

2021 SEBB School Employee Monthly Premiums, Deductibles, and Out-of-Pocket Limits



There are no employee premiums for dental or vision coverage, basic life insurance, basic accidental death and dismemberment insurance, and basic long-term disability insurance. These benefits are paid for by your employer. You only pay the employee share of the monthly medical premium as shown in the table below. See back for premium surcharge information. Deductibles and out-of-pocket limits are shown to help compare plans based on other out-of-pocket costs.

| Medical plans | Subscriber | Subscriber & spouse ¹ | Subscriber & child ² | Subscriber, spouse ¹ & child | Medical deductible ³ | Medical out-of-pocket limit | Prescription drug deductible | Prescription drug out-of-pocket limit |
|--------------------------------------------------|------------|----------------------------------|---------------------------------|-----------------------------------------|----------------------------------|----------------------------------|------------------------------|---------------------------------------|
| Kaiser Permanente NW 1⁴ | \$39 | \$78 | \$68 | \$117 | \$1,250/person \$2,500/family | \$4,000/person \$8,000/family | None | Combined ³ |
| Kaiser Permanente NW 2⁴ | \$52 | \$104 | \$91 | \$156 | \$750/person \$1,500/family | \$3,500/person \$7,000/family | None | Combined ³ |
| Kaiser Permanente NW 3⁴ | \$119 | \$238 | \$208 | \$357 | \$125/person \$250/family | \$2,000/person \$4,000/family | None | Combined ³ |
| Kaiser Permanente WA Core 1 | \$16 | \$32 | \$28 | \$48 | \$1,250/person \$3,750/family | \$4,000/person \$8,000/family | None | Combined ³ |
| Kaiser Permanente WA Core 2 | \$21 | \$42 | \$37 | \$63 | \$750/person \$2,250/family | \$3,000/person \$6,000/family | None | Combined ³ |
| Kaiser Permanente WA Core 3 | \$91 | \$182 | \$159 | \$273 | \$250/person \$750/family | \$2,000/person \$4,000/family | None | Combined ³ |
| Kaiser Permanente WA SoundChoice | \$51 | \$102 | \$89 | \$153 | \$125/person \$375/family | \$2,000/person \$4,000/family | None | Combined ³ |
| Kaiser Permanente WA Options Access PPO 1 | \$66 | \$132 | \$116 | \$198 | \$1,250/person \$3,750/family | \$4,500/person \$9,000/family | None | Combined ³ |
| Kaiser Permanente WA Options Access PPO 2 | \$97 | \$194 | \$170 | \$291 | \$750/person \$2,250/family | \$3,500/person \$7,000/family | None | Combined ³ |
| Kaiser Permanente WA Options Access PPO 3 | \$146 | \$292 | \$256 | \$438 | \$250/person \$750/family | \$2,500/person \$5,000/family | None | Combined ³ |

(continued)

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Applies to medical out-of-pocket limit.

⁴ Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

| Medical plans | Subscriber | Subscriber & spouse ¹ | Subscriber & child ² | Subscriber, spouse ¹ & child | Medical deductible ³ | Medical out-of-pocket limit | Prescription drug deductible | Prescription drug out-of-pocket limit |
|------------------------------------------------------|------------|----------------------------------|---------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|
| Premera High PPO | \$76 | \$152 | \$133 | \$228 | \$750/ person \$1,875/family | \$3,500/ person \$7,000/family | \$125/ person \$312/family ⁴ | Combined ³ |
| Premera Peak Care EPO | \$37 | \$74 | \$65 | \$111 | \$750/ person \$1,875/family | \$3,500/ person \$7,000/family | \$125/ person \$312/family ⁴ | Combined ³ |
| Premera Standard PPO | \$28 | \$56 | \$49 | \$84 | \$1,250/ person \$3,125/family | \$5,000/ person \$10,000/family | \$250/ person \$750/family ⁴ | Combined ³ |
| Uniform Medical Plan (UMP) Achieve 1 | \$33 | \$66 | \$58 | \$99 | \$750/ person \$2,250/family | \$3,500/ person \$7,000/family | Tier 2 and specialty (except insulins); \$250/person \$750/family | \$2,000/ person \$4,000/ family |
| UMP Achieve 2 | \$98 | \$196 | \$172 | \$294 | \$250/ person \$750/family | \$2,000/ person \$4,000/family | Tier 2 and specialty (except insulins); \$100/person \$300/family | \$2,000/ person \$4,000/ family |
| UMP High Deductible (with an HSA⁴) | \$25 | \$50 | \$44 | \$75 | \$1,400/ person 2,800/family ⁵ | \$4,200/ person 8,400/family ⁵ | Combined with medical deductible | Combined ³ |
| UMP Plus–Puget Sound High Value Network | \$68 | \$136 | \$119 | \$204 | \$125/ person \$375/family | \$2,000/ person \$4,000/family | None | \$2,000/ person 4,000/family |
| UMP Plus–UW Medicine Accountable Care Network | \$68 | \$136 | \$119 | \$204 | \$125/ person \$375/family | \$2,000/ person \$4,000/family | None | \$2,000/ person 4,000/family |

Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges.

- A monthly \$25-per-account tobacco use medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled on your SEBB coverage uses a tobacco product.
- A monthly \$50 spouse or state-registered domestic partner coverage medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in SEBB medical coverage, and they have chosen not to enroll in another employer-based group medical plan that is comparable to Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan UMP Classic.

For more guidance on whether these premium surcharges apply to you, see the *2021 SEBB Premium Surcharge Attestation Help Sheet* on HCA's website at hca.wa.gov/sebb-employee.

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Applies to medical out-of-pocket limit.

⁴ Waived for preferred generic prescription drugs

⁵ Combined for medical and prescription drugs. Out-of-pocket expenses for a single member under a family account are not to exceed \$7,000.