; additional visits require prior authorization	$20	$15	15%
Vision care[2] Exam (annual)	$30	$20	$15	$0 You pay any amount over $65 for contact lens fitting fees.
Glasses and contact lenses	You pay any amount over $150 once within a two calendar year period for frames, lenses and contacts combined.	You pay any amount over $150 every 24 months (or two calendar years for UMP) for frames, lenses, and contacts combined.		

[2] Contact your plan about copays and limits for children's vision care.