

2016 Medical Benefits Cost Comparison

The chart below briefly compares the per-visit costs of some in-network benefits for PEBB 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 out-of-pocket limit	Medical out-of-pocket limit¹ (See separate prescription drug out-of-pocket limit for UMP Classic.)	Prescription drug deductible	Prescription drug out-of-pocket limit¹
Group Health				
Group Health Classic	\$250/person \$750/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	None	Prescription drug copays and coinsurance apply to the medical out-of-pocket limit.
Group Health CDHP Individual	\$1,400/person*	\$5,100/person Your deductible and coinsurance for all covered services apply.	Prescription drug costs apply toward medical deductible.	
Group Health CDHP Family	\$2,800/person \$2,800/family*	\$5,100/person • \$10,200/family Your deductible and coinsurance for all covered services apply.		
Group Health SoundChoice	\$250/person \$750/family	\$3,000/person • \$6,000/family Your deductible, copays, and coinsurance for all covered services apply.	None	
Group Health Value	\$350/person \$1,050/family	\$2,000/person • \$4,000/family Your deductible, copays, and coinsurance for all covered services apply.	None	
Kaiser Permanente				
Kaiser Permanente Classic	\$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.
Kaiser Permanente CDHP	\$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.	
Uniform Medical Plan (UMP)²				
UMP Classic	\$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 and 3 drugs only)	\$2,000/person Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
UMP CDHP	\$1,400/person \$2,800/family*	\$4,200/person • \$8,400/family (\$6,850 per person in a family) Your deductible and coinsurance for most covered services apply.	Prescription drug costs apply toward deductible.	Prescription coinsurance applies to the out-of-pocket limit.
UMP Plus–PSHVN	\$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 Your coinsurance for all covered prescription drugs applies.
UMP Plus–UW Medicine ACN	\$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 Your coinsurance for all covered prescription drugs applies.

*Must meet family medical or prescription drug deductible before plan pays benefits.

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	
Group Health							
Group Health Classic	20%	\$0; MRI/CT/PET scan \$30	20%	\$250	\$15	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	\$0
Group Health CDHP	10%	10%	10%	10%	10%		10%
Group Health SoundChoice	20%	20%	20%	\$75 + 20%	20%		\$0
Group Health Value	20%	\$0; MRI/CT/PET scan \$40	20%	\$300	\$20		\$0
Kaiser Permanente							
Kaiser Permanente Classic	15%	\$10	20%	15%	\$35	You pay any amount over \$800 every 36 months for hearing aid and rental/repair combined.	15%
Kaiser Permanente CDHP	15%	15%	20%	15%	\$30	You pay any amount over \$800 every 36 months after deductible has been met for hearing aid and rental/repair combined.	15%
Uniform Medical Plan (UMP)²							
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%

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)², and charges for non-covered services do not apply to out-of-pocket limit. Non-covered services include, but are not limited to, member costs above the vision and hearing aid hardware maximums.

² 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. UMP Plus members will pay 50% coinsurance for most out-of-network providers and non-network providers, plus any amount the out-of-network provider charges over the plan's allowed amount.

Benefits (You pay)	Hospital services		Office visit					
	Inpatient	Outpatient	Primary care	Urgent care	Specialist	Mental health	Chemo-therapy	Radiation
Group Health								
Group Health Classic	\$150/day up to \$750 maximum/admission	\$150	\$15	\$15	\$30	\$15	\$15	\$30
Group Health CDHP	10%	10%	10%	10%	10%	10%	10%	10%
Group Health SoundChoice	\$200/day up to \$1,000 maximum/admission	20%	First visit per calendar year free, then 20%	20%	20%	20%	20%	20%
Group Health Value	\$200/day up to \$1,000 maximum/admission	\$200	\$20	\$20	\$40	\$20	\$20	\$40
Kaiser Permanente								
Kaiser Permanente Classic	15%	15%	\$25	\$45	\$35	\$25	\$0	\$0
Kaiser Permanente CDHP	15%	15%	\$20	\$40	\$30	\$20	\$0	\$0
Uniform Medical Plan (UMP)²								
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
Group Health							
Group Health Classic	\$30	\$5	\$20	\$40	50% up to \$250	—	—
Group Health CDHP	10%	\$5 (at Group Health facilities only)	\$20	\$40 (\$30 at Group Health facilities)	50% up to \$250	—	—
Group Health SoundChoice	20%	\$5	\$15	\$60	50%	\$150	50% up to \$400
Group Health Value	\$40	\$5	\$20	\$40	50% up to \$250	—	—
Kaiser Permanente							
Kaiser Permanente Classic	\$35	—	\$15	\$40	\$75	50% up to \$150	—
Kaiser Permanente CDHP	\$30	—	\$15	\$40	\$75	50% up to \$150	—
Uniform Medical Plan (UMP)²							
UMP Classic	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—
UMP CDHP	15%	15%	15%	15%	15% (Non-specialty drugs only)	—	—
UMP Plus–PSHVN	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—
UMP Plus–UW Medicine ACN	15%	5% up to \$10	10% up to \$25	30% up to \$75	50% (Non-specialty drugs only)	—	—

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)², and charges for non-covered services do not apply to out-of-pocket limit. Non-covered services include, but are not limited to, member costs above the vision and hearing aid hardware maximums.

² 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. UMP Plus members will pay 50% coinsurance for most out-of-network providers and non-network providers, plus any amount the out-of-network provider charges over the plan's allowed amount.

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
Group Health					
Group Health Classic	\$10	\$40	\$80	50% up to \$750	—
Group Health CDHP	\$10	\$40	\$60	50% up to \$750	—
Group Health SoundChoice	\$10	\$30	\$120	50%	—
Group Health Value	\$10	\$40	\$80	50% up to \$750	—
Kaiser Permanente					
Kaiser Permanente Classic	—	\$30	\$80	\$150	50% up to \$150
Kaiser Permanente CDHP	—	\$30	\$80	\$150	50% up to \$150
Uniform Medical Plan (UMP)²					
UMP Classic	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—
UMP CDHP	15%	15%	15%	15% (Specialty drugs: up to a 30-day supply only)	—
UMP Plus–PSHVN	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—
UMP Plus–UW Medicine ACN	5% up to \$30	10% up to \$75	30% up to \$225	50% (Specialty drugs: up to \$150 [up to a 30-day supply only]; Non-specialty drugs: no cost-limit)	—

(continued)

Benefits (You pay)	Preventive care See certificate of coverage or check with plan for full list of services.	Spinal manipulations	Vision care³	
			Exam (annual)	Glasses and contact lenses
Group Health				
Group Health Classic	\$0	\$15	\$15	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Group Health CDHP	\$0	\$20	\$20	
Group Health SoundChoice	\$0	20%	10%	
Group Health Value	\$0	\$20	\$20	
Kaiser Permanente				
Kaiser Permanente Classic	\$0	\$35	\$25	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.
Kaiser Permanente CDHP	\$0	\$30	\$20	
Uniform Medical Plan (UMP)²				
UMP Classic	\$0	15%	\$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%		
UMP Plus–PSHVN	\$0	15%		
UMP Plus–UW Medicine ACN	\$0	15%		

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)², and charges for non-covered services do not apply to out-of-pocket limit. Non-covered services include, but are not limited to, member costs above the vision and hearing aid hardware maximums.

² 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. UMP Plus members will pay 50% coinsurance for most out-of-network providers and non-network providers, plus any amount the out-of-network provider charges over the plan's allowed amount.

³ 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.

To obtain this document in another format (such as Braille or audio), call 1-800-200-1004.
TTY users may call through the Washington Relay service by dialing 711.