

2024 PEBB Medical Benefits At-A-Glance

Use the following charts to view the deductibles, out-of-pocket limits, per-visit out-of-pocket costs, and prescription drug costs for PEBB medical plans.

You must pay your annual deductible before most coinsurance (%) applies, unless noted that the deductible is waived. The deductible does not apply to most copays (\$), unless enrolled in a consumer-directed health plan (CDHP) with a health savings account. You must pay the deductible first for most covered services before copays or coinsurance apply to a CDHP.

Some costs are separate for single subscribers and families. These costs are shown in order as individual/family.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31). Call the plans directly for specific benefit information, including preauthorization requirements and exclusions. If anything in these charts conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

Note: Some benefits include symbols to represent additional information that is described on the next page.

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What you pay ↘	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Foundation Health Plan of the Northwest		Kaiser Foundation Health Plan of Washington			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Annual costs (individual/family)						
Medical deductible	\$300/\$900	\$1,600/\$3,200	\$175/\$525	\$125/\$375	\$250/\$750	\$1,600/\$3,200
Medical out-of-pocket limit	\$2,500/\$5,000	\$5,100/\$10,200	\$2,000/\$4,000		\$3,000/\$6,000	\$5,100/\$10,200
Prescription drug deductible	None	Combined with medical deductible	\$100/\$300 (does not apply to Value or Tier 1 drugs)			Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit		\$2,000/\$8,000			Combined with medical limit
Emergency services						
Ambulance	15%		20%*			10%
Emergency room			\$250	\$75 + 15%	\$300	
Hearing services						
Hearing aids (per ear)	Any amount over \$3,000 every 36 months*	Any amount over \$3,000 every 36 months	Any amount over \$3,000 every 36 months*			Any amount over \$3,000 every 36 months
Routine annual hearing exam	\$35*	\$30	\$15 (\$30#)	\$20 (15%#)	\$30 (\$50#)	10%
Vision care						
Glasses and contact lenses	Any amount over \$150 every 2 years (includes fitting fee)		Any amount over \$150 every 24 months			
Routine annual eye exam	\$25*	\$20	\$15 (\$30#)	\$20 (15%#)	\$30 (\$50#)	10%

Uniform Medical Plan is administered by Regence BlueShield and Washington State Rx Services.

Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.

Some benefits include symbols to represent additional information as described below:

- * Deductible is waived
- # Specialist copay/coinsurance
- † Applies to Tier 2 drugs only, except covered insulins
- ‡ See additional terms and conditions in the plan's benefits booklet
- ** \$0 for ages 17 and under
- ▲ Out-of-pocket limit not to exceed \$7,000
- ▽ Neurodevelopmental therapy

What you pay ↴	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan			
	Classic	Plus	Select	CDHP
Annual costs (individual/family)				
Medical deductible	\$250 / \$750	\$125 / \$375	\$750 / \$2,250	\$1,600 / \$3,200
Medical out-of-pocket limit	\$2,000 / \$4,000		\$3,500 / \$7,000	\$4,200 / \$8,400▲
Prescription drug deductible	\$100† / \$300†	None	\$250† / \$750†	Combined with medical deductible
Prescription drug out-of-pocket limit	\$2,000 / \$4,000			Combined with medical out-of-pocket limit
Emergency services				
Ambulance	20%			
Emergency room	\$75 + 15%		\$75 + 20%	15%
Hearing services				
Hearing aids (per ear)	Any amount over \$3,000 every 3 years‡*			Any amount over \$3,000 every 3 years‡
Routine annual hearing exam	\$0			15%
Vision care				
Glasses and contact lenses	Any amount over \$150 once every 2 years ‡			
Routine annual eye exam	\$0			

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What you pay ↘	Managed Care and Health Management Organization (HMO) Plans					
	Kaiser Foundation Health Plan of the Northwest		Kaiser Foundation Health Plan of Washington			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP
Hospital care						
Inpatient	15%		\$150/day up to \$750/admission	\$500/admission	\$250/day up to \$1,250/admission	10%
Outpatient			\$150	15%	\$200	
Office visits						
Behavioral health	\$25*	\$20	\$15	\$20	\$30	10%
Preventive care*	\$0		\$0			
Primary care	\$25*	\$20	\$15	\$20	\$30	10%
Specialist	\$35*	\$30	\$30	15%	\$50	
Telemedicine/virtual care	\$0*		\$10 (\$0 virtual care)			
Urgent care	\$45*	\$40	\$15 (\$30#)	15%	\$30 (\$50#)	10%
Therapies (cost/visits per year)						
Acupuncture	\$35*/12	\$30/12	\$15/24	\$20/24	\$30/24	10%/24
Chiropractic (spinal manipulations)	(no limit with referral)	(no limit with referral)	\$15 (\$30#)/24	\$20 (15%#)/24	\$30 (\$50#)/24	10%/24
Massage	\$25/12		\$30/24‡	15%/24‡	\$50/24‡	10%/24‡
Physical, occupational, speech, and NDT ▾	\$35/60	\$30/60	\$30/60 (no limit NDT)	15%/60 (no limit NDT)	\$50/60 (no limit NDT)	10%/60 (no limit NDT)

What you pay ↘	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan			
	Classic	Plus	Select	CDHP
Hospital care				
Inpatient	\$200/day up to \$600‡		\$200/day up to \$600‡	15%
Outpatient	15%		20%	
Office visits				
Behavioral health	15%		20%	15%
Preventive care*	\$0			
Primary care	15%	\$0	20%	15%
Specialist	15%			
Telemedicine / virtual care	Varies‡			
Urgent care	15%		20%	15%
Therapies (cost/visits per year)				
Acupuncture				
Chiropractic (spinal manipulations)				
Massage				
Physical, occupational, speech, and NDT ▽	15%/60		20%/60	15%/60

Prescription drug benefits

Amounts below 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. All plans cover legally required preventive prescription drugs at 100 percent of the allowed amount with no deductible. **For all plans, you pay no more than \$35 per 30-day supply for covered insulins.**

Drug tiers	Kaiser Foundation Health Plan of the Northwest			
	Retail (up to 30-day supply)		Mail-order (up to 90-day supply)	
	Classic	CDHP	Classic	CDHP
Generic	\$15		\$30	
Preferred brand-name	\$40		\$80	
Non-preferred brand-name	\$75		\$150	
Specialty	50% up to \$150		Not covered	

Drug tiers	Kaiser Foundation Health Plan of Washington							
	Retail (up to 30-day supply)				Mail-order (up to 90-day supply)			
	Classic	SoundChoice	Value	CDHP	Classic	SoundChoice	Value	CDHP
Value	\$5			N/A	\$10			N/A
Preferred generic (Tier 1)	\$20	\$15	\$25	\$20	\$40	\$30	\$50	\$40
Preferred brand-name	\$40	\$60	\$50	\$40	\$80	\$120	\$100	\$80
Non-preferred generic and brand-name	50% up to \$250	50%		50% up to \$250	50% up to \$750	50%		50% up to \$750
Preferred specialty	Not covered		\$150	Not covered	Not covered			
Non-preferred specialty	50% up to \$400							

Drug tiers	Uniform Medical Plan							
	Retail and mail order (up to 30-day supply)				Retail and mail order (up to 90-day supply)			
	Classic	Plus	Select	CDHP	Classic	Plus	Select	CDHP
Value	5% up to \$10			15%; covered insulins 5% up to \$10	5% up to \$30			15%; covered insulins 5% up to \$30
Tier 1 (Primarily low-cost generic)	10% up to \$25			15%; covered insulins 10% up to \$25	10% up to \$75			15%; covered insulins 10% up to \$75
Tier 2 (Preferred brand-name, high-cost generic, and specialty drugs)	30% up to \$75			15%; covered insulins 30% up to \$35	30% up to \$225			15%; covered insulins 30% up to \$105