2022 **SEBB medical benefits comparison**

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

Use the following charts to briefly compare the deductibles, out-of-pocket limits, per-visit out-of-pocket costs, and prescription drug costs for SEBB medical plans. Most coinsurance does not apply until after you have paid your annual deductible unless noted that the deductible is waived. Most copays apply regardless of meeting your deductible. 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 charts conflicts with the plan's certificate of coverage (COC), the COC takes precedence and prevails.

Note: All plans cover legally-required preventive prescription drugs at 100 percent of the allowed amount with no deductible.

What you pay	Managed Care and Exclusive Provider Organization (EPO) Plans							
	Kaiser Foundation Health Plan of the Northwest[1]			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	Peak Care (EPO)
Annual costs								
Medical deductible	$1,250/person $2,500/family	$750/person $1,500/family	$125/person $250/family	$1,250/person $3,750/family	$750/person $2,250/family	$250/person $750/family	$125/person $375/family	$750/person $1,875/family
Medical out-of-pocket limit	$4,000/person $8,000/family	$3,500/person $7,000/family	$2,000/person $4,000/family	$4,000/person $8,000/family	$3,000/person $6,000/family	$2,000/person $4,000/family		$3,500/person $7,000/family
Prescription drug deductible	None			None				$125/person $312/family
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit				Combined with medical limit
Monthly premiums								
Subscriber	$50	$69	$136	$39	$44	$119	$76	$41
Subscriber & spouse[2]	$100	$138	$272	$78	$88	$238	$152	$82
Subscriber & children	$88	$121	$238	$68	$77	$208	$133	$72
Subscriber, spouse[2], & children	$150	$207	$408	$117	$132	$357	$228	$123

1. *Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.*
2. *Or state-registered domestic partner.*

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options			Premera Blue Cross		Uniform Medical Plan (administered by Regence BlueShield)			
	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible
Annual costs									
Medical deductible	$1,250/ person $3,750/ family	$750/ person $2,250/ family	$250/ person $750/family	$750/ person $1,875/ family	$1,250/ person $3,125/ family	$750/ person $2,250/ family	$250/ person $750/family	$125/ person $375/family	$1,400/ person $2,800/ family
Medical out-of-pocket limit	$4,500/ person $9,000/ family	$3,500/ person $7,000/ family	$2,500/ person $5,000/ family	$3,500/ person $7,000/ family	$5,000/ person $10,000/ family	$3,500/ person $7,000/ family	$2,000/person $4,000/family		$4,200[1]/ person $8,400[1]/ family
Prescription drug deductible	None			$125/ person $312/family	$250/ person $750/family	$250[2]/ person $750[2]/ family	$100[2]/ person $300[2]/ family	None	Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit		$2,000/person $4,000/family			Combined with medical limit[1]
Monthly premiums									
Subscriber	$104	$133	$185	$87	$37	$37	$101	$77	$25
Subscriber & spouse[3]	$208	$266	$370	$174	$74	$74	$202	$154	$50
Subscriber & children	$182	$233	$324	$152	$65	$65	$177	$135	$44
Subscriber, spouse[3], & children	$312	$399	$555	$261	$111	$111	$303	$231	$75

1. *Not to exceed $7,000/member.*
2. *Tier 2 and specialty, except insulins.*
3. *Or state-registered domestic partner.*

What you pay	Managed Care and Exclusive Provider Organization (EPO) Plans							
	Kaiser Foundation Health Plan of the Northwest[1]			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	Peak Care (EPO)
Emergency services								
Ambulance	20%			20% (deductible waived)				25%
Emergency room				$150 + 20%			$150 + 15%	$150 + 25%
Hearing services								
Hearing aids	$0; one per ear every 60 months			$0; one per ear any consecutive 60 months				$0; one per ear every 5 yrs
Routine annual hearing exam	$40	$35	$30	$30[3]	$25[3]	$20[3]	$0[3]	$0
Hospital care								
Inpatient	20%			20%			15%	25%
Outpatient	20%			20%			15%	25%
Office visits								
Behavioral health	$30[3]	$25[3]	$20[3]	$30[3]	$25[3]	$20[3]	$0[3]	$20
Preventive care[2]	$0			$0				$0
Primary care	$30[3]	$25[3]	$20[3]	$30[3]	$25[3]	$20[3]	$0	$20
Specialist	$40	$35	$30	$40	$35	$30		$40
Urgent care	$50	$45	$40	$30[3]	$25[3]	$20[3]	$30	25%
Telemedicine/ telehealth/ virtual care	$0			$0				See note[4]
Therapies (max number of visits/year)								
Acupuncture	$40 (20/yr)	$35 (20/yr)	$30 (20/yr)	$30[3] (20/yr)	$25[3] (20/yr)	$20[3] (20/yr)	$0 (20/yr)	25% (12/yr)
Chiropractic/ spinal manip.	$40 no limit	$35 no limit	$30 no limit	$30[3] (20/yr)	$25[3] (20/yr)	$20[3] (20/yr)	$0 (20/yr)	25% (12/yr)
Massage therapy	$25 (20/yr)			$40 (20/yr)	$35 (20/yr)	$30 (20/yr)	$30 (20/yr)	25% (12/yr)
Physical, occupational, speech, and neurodev. therapy	$40 (60 combined/yr)	$35 (60 combined/yr)	$30 (60 combined/yr)	$40 (60 combined/yr)	$35 (60 combined/yr)	$30 (60 combined/yr)	$30 (60 combined/yr)	$40 (45 PT/ST/OT combined/yr; 45 NDT/yr)

1. *Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.*
2. *Deductible waived.*
3. *$0 for ages 17 and under.*
4. *Telemedicine or e-visit, $20 or $40. Virtual care: Medical/dermatology, $5; Behavioral health, $20.*

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options			Premera Blue Cross		Uniform Medical Plan (administered by Regence BlueShield)			
	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible
Emergency services									
Ambulance	20%			25%	20%	20%			
Emergency room	$150 + 20%			$150 + 25%	$150 + 20%	$75 + 20%	$75 + 15%		15%
Hearing services									
Hearing aids	$0; one per ear any consecutive 60 months			$0; one per ear every 5 years		$0; one per ear every 5 years			
Routine annual hearing exam	$30[1] ($20[2])	$25[1] ($15[2])	$20[1] ($10[2])	$0		$0			15%
Hospital care									
Inpatient	20%			25%	20%	$200/day up to $600 + 20% for pro. services[3]	$200/day up to $600 + 15% for professional services[3]		15%
Outpatient	20%			25%	20%	20%	15%		
Office visits									
Behavioral health	$30[1] ($20[2])	$25[1] ($15[2])	$20[1] ($10[2])	$20		20%	15%		
Preventive care[4]	$0			$0		$0			
Primary care	$30[1] ($20[2])	$25[1] ($15[2])	$20[1] ($10[2])	$20		20%	15%	$0	15%
Specialist	$40 ($30[2])	$35 ($25[2])	$30 ($20[2])	$40				15%	
Urgent care	$30[1] ($20[2])	$25[1] ($15[2])	$20[1] ($10[2])	25%	20%				
Telemedicine/ telehealth/ virtual care	$0			See note[5]		Varies, see COC			
Therapies (max number of visits/year)									
Acupuncture	$30[1] (20/yr)	$25[1] (20/yr)	$20[1] (20/yr)	25% (12/yr)	20% (12/yr)	$15 (24/yr)	$15 (24/yr)	$15 (24/yr)	$15[6] (24/yr)
Chiropractic/spinal manipulations	$30[1] ($20[2]) (20/yr)	$25[1] ($15[2]) (20/yr)	$20[1] ($10[2]) (20/yr)	25% (12/yr)	20% (12/yr)	$15 (24/yr)	$15 (24/yr)	$15 (24/yr)	$15[6] (24/yr)
Massage therapy	$40 (20/yr)	$35 (20/yr)	$30 (20/yr)	25% (12/yr)	20% (12/yr)	$15 (24/yr)	$15 (24/yr)	$15 (24/yr)	$15[6] (24/yr)
Physical, occupational, speech, and neurodev. therapy	$40 ($30[2]) (60 combined/yr)	$35 ($25[2]) (60 combined/yr)	$30 ($20[2]) (60 combined/yr)	$40 (45 PT/ST/OT combined/yr; 45 NDT/yr)		20% (80 combined/ yr)	15% (80 combined/ yr)	15% (60 combined/ yr)	15% (80 combined/ yr)

1. *$0 for ages 17 and under.*
2. *Enhanced benefit: Enhanced in-network cost shares apply when using designated integrated providers and pharmacies as identified in the provider directory.*
3. *0% for behavioral health*
4. *Deductible waived.*
5. *Telemedicine or e-visit, $20 or $40. Virtual care: Medical/ dermatology, $5; Behavioral health, $20.*
6. *After deductible.*

Prescription drug benefits comparison

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.

Drug tiers	Kaiser Foundation Health Plan of the Northwest					
	Retail (30-day supply)			**Mail-order** (90-day supply)		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Generic	$20	$15	$10	$40	$30	$20
Preferred brand-name	$40	$30	$20	$80	$60	$40
Non-preferred brand-name	50% up to $100			50% up to $200		
Specialty	50% up to $150			Not covered		

Drug tiers	Kaiser Foundation Health Plan of Washington							
	Retail (30-day supply)				**Mail-order** (90-day supply)			
	Core 1	Core 2	Core 3	SoundChoice	Core 1	Core 2	Core 3	SoundChoice
Preferred generic	$5	$10			$10	$20		
Preferred brand-name	$25				$50			
Non-preferred generic and brand-name	$50				$100			
Specialty	50% up to $150				50% up to $300			

Drug tiers	Premera					
	Retail (30-day supply)			**Mail-order** (90-day supply)		
	Peak Care EPO	High PPO	Standard PPO	Peak Care EPO	High PPO	Standard PPO
Preferred generic (deductible waived)	$7	$7		$14	$14	
Preferred brand-name	$30	$30	30%	$60	$60	30%
Non-preferred brand-name	30%	30%	50%	30%	30%	50%
Specialty (Limited to 30-day supply through mail-order specialty pharmacy, Accredo)	Not covered	Not covered	Not covered	$50 (30-day supply)	$50 (30-day supply)	40% (30-day supply)

Drug tiers	Kaiser Foundation Health Plan of Washington Options					
	Retail (30-day supply)			**Mail-order** (90-day supply)		
	Access PPO 1	Access PPO 2	Access PPO 3	Access PPO 1	Access PPO 2	Access PPO 3
Generic	$10 ($5[1])			$10		
Preferred brand-name	$50 ($40[1])			$80		
Non-preferred brand-name	50% up to $125			50% up to $250		
Specialty	50% up to $150			50% up to $300		

Drug tiers	Uniform Medical Plan							
	Retail and mail-order (30-day supply)				**Retail and mail-order** (90-day supply)			
	Achieve 1	Achieve 2	UMP Plus	High Deductible	Achieve 1	Achieve 2	UMP Plus	High Deductible
Value	5% up to $10[2]		5% up to $10	15%; Insulins 5% up to $10[2]	5% up to $30[2]		5% up to $30	15%; Insulins 5% up to $30[2]
Tier 1 (Primarily low-cost generic)	10% up to $25[2]		10% up to $25	15%; Insulins 10% up to $25[2]	10% up to $75[2]		10% up to $75	15%; Insulins 10% up to $75[2]
Tier 2 (Preferred brand-name drugs and high-cost generic)	30% up to $75			15%; Insulins 30% up to $75[2]	30% up to $225		30% up to $225	15%; Insulins 30% up to $225[2]

1. *Enhanced benefit: Enhanced in-network cost shares apply when using designated integrated providers and pharmacies as identified in the provider directory.*
2. *Deductible waived.*