



2021 SEBB medical benefits comparison



The chart below briefly compares the medical deductibles and per-visit out-of-pocket costs of some in-network benefits for SEBB medical plans. Copays and coinsurances may apply; some copays and coinsurance do not apply until after you have paid your annual deductibles. Call the plans directly for more information on specific benefits, including preauthorization requirements and exclusions. If anything in these charts conflicts with the plan's certificate of coverage (COC), the COC takes precedence and prevails.

Annual costs (what you pay)	Monthly Premium				Medical deductible (applies to medical out-of-pocket limit)	Medical out-of-pocket limit (see separate prescription drug out-of-pocket limit for some plans)	Prescription drug deductible	Prescription drug out-of-pocket limit
	Subscriber	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ , & children ²				
Kaiser Foundation Health Plan of the Northwest³								
Kaiser Permanente NW 1	\$39	\$78	\$68	\$117	\$1,250/person \$2,500/family	\$4,000/person \$8,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente NW 2	\$52	\$104	\$91	\$156	\$750/person \$1,500/family	\$3,500/person \$7,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente NW 3	\$119	\$238	\$208	\$357	\$125/person \$250/family	\$2,000/person \$4,000/family	None	Applies to medical out-of-pocket limit
Kaiser Foundation Health Plan of Washington								
Kaiser Permanente WA Core 1	\$16	\$32	\$28	\$48	\$1,250/person \$3,750/family	\$4,000/person \$8,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA Core 2	\$21	\$42	\$37	\$63	\$750/person \$2,250/family	\$3,000/person \$6,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA Core 3	\$91	\$182	\$159	\$273	\$250/person \$750/family	\$2,000/person \$4,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA SoundChoice	\$51	\$102	\$89	\$153	\$125/person \$375/family	\$2,000/person \$4,000/family	None	Applies to medical out-of-pocket limit
Kaiser Foundation Health Plan of Washington Options, Inc.								
Kaiser Permanente WA Options Access PPO 1	\$66	\$132	\$116	\$198	\$1,250/person \$3,750/family	\$4,500/person \$9,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA Options Access PPO 2	\$97	\$194	\$170	\$291	\$750/person \$2,250/family	\$3,500/person \$7,000/family	None	Applies to medical out-of-pocket limit
Kaiser Permanente WA Options Access PPO 3	\$146	\$292	\$256	\$438	\$250/person \$750/family	\$2,500/person \$5,000/family	None	Applies to medical out-of-pocket limit
Premera Blue Cross								
Premera High PPO	\$76	\$152	\$133	\$228	\$750/person \$1,875/family	\$3,500/person \$7,000/family	\$125/person \$312/family ⁴	Applies to medical out-of-pocket limit
Premera Peak Care EPO	\$37	\$74	\$65	\$111	\$750/person \$1,875/family	\$3,500/person \$7,000/family	\$125/person \$312/family ⁴	Applies to medical out-of-pocket limit
Premera Standard PPO	\$28	\$56	\$49	\$84	\$1,250/person \$3,125/family	\$5,000/person \$10,000/family	\$250/person \$750/family ⁴	Applies to medical out-of-pocket limit
Uniform Medical Plan (administered by Regence BlueShield)								
UMP Achieve 1	\$33	\$66	\$58	\$99	\$750/person \$2,250/family	\$3,500/person \$7,000/family	Tier 2 and specialty except covered insulins; \$250 person \$750/family (applies to prescription out-of-pocket limit)	\$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 covered insulins; \$100/person \$300/family (applies to prescription out-of-pocket limit)	\$2,000/person \$4,000/family
UMP High Deductible	\$25	\$50	\$44	\$75	\$1,400/person \$2,800/family ⁵	\$4,200/person \$8,400/family ⁶	Combined (medical and prescription) deductible	Combined (medical and prescription) out-of-pocket limit
UMP Plus (both PSHVN and UW Medicine ACN)	\$68	\$136	\$119	\$204	\$125 person \$375/family	\$2,000/person \$4,000/family	None	\$2,000/person \$4,000/family

¹ Or state-registered domestic partner

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

³ Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

⁴ Waived for preferred generic prescription drugs

⁵ Combined medical and prescription drug deductible

⁶ Out-of-pocket expenses for a single family member are not to exceed \$7,000

Benefits (what 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)	Routine annual hearing exam	Hearing hardware (deductible waived)	Home health	Therapy: Physical, occupational, speech, and neurodevelopmental (per-office visit cost)
Kaiser Foundation Health Plan of the Northwest¹ (Diagnostic tests, lab, and x-rays not subject to deductible)								
Kaiser Permanente NW 1	20%	\$30 ²	20%	20%	\$40 ²	One hearing aid per ear covered in full up to the plan's allowed amount, during any consecutive 60-month period. ²	20% for 130 days/year	\$40 ² (60 combined visits/year)
Kaiser Permanente NW 2	20%	\$25 ²	20%	20%	\$35 ²		20% for 130 days/year	\$35 ² (60 combined visits/year)
Kaiser Permanente NW 3	20%	\$20 ²	20%	20%	\$30 ²		20% for 130 days/year	\$30 ² (60 combined visits/year)
Kaiser Foundation Health Plan of Washington								
Kaiser Permanente WA Core 1	20%	First \$500 covered in full, then 20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$30 ^{2,3}	One hearing aid per ear covered in full up to the plan's allowed amount, during any consecutive 60-month period. ²	Covered in full for 130 days/year	\$40 ² (60 combined visits/year)
Kaiser Permanente WA Core 2	20%	First \$500 covered in full, then 20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$25 ^{2,3}		Covered in full for 130 days/year	\$35 ² (60 combined visits/year)
Kaiser Permanente WA Core 3	20%	20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$20 ^{2,3}		Covered in full for 130 days/year	\$30 ² (60 combined visits/year)
Kaiser Permanente WA SoundChoice	20%	15%	15% (\$300 allowance/year for orthotic devices)	\$150+15%	\$0		Covered in full for 130 days/year	\$30 ² (60 combined visits/year)
Kaiser Foundation Health Plan of Washington Options, Inc.								
Kaiser Permanente WA Options Access PPO 1	20%	First \$500 covered in full, then 20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$30 ^{2,3} (\$20 ^{2,3,4})	One hearing aid per ear covered in full up to the plan's allowed amount, during any consecutive 60-month period. ²	20% for 130 days/year	\$40 ² (\$30 ⁴ , 60 combined visits/year)
Kaiser Permanente WA Options Access PPO 2	20%	First \$500 covered in full, then 20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$25 ^{2,3} (\$15 ^{2,3,4})		20% for 130 days/year	\$35 ² (\$25 ⁴ , 60 combined visits/year)
Kaiser Permanente WA Options Access PPO 3	20%	20%	20% (\$300 allowance/year for orthotic devices)	\$150+20%	\$20 ^{2,3} (\$10 ^{2,3,4})		20% for 130 days/year	\$30 ² (\$20 ⁴ , 60 combined visits/year)
Premera Blue Cross								
Premera High PPO	25%	25%	25%	\$150+25%	\$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years. ²	25%	\$40 (45 PT/ST/OT combined/year) \$40 (45 NDT/year)
Premera Peak Care EPO	25%	25%	25%	\$150+25%	\$0		25%	\$40 (45 PT/ST/OT combined/year) \$40 (45 NDT/year)
Premera Standard PPO	20%	20%	20%	\$150+20%	\$0		20%	\$40 (45 PT/ST/OT combined/year) \$40 (45 NDT/year)
Uniform Medical Plan (administered by Regence BlueShield)								
UMP Achieve 1	20%	20%	20%	\$75+20%	\$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years. ²	20%	20% (80 combined visits/year)
UMP Achieve 2	20%	15%	15%	\$75+15%	\$0		15%	15% (80 combined visits/year)
UMP High Deductible	20%	15%	15%	15%	15%	One hearing aid per ear covered in full, once every five calendar years.	15%	15% (80 combined visits/year)
UMP Plus (both PSHVN and UW Medicine ACN)	20%	15%	15%	\$75+15%	\$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years. ²	15%	15% (60 combined visits/year)

¹ Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

² Not subject to deductible.

³ Primary care copayments are waived for ages 17 and under.

⁴ Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente medical centers and providers, or other designated providers as identified in the provider directory).

Benefits (what you pay)	Inpatient services (hospitals, residential treatment centers, psychiatric hospitals, etc.)	Outpatient services (hospital affiliated clinics, outpatient facilities, freestanding clinics, etc.)	Office visit: Primary care	Office visit: Urgent care	Office visit: Specialist	Office visit: Mental health (independent provider offices, medical groups, freestanding clinics, etc.)	Virtual care or telemedicine Care received from a licensed physician without an in-person visit	Chiropractic	Acupuncture	Massage therapy
Kaiser Foundation Health Plan of the Northwest¹										
Kaiser Permanente NW 1	20%	20%	\$30 ^{2,3}	\$50 ²	\$40 ²	\$30 ^{2,3}	\$0 ²	\$40 ² No limit	\$40 ² 20 visits/year	\$25 ² 20 visits/year
Kaiser Permanente NW 2	20%	20%	\$25 ^{2,3}	\$45 ²	\$35 ²	\$25 ^{2,3}	\$0 ²	\$35 ² No limit	\$35 ² 20 visits/year	\$25 ² 20 visits/year
Kaiser Permanente NW 3	20%	20%	\$20 ^{2,3}	\$40 ²	\$30 ²	\$20 ^{2,3}	\$0 ²	\$30 ² No limit	\$30 ² 20 visits/year	\$25 ² 20 visits/year
Kaiser Foundation Health Plan of Washington										
Kaiser Permanente WA Core 1	20%	20%	\$30 ^{2,3}	\$30 ²	\$40 ²	\$30 ^{2,3}	\$0 ²	\$30 ^{2,3} 20 visits/year	\$30 ^{2,3} 20 visits/year	\$40 ² 20 visits/year
Kaiser Permanente WA Core 2	20%	20%	\$25 ^{2,3}	\$25 ²	\$35 ²	\$25 ^{2,3}	\$0 ²	\$25 ^{2,3} 20 visits/year	\$25 ^{2,3} 20 visits/year	\$35 ² 20 visits/year
Kaiser Permanente WA Core 3	20%	20%	\$20 ^{2,3}	\$20 ²	\$30 ²	\$20 ^{2,3}	\$0 ²	\$20 ^{2,3} 20 visits/year	\$20 ^{2,3} 20 visits/year	\$30 ² 20 visits/year
Kaiser Permanente WA SoundChoice	15%	15%	\$0 ²	\$30 ²	\$30 ²	\$0 ²	\$0 ²	\$0 ² 20 visits/year	\$0 20 visits/year	\$30 ² 20 visits/year
Kaiser Foundation Health Plan of Washington Options, Inc.										
Kaiser Permanente WA Options Access PPO 1	20%	20%	\$30 ^{2,3} (\$20 ^{2,3,4})	\$30 ^{2,3} (\$20 ^{2,3,4})	\$40 ² (\$30 ^{2,4})	\$30 ^{2,3} (\$20 ^{2,3,4})	\$0 ²	\$30 ^{2,3} 20 visits/year	\$30 ^{2,3} 20 visits/year	\$40 ² 20 visits/year
Kaiser Permanente WA Options Access PPO 2	20%	20%	\$25 ^{2,3} (\$15 ^{2,3,4})	\$25 ^{2,3} (\$15 ^{2,3,4})	\$35 ² (\$25 ^{2,4})	\$25 ^{2,3} (\$15 ^{2,3,4})	\$0 ²	\$25 ^{2,3} 20 visits/year	\$25 ^{2,3} 20 visits/year	\$35 ² 20 visits/year
Kaiser Permanente WA Options Access PPO 3	20%	20%	\$20 ^{2,3} (\$10 ^{2,3,4})	\$20 ^{2,3} (\$10 ^{2,3,4})	\$30 ² (\$20 ^{2,4})	\$20 ^{2,3} (\$10 ^{2,3,4})	\$0 ²	\$20 ^{2,3} 20 visits/year	\$20 ^{2,3} 20 visits/year	\$30 ² 20 visits/year
Premera Blue Cross										
Premera High PPO	25%	25%	\$20 ²	25%	\$40 ²	\$20 ²	Varies, see COC	25% 12 visits/year	25% 12 visits/year	25% 12 visits/year
Premera Peak Care EPO	25%	25%	\$20 ²	25%	\$40 ²	\$20 ²	Varies, see COC	25% 12 visits/year	25% 12 visits/year	25% 12 visits/year
Premera Standard PPO	20%	20%	\$20 ²	20%	\$40 ²	\$20 ²	Varies, see COC	20% 12 visits/year	20% 12 visits/year	20% 12 visits/year
Uniform Medical Plan (administered by Regence BlueShield)										
UMP Achieve 1	\$200/day up to \$600 for facility + 20% for professional services	20%	20%	20%	20%	20%	Varies, see COC	20% 16 visits/year	20% 16 visits/year	20% 16 visits/year
UMP Achieve 2	\$200/day up to \$600 for facility + 15% for professional services	15%	15%	15%	15%	15%	Varies, see COC	15% 16 visits/year	15% 16 visits/year	15% 16 visits/year
UMP High Deductible	15% professional services	15%	15%	15%	15%	15%	Varies, see COC	15% 16 visits/year	15% 16 visits/year	15% 16 visits/year
UMP Plus (both PSHVN and UW Medicine ACN)	\$200/day up to \$600 for facility + 15% for professional services	15%	\$0; 15% for other services such as lab and x-rays	15%	15%	15%	Varies, see COC	15% 10 visits/year	15% 16 visits/year	15% 16 visits/year

¹ Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

² Not subject to deductible.

³ Primary care copayments are waived for ages 17 and under.

⁴ Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory).

Benefits (what you pay) Prescription drugs: Retail pharmacy (up to a 30-day supply)	Value Tier (specific high-value prescription drugs used to treat certain chronic conditions)	Tier 1 (primarily low-cost generic drugs)	Tier 2 (preferred brand-name drugs, high-cost generic drugs, and specialty drugs for UMP)	Tier 3 (nonpreferred brand-name drugs and nonpreferred generic drugs ¹)	Tier 4 (specialty and certain high cost generic drugs)
Kaiser Foundation Health Plan of the Northwest²					
Kaiser Permanente NW 1	N/A	\$20 ³	\$40 ³	50% up to \$100 ³	50% up to \$150 ³
Kaiser Permanente NW 2	N/A	\$15 ³	\$30 ³	50% up to \$100 ³	50% up to \$150 ³
Kaiser Permanente NW 3	\$5	\$10 ³	\$20 ³	50% up to \$100 ³	50% up to \$150 ³
Kaiser Foundation Health Plan of Washington					
Kaiser Permanente WA Core 1	N/A	\$5 ³	\$25 ³	\$50 ³	50% up to \$150 ³
Kaiser Permanente WA Core 2	N/A	\$10 ³	\$25 ³	\$50 ³	50% up to \$150 ³
Kaiser Permanente WA Core 3	N/A	\$10 ³	\$25 ³	\$50 ³	50% up to \$150 ³
Kaiser Permanente WA SoundChoice	N/A	\$10 ³	\$25 ³	\$50 ³	50% up to \$150 ³
Kaiser Foundation Health Plan of Washington Options, Inc.					
Kaiser Permanente WA Options Access PPO 1	N/A	\$10 ³ (\$5 ^{3,4})	\$50 ³ (\$40 ^{3,4})	50% up to \$125 ³	50% up to \$150 ³
Kaiser Permanente WA Options Access PPO 2	N/A	\$10 ³ (\$5 ^{3,4})	\$50 ³ (\$40 ^{3,4})	50% up to \$125 ³	50% up to \$150 ³
Kaiser Permanente WA Options Access PPO 3	N/A	\$10 ³ (\$5 ^{3,4})	\$50 ³ (\$40 ^{3,4})	50% up to \$125 ³	50% up to \$150 ³
Premera Blue Cross					
Premera High PPO	N/A	\$7 ³	\$30	30%	See mail order benefit on next page.
Premera Peak Care EPO	N/A	\$7 ³	\$30	30%	See mail order benefit on next page.
Premera Standard PPO	N/A	\$7 ³	30%	50%	See mail order benefit on next page.
Uniform Medical Plan (prescription drugs administered by Washington State Rx Services)					
UMP Achieve 1	5% up to \$10	10% up to \$25	30% up to \$75 after deductible	N/A	N/A
UMP Achieve 2	5% up to \$10	10% up to \$25	30% up to \$75 after deductible	N/A	N/A
UMP High Deductible	15% after combined (medical and prescrip- tion) deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible	N/A	N/A
UMP Plus (both PSHVN and UW Medicine ACN)	5% up to \$10	10% up to \$25	30% up to \$75	N/A	N/A

¹ Includes nonpreferred generic drugs for Kaiser Permanente WA, Kaiser Permanente WA Options, and Premera plans.

² Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

³ Not subject to deductible.

⁴ Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory).


 All plans pay 100% for covered preventive prescription drugs, with no deductible. Exception: On the UMP High Deductible plan, male condoms and male spermicides are paid at 100% after you meet the plan deductible.

Benefits (what you pay) Prescription drugs: Mail order (up to a 90-day supply)	Value Tier (specific high-value prescription drugs used to treat certain chronic conditions)	Tier 1 (primarily low-cost generic drugs)	Tier 2 (preferred brand-name drugs)	Tier 3 (nonpreferred brand-name drugs and nonpreferred generic drugs ¹)	Tier 4 (Specialty)
Kaiser Foundation Health Plan of the Northwest²					
Kaiser Permanente NW 1	N/A	\$40 ³	\$80 ³	50% up to \$200 ³	N/A
Kaiser Permanente NW 2	N/A	\$30 ³	\$60 ³	50% up to \$200 ³	N/A
Kaiser Permanente NW 3	N/A	\$20 ³	\$40 ³	50% up to \$200 ³	N/A
Kaiser Foundation Health Plan of Washington					
Kaiser Permanente WA Core 1	N/A	\$10 ³	\$50 ³	\$100 ³	N/A
Kaiser Permanente WA Core 2	N/A	\$20 ³	\$50 ³	\$100 ³	N/A
Kaiser Permanente WA Core 3	N/A	\$20 ³	\$50 ³	\$100 ³	N/A
Kaiser Permanente WA SoundChoice	N/A	\$20 ³	\$50 ³	\$100 ³	N/A
Kaiser Foundation Health Plan of Washington Options, Inc.					
Kaiser Permanente WA Options Access PPO 1	N/A	\$10 ³	\$80 ³	50% up to \$250 ³	N/A
Kaiser Permanente WA Options Access PPO 2	N/A	\$10 ³	\$80 ³	50% up to \$250 ³	N/A
Kaiser Permanente WA Options Access PPO 3	N/A	\$10 ³	\$80 ³	50% up to \$250 ³	N/A
Premera Blue Cross					
Premera High PPO	N/A	\$14 ³	\$60	30%	\$50 for a 30-day supply
Premera Peak Care EPO	N/A	\$14 ³	\$60	30%	\$50 for a 30-day supply
Premera Standard PPO	N/A	\$14 ³	30%	50%	40% for a 30-day supply
Uniform Medical Plan (prescription drugs administered by Washington State Rx Services)					
UMP Achieve 1	5% up to \$30	10% up to \$75	30% up to \$225	N/A	N/A
UMP Achieve 2	5% up to \$30	10% up to \$75	30% up to \$225	N/A	N/A
UMP High Deductible	15% after combined (medical and prescrip- tion) deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescrip- tion) deductible	N/A	N/A
UMP Plus (both PSHVN and UW Medicine ACN)	5% up to \$30	10% up to \$75	30% up to \$225	N/A	N/A

¹ Includes nonpreferred generic drugs for Kaiser Permanente WA, Kaiser Permanente WA Options, and Premera plans.

² Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

³ Not subject to deductible.

 All plans pay 100% for covered preventive prescription drugs, with no deductible. Exception: On the UMP High Deductible plan, male condoms and male spermicides are paid at 100% after you meet the plan deductible.