Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

2021 PEBB medical benefits comparison

The chart below briefly compares the medical deductibles and per-visit out-of-pocket costs of some in-network benefits for PEBB medical plans. Copays and coinsurance may apply; 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. If anything in these charts conflicts with the plan's certificate of coverage (COC), the COC takes precedence and prevails.

Annual costs

(You pay)

Plan	Medical deductible Applies to medical out-of-pocket limit	Medical out-of-pocket limit[1] (See separate prescription drug out-of-pocket limit for some plans.)
Kaiser Foundation Health Plan of the Northwest		
Kaiser Permanente NW Classic[2]	$300/person $900/family	$2,000/person • $4,000/family Your deductible, copays, and coinsurance for most covered services apply.
Kaiser Permanente NW CDHP[2]	$1,400/person $2,800/family[3]	$5,100/person • $10,200/family Your deductible, copays, and coinsurance for most covered services apply.
Kaiser Foundation Health Plan of Washington		
Kaiser Permanente WA Classic	$175/person $525/family	$2,000/person • $4,000/family Your deductible, copays, and coinsurance for all covered services apply.
Kaiser Permanente WA CDHP	$1,400/person $2,800/family[3]	$5,100/person • $10,200/family Your deductible, copays, and coinsurance for all covered services apply.
Kaiser Permanente WA SoundChoice	$125/person $375/family	$2,000/person • $4,000/family Your deductible, copays, and coinsurance for all covered services apply.
Kaiser Permanente WA Value	$250/person $750/family	$3,000/person • $6,000/family Your deductible, copays, and coinsurance for all covered services apply.
Uniform Medical Plan (UMP)[4]		
UMP Classic	$250/person $750/family	$2,000/person • $4,000/family Your deductible, copays, and coinsurance for most covered medical services apply.
UMP Select	$750/person $2,250 family	$3,500/person • $7,000 family Your deductible, copays, and coinsurance for most covered medical services apply.
UMP CDHP	$1,400/person $2,800/family[3]	$4,200/person • $8,400/family ($7,000 per person in a family)[5] Your deductible and coinsurance for most covered services apply.
UMP Plus—PSHVN 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.

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

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

[3] *Must meet family combined deductible (medical and prescription drug) before plan pays benefits.*

[4] *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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

[5] *Out-of-pocket expenses for a single member under a family account are not to exceed $7,000*

(continued)

Annual costs continued

(You pay)

Plans	Prescription drug deductible	Prescription drug out-of-pocket limit[1]
Kaiser Foundation Health Plan of the Northwest		
Kaiser Permanente NW Classic[2]	None	Prescription drug copays and coinsurance are combined with the medical out-of-pocket limit.
Kaiser Permanente NW CDHP[2]	Prescription drug costs combined with medical deductible.	Prescription drug copays and coinsurance are combined with the medical out-of-pocket limit.
Kaiser Foundation Health Plan of Washington		
Kaiser Permanente WA Classic	$100/person • $300/family Does not apply to Value and Tier 1 drugs	$2,000/person • $8,000/family Your prescription drug deductible, copayments, and coinsurance for all covered prescription drugs apply.
Kaiser Permanente WA CDHP	Prescription drug costs are combined with medical deductible.	Prescription drug copays and coinsurance are combined with the medical out-of-pocket limit.
Kaiser Permanente WA SoundChoice	$100/person • $300/family Does not apply to Value and Tier 1 drugs	$2,000/person • $8,000/family Your prescription drug deductible, copayments, and coinsurance for all covered prescription drugs apply.
Kaiser Permanente WA Value	$100/person • $300/family Does not apply to Value and Tier 1 drugs	$2,000/person • $8,000/family Your prescription drug deductible, copayments, and coinsurance for all covered prescription drugs apply.
Uniform Medical Plan (UMP)[3]		
UMP Classic	$100/person • $300/family Tier 2 and specialty drugs except covered insulins only	$2,000/person • $4,000/family Your prescription drug deductible copayments, and coinsurance for all covered prescription drugs apply.
UMP Select	$250/person • $750/family Tier 2 and specialty drugs except covered insulins only	$2,000/person • $4,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply.
UMP CDHP	Prescription drug costs are combined with medical deductible	Prescription drug copays and coinsurance are combined with the medical out-of-pocket limit.
UMP Plus—PSHVN **UMP Plus—UW Medicine ACN**	None	$2,000/person • $4,000/family Your coinsurance for all covered prescription drugs applies.

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

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

[3] *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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

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Prescription drug benefits

Retail pharmacy prescription drugs (up to a 30-day supply)
(You pay)

Plans	**Value Tier** (specific high-value prescription drugs used to treat certain chronic conditions)	**Tier 1** (Generics)	**Tier 2** (Preferred brand; high-cost generic drugs, specialty drugs)	**Tier 3** (non-preferred brand-name drugs and non-preferred generic drugs)	**Tier 4** (specialty and certain high cost generic drugs)	**Tier 5** (Non-preferred)
Kaiser Foundation Health Plan of the Northwest (office visits and prescription drugs are not subject to the deductible)						
Kaiser Permanente NW Classic[1]	N/A	$15 (not subject to deductible)	$40 (not subject to deductible)	$75 (not subject to deductible)	50% up to $150 (not subject to deductible)	N/A
Kaiser Permanente NW CDHP[1]	N/A	$15 (after deductible); $0 for some preventive medications	$40 (after deductible)	$75 (after deductible)	50% up to $150 (after deductible)	N/A
Kaiser Foundation Health Plan of Washington						
Kaiser Permanente WA Classic	$5	$20	$40	50% up to $250	N/A	N/A
Kaiser Permanente WA CDHP	$0 for some preventive medications	$20 (after deductible)	$40 (after deductible)	50% up to $250 (after deductible)	N/A	N/A
Kaiser Permanente WA SoundChoice	$5	$15	$60	50%	$150	50% up to $400
Kaiser Permanente WA Value	$5	$25	$50	50%	$150	50% up to $400
Uniform Medical Plan (UMP)[2]						
UMP Classic	5% up to $10	10% up to $25	30% up to $75	N/A	N/A	N/A
UMP Select	5% up to $10	10% up to $25	30% up to $75	N/A	N/A	N/A
UMP CDHP	15% (after deductible)	15% (after deductible)	15% (after deductible)	N/A	N/A	N/A
UMP Plus—PSHVN	5% up to $10	10% up to $25	30% up to $75	N/A	N/A	N/A
UMP Plus—UW Medicine ACN	5% up to $10	10% up to $25	30% up to $75	N/A	N/A	N/A

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

[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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

(continued)

Prescription benefits

Mail order (up to a 90-day supply unless otherwise noted)

Plans	Value tier	Tier 1	Tier 2	Tier 3	Tier 4
Kaiser Foundation Health Plan of the Northwest					
Kaiser Permanente NW Classic[1]	N/A	$30 (not subject to deductible)	$80 (not subject to deductible)	$150 (not subject to deductible)	50% to $750 (not subject to deductible)
Kaiser Permanente NW CDHP[1]	N/A	$30; (after deductible); $0 for some preventive medications	$80 (after deductible)	$150 (after deductible)	50% to $750 (after deductible)
Kaiser Foundation Health Plan of Washington					
Kaiser Permanente WA Classic	$10	$40	$80	50% up to $750	N/A
Kaiser Permanente WA CDHP	$0 for some preventive medications	$40 (after deductible)	$80 (after deductible)	50% up to $750 (after deductible)	N/A
Kaiser Permanente WA SoundChoice	$10	$30	$120	50%	N/A
Kaiser Permanente WA Value	$10	$50	$100	50%	N/A
Uniform Medical Plan (UMP)[2]					
UMP Classic	5% up to $30	10% up to $75	30% up to $225	N/A	N/A
UMP Select	5% up to $30	10% up to $75	30% up to $225	N/A	N/A
UMP CDHP	15% (after deductible)	15% (after deductible)	15% (after deductible)	N/A	N/A
UMP Plus—PSHVN	5% up to $30	10% up to $75	30% up to $225	N/A	N/A
UMP Plus—UW Medicine ACN	5% up to $30	10% up to $75	30% up to $225	N/A	N/A

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[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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

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Hospital care

Plans	Inpatient (residential treatment centers, psychiatric hospitals)	Outpatient (hospital affiliated clinics, outpatient facilities, etc.)	Home health
Kaiser Foundation Health Plan of the Northwest			
Kaiser Permanente NW Classic[1]	15%	15%	15%
Kaiser Permanente NW CDHP[1]	15%	15%	15%
Kaiser Foundation Health Plan of Washington			
Kaiser Permanente WA Classic	$150/day up to $750 maximum/admission	$150	$0
Kaiser Permanente WA CDHP	10%	10%	10%
Kaiser Permanente WA SoundChoice	$500/admission	15%	15%
Kaiser Permanente WA Value	$250/day up to $1,250 maximum/admission	$200	$0
Uniform Medical Plan (UMP)[2]			
UMP Classic	$200/day up to $600 maximum/year per person + 15% professional services	15%	15%
UMP Select	$200/day up to$600 maximum/year per person + 20% professional services	20%	20%
UMP CDHP	Deductible applies +15% professional services	15%	15%
UMP Plus—PSHVN	$200/day up to $600 maximum/year per person + 15% professional services	15%	15%
UMP Plus—UW Medicine ACN	$200/day up to $600 maximum/year per person + 15% professional services	15%	15%

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[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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

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Hearing

Plans	Routine annual hearing exam	Hardware
Kaiser Foundation Health Plan of the Northwest		
Kaiser Permanente NW Classic[1]	$35 (not subject to deductible)	One hearing aid per ear covered in full during any consecutive 60 months.[2]
Kaiser Permanente NW CDHP[1]	$30	
Kaiser Foundation Health Plan of Washington		
Kaiser Permanente WA Classic	Primary care $15 Specialist $30	One hearing aid per ear covered in full during any consecutive 60 month period.[2]
Kaiser Permanente WA CDHP	10%	
Kaiser Permanente WA SoundChoice	Primary care $0 Specialist 15%	
Kaiser Permanente WA Value	Primary care $30 Specialist $50	
Uniform Medical Plan (UMP)[3]		
UMP Classic	$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years.
UMP Select	$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years.
UMP CDHP	15%	One hearing aid per ear covered in full, after deductible is met, once every five calendar years.
UMP Plus—PSHVN	$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years.
UMP Plus—UW Medicine ACN	$0	One hearing aid per ear covered in full, up to the plan's allowed amount, once every five calendar years.

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[2] *Kaiser Permanente plans pay up to the allowed amount and in-network providers do not charge for any amount over the allowed amount (known as balance billing). Non-network providers will not be covered. For CDHP, deductible must be met.*

[3] *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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

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Office visits

Plans	Primary care	Urgent care	Specialist	Mental health (independent provider offices, medical groups, freestanding clinics)	Chemo-therapy (does not include chemotherapy treatment)	Radiation (does not include radiation treatment)	Virtual or telemedicine visit
Kaiser Foundation Health Plan of the Northwest							
Kaiser Permanente NW Classic[1]	$25; $0 ages 0-17 (not subject to deductible)	$45 (not subject to deductible)	$35 (not subject to deductible)	$25; $0 ages 0-17 (not subject to deductible)	$0	$0	$0 (not subject to deductible)
Kaiser Permanente NW CDHP[1]	$20	$40	$30	$20	$0	$0	$0
Kaiser Foundation Health Plan of Washington							
Kaiser Permanente WA Classic	$15	$15	$30	$15	$30	$30	$0 (not subject to deductible)
Kaiser Permanente WA CDHP	10%	10%	10%	10%	10%	10%	$0 (after deductible)
Kaiser Permanente WA SoundChoice	$0 (not subject to deductible)	15%	15%	$0 (not subject to deductible)	15%	15%	$0 (not subject to deducible)
Kaiser Permanente WA Value	$30	$30	$50	$30	$50	$50	$0 (not subject to deductible)
Uniform Medical Plan (UMP)[2]							
UMP Classic	15%	15%	15%	15%	15%	15%	Varies, see COC
UMP Select	20%	20%	20%	20%	20%	20%	Varies, see COC
UMP CDHP	15%	15%	15%	15%	15%	15%	Varies, see COC
UMP Plus—PSHVN	$0	15%	15%	15%	15%	15%	Varies, see COC
UMP Plus—UW Medicine ACN	$0	15%	15%	15%	15%	15%	Varies, see COC

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Other services and equipment

Plans	Ambulance Air or ground, per trip	Diagnostic tests, laboratory, and x-rays	Durable medical equipment, supplies, and prosthetics	Emergency room (Copay waived if admitted)	Preventive care See certificate of coverage or check with plan for full list of services.
Kaiser Foundation Health Plan of the Northwest					
Kaiser Permanente NW Classic[1]	15%	$10 (not subject to deductible)	20%	15%	$0
Kaiser Permanente NW CDHP[1]	15%	15%	20%	15%	$0
Kaiser Foundation Health Plan of Washington					
Kaiser Permanente WA Classic	20% (not subject to deductible)	$0 $30 for MRI/CT/ PET scan	20%	$250	$0
Kaiser Permanente WA CDHP	10%	10%	10%	10%	$0
Kaiser Permanente WA SoundChoice	20% (not subject to deductible)	15%	15%	$75 + 15%	$0
Kaiser Permanente WA Value	20% (not subject to deductible)	$0 $50 for MRI/CT/ PET scan	20%	$300	$0
Uniform Medical Plan (UMP)[2]					
UMP Classic	20%	15%	15%	$75 + 15%	$0
UMP Select	20%	20%	20%	$75 + 20%	$0
UMP CDHP	20%	15%	15%	15%	$0
UMP Plus—PSHVN	20%	15%	15%	$75 + 15%	$0
UMP Plus—UW Medicine ACN	20%	15%	15%	$75 + 15%	$0

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[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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

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Therapy and alternative medicine

Plans	Physical, occupational, and speech therapy (per-visit cost for 60 visits/year combined)	Chiropractic Maximum amount | visits per year	Acupuncture Maximum visits per year	Massage therapy Maximum visits per year
Kaiser Foundation Health Plan of the Northwest (office visits are not subject to the deductible)				
Kaiser Permanente NW Classic[1]	$35 (not subject to deductible)	$35 | 12	$35 no limit with physician referral	Physician referred only
Kaiser Permanente NW CDHP[1]	$30	$30 | 12	$30 no limit with physician referral	Physician referred only
Kaiser Foundation Health Plan of Washington				
Kaiser Permanente WA Classic	$30	$15 | 10	20% | 12	15% (60 visits/per year combined with physical, occupational, speech therapy)
Kaiser Permanente WA CDHP	10%	10% | 10	10% | 12	10% (60 visits/per year combined with physical, occupational, speech therapy)
Kaiser Permanente WA SoundChoice	15%	$0 | 10	20% | 12	15% 16
Kaiser Permanente WA Value	$50	$30 | 10	20% | 12	$50 (60 visits/per year combined with physical, occupational, speech therapy)
Uniform Medical Plan (UMP)[2]				
UMP Classic	15%	15% | 10	15% | 16	15% | 16
UMP Select	20%	20% | 10	20% | 16	20% | 16
UMP CDHP	15%	15% | 10	15% | 16	15% | 16
UMP Plus—PSHVN	15%	15% | 10	15% | 16	15% | 16
UMP Plus—UW Medicine ACN	15%	15% | 10	15% | 16	15% | 16

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[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 (known as balance billing). UMP Plus members will pay 50% coinsurance for out-of-network providers and any amount the out-of-network provider charges over the plan's allowed amount.*

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Vision care

Plans	Annual vision exam	Glasses and contact lenses	Pediatric vision care (up to age 18) Exam (annual)	Pediatric vision care Glasses and contact lenses
Kaiser Foundation Health Plan of the Northwest				
Kaiser Permanente NW Classic[1]	$25 (not subject to deductible)	You pay any amount over $150 every two calendar years for frames, lenses, and contacts combined.	$0	$0 frames and lenses 50% for a one-year supply of contact lenses in lieu of glasses
Kaiser Permanente NW CDHP[1]	$20		$0	
Kaiser Foundation Health Plan of Washington				
Kaiser Permanente WA Classic	$15	You pay any amount over $150 every 24 months for frames, lenses, and contacts combined.	$0	$0 frames and lenses 50% for a one-year supply of contact lenses in lieu of glasses
Kaiser Permanente WA CDHP	10%		$0	
Kaiser Permanente WA SoundChoice	15%		$0	
Kaiser Permanente WA Value	$30		$0	
Uniform Medical Plan (UMP)[2]				
UMP Classic **UMP Select** **UMP CDHP** **UMP Plus—PSHVN** **UMP Plus—UW Medicine ACN**	You pay $0 for routine vision exam; $30 copay for contact lens exam and fitting fee	You pay any amount over $150 every two calendar years for frames, lenses, and contacts combined.	$0	$0 frames and lenses $0 for contact lenses in lieu of glasses

The information in this document is accurate at the time of printing. Contact the plans or review the certificate of coverage before making decisions.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. Employees: Your payroll or benefits office. Retirees and PEBB Continuation Coverage members: The PEBB Program at 1-800-200-1004 (TRS: 711).

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